

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.

**State of Arkansas Premium Formulary
Alphabetical Index
Last Updated 11/1/2023**

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	2	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	2	ANTIVIRALS
ABILIFY MYCITE PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRYSVO INJ (Covered for members 60 years of age and older)	VAC	\$0	VACCINES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCU-CHEK AVIVA PLUS METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE CARE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	-	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP (QL= 153 strips/30 days)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
ACCURETIC TAB	-	3	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	1	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1	DIURETICS
acetazolamide tab	-	1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS

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NC/3P = Not Covered, Third Party Reviewer
 EXC Plan Exclusion
 PA Prior Authorization
 RS Restricted to Specialist
 SP Available through Specialty Pharmacy Program
 VAC Vaccine Program

generic = small letters
 INF Infertility
 QL Quantity Limit
 SF Limited to two 15 day fills per month for first 3 months
 ST Step Therapy

BRANDS = CAPITAL LETTERS
 OTC Over-the-Counter
 RDX Restricted to Diagnosis
 SMKG Smoking Cessation
 TA Therapeutic Alternative

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ACIPHEX TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ULCER DRUGS
acitretin cap (SORIATANE equiv)	-	2	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR GEL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHIB INJ, HIBERIX INJ	VAC	\$0	VACCINES
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ	PA-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTIQ LOZENGE	QL	3	ANALGESICS - OPIOID
ACTONEL TAB (Plan pays up to \$0.10 per pill/unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACTOPLUS MET XR TAB	-	3	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	NC	DERMATOLOGICALS
acyclovir oint (ZOVIRAX equiv)	-	1	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	\$0	TOXOIDS
ADALIMUMAB-ADAZ INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ PFS INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADAPALENE SOLN	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 26 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only – members age 26 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	2	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	2	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADBRY INJ (QL= 4 inj/28 days)	PA-QL-SP	4	DERMATOLOGICALS
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ADDERALL XR CAP (Plan pays \$2.50 per unit for members 26 years or older. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	-	2	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
ADLARITY PATCH	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADLYXIN INJ	-	NC	ANTIDIABETICS

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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	TA	Therapeutic Alternative
VAC	Vaccine Program				

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ADMELOG INJ	-	NC	ANTIDIABETICS
ADMELOG SOLOSTAR INJ	-	NC	ANTIDIABETICS
ADRENALIN NASAL SOLN	-	NC	VASOPRESSORS
ADRENALIN NASAL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADVAIR DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC	ANTIHYPERTENSIVES
ADZENYS ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
AEMCOLO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
AFINITOR DISPERZ TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
AIMOVIQ INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRSUPRA INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AKEEGA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AKLIEF CREAM	-	NC	DERMATOLOGICALS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
ALA-SCALP LOTION	-	NC	DERMATOLOGICALS
albendazole tab (ALBENZA equiv)	-	NC	ANTHELMINTICS
ALBENZA TAB	-	NC	ANTHELMINTICS
ALBUTEROL HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	--QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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ALBUTEROL TAB ER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	2	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	2	DERMATOLOGICALS
ALCOHOL SWABS	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	NC	DERMATOLOGICALS
ALFERON-N INJ	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP (QL= 60ml/3 days)	QL	2	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB	QL	3	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv)	-	2	ANTIHYPERTENSIVES
ALKINDI SPRINKLE CAP	-	NC	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3	CORTICOSTEROIDS
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALLOPURINOL TAB	-	NC	GOUT AGENTS
ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv) (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOGLIPTIN TAB, NESINA TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	2	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	2	ANTI-ANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	1	ANTI-ANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTI-ANXIETY AGENTS
ALREX OPHTH SUSP	-	2	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTOPREV TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS

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ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine tab	-	2	ANTIPARKINSON AGENTS
AMBIEN CR TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
AMBIEN TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	NC	DERMATOLOGICALS
amcinonide oint 0.1% (AMCINONIDE OINT equiv)	-	NC	DERMATOLOGICALS
AMCINONIDE OINTMENT	-	NC	DERMATOLOGICALS
AMERGE TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
AMILORIDE/HCTZ TAB	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	2	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	2	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	EXC	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	EXC	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	2	DERMATOLOGICALS
amoxapine tab (AMOXAPINE equiv)	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS

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AMOXICILLIN CHEW TAB	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	3	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (Plan pays \$2.50 per unit for members 26 years or older. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older. All other women covered at generic copay. Not covered for men.)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS
ANNOVERA RING (QL= 1 ring/year)	QL	\$0	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC	ANTIHYPERLIPIDEMICS
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANTIVERT TAB, MECLIZINE TAB	-	NC	ANTIEMETICS
ANZEMET TAB (QL= 9 tabs/fill)	QL	3	ANTIEMETICS
APADAZ TAB	-	NC	ANALGESICS - OPIOID
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	-	2	OPHTHALMIC AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	2	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	2	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	2	ANTIEMETICS
APRISO CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC	DERMATOLOGICALS
APTENSIO XR CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
APTIOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	-	2	ANTIVIRALS

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SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TA	Therapeutic Alternative
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Drug Name	Special Code	Tier	Category
APTIVUS SOLN	-	2	ANTIVIRALS
ARAKODA TAB	-	3	ANTIMALARIALS
ARANESP INJ	-	NC	HEMATOPOIETIC AGENTS
ARAZLO LOTION	-	NC	DERMATOLOGICALS
ARCALYST INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AREXVY INJ (Covered at \$0 for members 60 years of age and older. Only covered at \$0 for women under 60. Not covered for men under 60.)	VAC	\$0	VACCINES
arformoterol tartrate neb soln (BROVANA equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARIKAYCE SUSP (QL= 1 vial/day)	PA-QL-SP	4	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	1	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARTHROTEC TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
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	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
ASMANEX HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
ASPIRIN EC TAB 325MG	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin EC tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOLX equiv)	-	2	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
ATACAND HCT TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES

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ATACAND TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	2	ANTIVIRALS
ATELVIA TAB (Plan pays up to \$0.10 per pill/unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ATORVALIQ SUSP (Members age 9 or older require Prior Authorization)	PA	3	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRALIN GEL, RETIN-A GEL	-	3	DERMATOLOGICALS
ATRIPLA TAB	-	NC	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS
atropine ophth oint	-	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1	OPHTHALMIC AGENTS
ATROPINE SUL SOLN 1% OPHTH	-	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AURYXIA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB (QL= 4 tabs/day)	PA-QL-SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 6MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION KIT	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVELITY TAB	-	NC	ANTIDEPRESSANTS
AUVI-Q INJ	-	NC	VASOPRESSORS
AVALIDE TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
AVANDIA TAB	-	2	ANTIDIABETICS
AVAPRO TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVAR-E LS CREAM 10-2%	-	NC	DERMATOLOGICALS
AVONEX INJ	SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MIGRAINE PRODUCTS
AYVAKIT TAB (QL= 1 tab/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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AZASITE SOLN	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azathioprine tab 100mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv)	-	2	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	1	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	-	NC	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	NC	MULTIVITAMINS
AZESCO TAB	-	NC	MULTIVITAMINS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZOPT OPHTH SUSP	-	3	OPHTHALMIC AGENTS
AZOR TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
AZSTARYS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen intrathecal inj (BACLOFEN equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SUSP (Prior Authorization Required for members age 9 or older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLOFEN equiv) (Prior Authorization Required for members age 9 or older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	\$0	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	PA	3	ANTICONVULSANTS
BANZEL TAB	-	NC	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2	ANTIDIABETICS
BARACLUDE SOLN	-	3	ANTIVIRALS
BASAGLAR KWIKPEN, BASAGLAR TEMPO PEN	-	NC	ANTIDIABETICS
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2	FLUOROQUINOLONES

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BCG INJ	VAC	\$0	VACCINES
B-D INSULIN SYRINGE	--OTC	NC	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BECONASE AQ NASAL SPRAY (Plan pays up to \$26 per one month supply. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
BENICAR HCT TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
BENICAR TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	PA-QL-SP	4	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	PA-QL-SP	4	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTHELMINTICS
benzonatate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC	DERMATOLOGICALS
benzphetamine tab	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
benztropine tab	-	1	ANTIPARKINSON AGENTS
bepotastine ophth soln (BEPREVE equiv)	-	3	OPHTHALMIC AGENTS
BERINERT INJ	PA-SP	4	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
BESREMI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
betaine powder for oral solution (CYSTADANE equiv)	SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETASERON INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETAXOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS

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betaxolol ophth soln (BETOPTIC-S equiv)	-	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETIMOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bexarotene cap (TARGRETIN equiv)	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv)	PA-SP	4	DERMATOLOGICALS
BEXSERO INJ	VAC	\$0	VACCINES
BEYAZ TAB	-	3	CONTRACEPTIVES
BEYFORTUS INJ	VAC	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC	ESTROGENS
BIKTARVY TAB	-	2	ANTIVIRALS
BILTRICIDE TAB	-	3	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
bimatoprost ophth soln	QL--	EXC	DERMATOLOGICALS
BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bismuth/metro/tetra cap (PYLERA equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
BOSULIF TAB	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 75MG (QL= 6 caps/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRENZAVVY TAB	-	NC	ANTIDIABETICS
BREO ELLIPTA INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREO ELLIPTA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB	-	NC	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	2	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	1	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	1	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	1	OPHTHALMIC AGENTS

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brimonidine/timolol ophth soln (COMBIGAN equiv)	-	2	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv)	-	2	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
BRIXADI SOLN	-	NC	ANALGESICS - OPIOID
bromfenac ophth soln (BROMDAY equiv)	-	2	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
BROMSITE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BRONCHITOL CAP	-	NC	RESPIRATORY AGENTS - MISC.
BRUKINSA CAP (QL= 4 caps/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION	-	NC	DERMATOLOGICALS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	3	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	3	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	2	CORTICOSTEROIDS
budesonide/formoterol inhaler (SYMBICORT equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	3	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	1	ANTIDEPRESSANTS
bupirone tab (BUSPAR equiv)	-	1	ANTIANKXIETY AGENTS
butalbital/acetaminophen cap	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	1	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
BUTISOL TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS

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BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
BYLVAY CAP 1200MCG (QL= 5 caps/day)	PA-QL-SP	4	GASTROINTESTINAL AGENTS - MISC.
BYLVAY CAP 400MCG (QL= 15 caps/day)	PA-QL-SP	4	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day)	PA-QL-SP	4	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day)	PA-QL-SP	4	GASTROINTESTINAL AGENTS - MISC.
BYNFEZIA PEN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
CABENUVA IM SUSP	-	NC	ANTIVIRALS
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day)	PA-QL-SP	4	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CADUET TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	CARDIOVASCULAR AGENTS - MISC.
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	2	DERMATOLOGICALS
calcipotriene cream (TRIONEX equiv)	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint	-	2	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	2	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)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	3	DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	NC	MEDICAL DEVICES AND SUPPLIES
CALOMIST NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
CALQUENCE CAP (QL= 2 caps/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALQUENCE TAB (QL= 2 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALSODORE PAK	-	NC	DERMATOLOGICALS
CAMBIA POWDER	-	NC	MIGRAINE PRODUCTS

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CAMZYOS CAP (QL= 1 cap/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	SP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	NC	DERMATOLOGICALS
CAPLYTA CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPRELSA TAB	PA-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	1	ANTIHYPERTENSIVES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	1	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA ODT	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN	-	3	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	1	ANTIHISTAMINES
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
CARETOUCH MIS	OTC	1	MEDICAL DEVICES AND SUPPLIES
carglumic acid tab (CARBAGLU equiv)	PA-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	TA--	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CAROSPIR SUSP (Prior Authorization required for members age 9 or older)	PA	3	DIURETICS
CARTEOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	1	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC	BETA BLOCKERS

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carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CATAPRES-TTS PATCH	-	3	ANTIHYPERTENSIVES
CAVERJECT INJ (QL= 6 inj/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist)	RS-SP	4	ANTI-INFECTIVE AGENTS - MISC.
CEFACLOR CAP	-	3	CEPHALOSPORINS
cefaclor cap (CECLOR equiv)	-	3	CEPHALOSPORINS
CEFACLOR ER TAB	-	3	CEPHALOSPORINS
CEFACLOR SUSP	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
CEFADROXIL TAB	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	1	CEPHALOSPORINS
CEFDITOREN TAB	-	3	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	3	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	3	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap 400mg (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
CELEXA TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIDEPRESSANTS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN CAP	-	NC	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN	-	2	OPHTHALMIC AGENTS
CEQR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	EXC	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS
cetorelix acetate for inj kit (CETROTIDE equiv)	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
CHEMET CAP	-	2	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANKXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	2	ULCER DRUGS

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chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	1	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
CHLORPROMAZINE CONC	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	1	DIURETICS
chlorzoxazone tab (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOAZONE TAB 250MG, LORZONE TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	1	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP	PA-SP	4	GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
CIALIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIBINQO TAB (QL= 1 tab/day)	PA-QL-SP	4	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
CICLODAN KIT	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPTH OINT	-	3	OPHTHALMIC AGENTS
CIMDUO TAB	-	2	ANTIVIRALS
CIMETIDINE SOLN	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
cimetidine soln (CIMETIDINE equiv)	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv) (Rx Only)	-	1	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	PA-QL-SP	4	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	PA-QL-SP	4	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP	-	3	OTIC AGENTS
CIPRO SUSP	-	3	FLUOROQUINOLONES
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	2	OTIC AGENTS
CITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS

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CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CITRULLINE EASY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX TAB	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
CLARITHROMYC SUSP	-	2	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	3	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
CLARITIN CAP	OTC	EXC	ANTIHISTAMINES
CLARITIN CHEW TAB	OTC	EXC	ANTIHISTAMINES
CLENIA PLUS SUSP	-	NC	DERMATOLOGICALS
CLENPIQ SOLN	-	NC	LAXATIVES
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	3	VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	NC	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	3	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv)	-	2	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	1	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	2	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	2	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	2	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	2	DERMATOLOGICALS
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	NC	DERMATOLOGICALS
clocortolone pivalate cream	-	NC	DERMATOLOGICALS
CLODERM CREAM	-	NC	DERMATOLOGICALS
CLOMID TAB	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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CLOMIPHENE TAB	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	1	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	1	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	1	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF equiv)	OTC	EXC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LORTRISONE equiv)	-	NC	DERMATOLOGICALS
CLOZAPINE ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	1	ANALGESICS - OPIOID
colchicine tab (COLCRYS equiv)	-	1	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLLANEX EXTERNAL POWDER	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
COMBIPATCH	-	3	ESTROGENS
COMBIVENT RESPIMAT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT	PA-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COMPLERA TAB	-	2	ANTIVIRALS
CONCEPT DHA CAP	-	1	MULTIVITAMINS
CONCEPTROL GEL	OTC	EXC	VAGINAL PRODUCTS
CONDYLOX GEL	-	3	DERMATOLOGICALS
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FILM	OTC	EXC	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	EXC	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	EXC	VAGINAL PRODUCTS

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CONTRACEPTIVE SUPP	OTC	EXC	VAGINAL PRODUCTS
COPIKTRA CAP (QL= 2 caps/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDRAN CREAM 0.025%	-	NC	DERMATOLOGICALS
CORDRAN OINTMENT	-	NC	DERMATOLOGICALS
CORDRAN TAPE	-	NC	DERMATOLOGICALS
COREG CR CAP	-	NC	BETA BLOCKERS
CORLANOR SOLN	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	PA	2	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTIC-ND DROPS	-	NC	OTIC AGENTS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
COSENTYX INJ (1-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ (2-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML	-	NC	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
COVID-19 TEST	OTC	EXC	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COZAAR TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
CREON CAP	-	2	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERLIPIDEMICS
CRESTOR TAB 40MG	-	1	ANTIHYPERLIPIDEMICS
CRINONE GEL	-	2	VAGINAL PRODUCTS
CRIXIVAN CAP	-	2	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	1	OPHTHALMIC AGENTS

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CROTAN LOTION	-	NC	DERMATOLOGICALS
cryselle tab	-	\$0	CONTRACEPTIVES
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR	OTC	EXC	DIAGNOSTIC PRODUCTS
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVITRU INJ	-	NC	PASSIVE IMMUNIZING AGENTS
CUVRIOR TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cycloserine cap (CYCLOSERINE CAP equiv)	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	2	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (Restricted to Ophthalmology or Optometry Specialist)	RS	2	OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYLTEZO AUTO-INJECTOR (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYMBALTA CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIDEPRESSANTS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTADANE POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist)	QL-RS-SP	4	OPHTHALMIC AGENTS
CYSTAGON CAP	SP	4	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS-SP	4	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2	ANTICOAGULANTS
DAKLINZA TAB	-	NC	ANTIVIRALS

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dalfampridine ER tab (AMPYRA equiv)	SP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC
DANTRIUM CAP (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MUSCULOSKELETAL THERAPY AGENTS
dantrolene cap (DANTRIUM equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	3	DERMATOLOGICALS
DAPSONE GEL 7.5%	-	NC	DERMATOLOGICALS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
DAPTACEL INJ, INFANRIX INJ	VAC	\$0	TOXOIDS
darifenacin SR tab (ENABLEX equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
darunavir tab (PREZISTA equiv)	-	2	ANTIVIRALS
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAYBUE SOLN	-	NC	NEUROMUSCULAR AGENTS
DAYPRO TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DAZOMON GEL	-	NC	DERMATOLOGICALS
DDAVP INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
deferasirox granules packet (JADENU equiv)	SP	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	SP	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 180mg (JADENU equiv)	SP	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	SP	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv)	PA-SP	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
DEGLUDEC FLEXTOUCH INJ	-	NC	ANTIDIABETICS
DEGLUDEC INJ	-	NC	ANTIDIABETICS
DELSTRIGO TAB	-	2	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	3	TETRACYCLINES
DEMSEER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	NC	DERMATOLOGICALS
DENGVAXIA SUSP	VAC	\$0	VACCINES
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPLIN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-MEDROL INJ	-	3	CORTICOSTEROIDS
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	3	CORTICOSTEROIDS
DEPO-PROVERA INJ	QL	3	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES

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DERMACINRX CREAM	-	NC	DERMATOLOGICALS
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
DESCOVY TAB	-	\$0	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	2	ANTIDEPRESSANTS
DESLORATADINE ODT	-	EXC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	EXC	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	1	DERMATOLOGICALS
desonide gel	-	NC	DERMATOLOGICALS
desonide lotion (DESOWEN equiv)	-	NC	DERMATOLOGICALS
desonide oint (DESOWEN equiv)	-	1	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)	-	2	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	2	DERMATOLOGICALS
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
desvenlafaxine ER tab (PRISTIQ equiv)	-	NC	ANTIDEPRESSANTS
DETROL LA CAP (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
DETROL TAB (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
dexamethasone sodium phosphate inj	-	1	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXATRAN CAP	-	NC	MULTIVITAMINS
DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	\$0	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Physicians may call EBRx PA at (866)564-8258 for review. Dexcom sensors have an \$80 copay with an approved prior authorization. Applies to all plans)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	\$0	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year)	PA-QL	\$0	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Physicians may call EBRx PA at (866)564-8258 for review. Dexcom sensors have an \$80 copay with an approved prior authorization. Applies to all plans)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES

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DEXEDRINE CAP (Plan pays \$2.50 per unit for members 26 years or older. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DEXILANT DR CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexlansoprazole DR cap (DEXILANT equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
dextroamphetamine ER cap (DEXEDRINE equiv) (Plan pays \$2.50 per unit for members 26 years or older. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DHIVY TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP	PA-SP	4	ANTICONVULSANTS
DIACOMIT POWDER PACK	PA-SP	4	ANTICONVULSANTS
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	1	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	1	ANTIAXIETY AGENTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1	ANTIAXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1	ANTIAXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	3	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv)	-	NC	DIURETICS
DICLOFENAC CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC	MIGRAINE PRODUCTS
diclofenac potassium cap (ZIPSOR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY

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diclofenac potassium tab 25mg (DICLOFENAC equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
diclofenac sodium soln (XRYLIX equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	NC	DERMATOLOGICALS
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	2	ANTIVIRALS
DIDANOSINE DR CAP, VIDEX EC CAP	-	2	ANTIVIRALS
DIETHYLPROPION ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIFFERIN CREAM	-	3	DERMATOLOGICALS
DIFFERIN GEL	-	3	DERMATOLOGICALS
DIFFERIN OTC GEL 0.1%	OTC	EXC	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2	MACROLIDES
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM, PSORCON CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv)	-	2	OPHTHALMIC AGENTS
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
DIGOXIN SOLN 0.05MG/ML	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	3	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS

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dimethyl fumarate DR cap (TECFIDERA equiv)	SP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	SP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIOVAN HCT TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
DIOVAN TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
DIPENTUM CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	3	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	\$0	TOXOIDS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	2	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DITROPAN XL TAB (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DIVIGEL GEL	-	NC	ESTROGENS
DIVIGEL GEL, ELESTRIN GEL	-	NC	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	2	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID	-	NC	NUTRIENTS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTELET TAB (QL= 2 tabs/day)	PA-QL-SP	4	HEMATOPOIETIC AGENTS
DORAL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
DOVATO TAB	-	2	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3	DERMATOLOGICALS
doxepin hcl cream	PA	3	DERMATOLOGICALS
doxepin tab (SILENOR equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS

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doxercalciferol cap (HECTOROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE CAP, ORACEA CAP	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab (TARGADOX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC	ANTIEMETICS
D-PENAMINE TAB	-	2	ASSORTED CLASSES
DRIZALMA DR CAP	-	NC	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv)	-	2	ANTIEMETICS
drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	\$0	CONTRACEPTIVES
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	-	NC	VASOPRESSORS
DRYSOL SOLN	-	1	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAKLIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUETACT TAB	-	NC	ANTIDIABETICS
DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	1	ANTIDEPRESSANTS
DULOXICAINE PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DUOBRII LOTION	-	NC	DERMATOLOGICALS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUOVISC KIT	-	NC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/28 days)	PA-QL-SP	4	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	PA-QL-SP	4	DERMATOLOGICALS
DURAVENT PE TAB	-	NC	COUGH/COLD/ALLERGY
dutasteride cap (AVODART equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUZALLO TAB	-	NC	GOUT AGENTS
DXEVO 11-DAY PAK	-	NC	CORTICOSTEROIDS
DYANAVEL XR CHEW	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DYRENIUM CAP	-	3	DIURETICS

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EB-N3 DR CAP	-	NC	MULTIVITAMINS
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	1	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB (Plan pays up to \$0.10 per pill/unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
EDARBYCLOR TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
EDEX INJ (QL= 6 inj/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
EDURANT TAB	-	2	ANTIVIRALS
EFAVIRENZ CAP	-	2	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	2	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	2	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2	ANTIVIRALS
EFFEXOR XR CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIDEPRESSANTS
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELEPSIA XR TAB	-	NC	ANTICONVULSANTS
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
ELIGEN B12 TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	EXC	CONTRACEPTIVES
ELMIRON CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
eluryng vaginal ring (NUVARING equiv)	-	\$0	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS
EMADINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	NC	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days)	PA-QL-SP	4	HEMATOLOGICAL AGENTS - MISC.
EMSAM PATCH	-	3	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	-	2	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0	ANTIVIRALS
EMTRIVA CAP	-	3	ANTIVIRALS
EMTRIVA SOLN	-	2	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
ENABLEX TAB (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS

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enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older)	PA	3	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK (QL= 6 packets/day)	PA-QL-SP	4	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2	VAGINAL PRODUCTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0	VACCINES
ENOXAPARIN INJ	-	NC	ANTICOAGULANTS
enoxaparin inj (LOVENOX equiv)	-	1	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
ENSPRYNG INJ (QL= 1 inj/28 days)	PA-QL-SP	4	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS
ENTADFI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	2	ANTIVIRALS
ENTEREG CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENTRESTO TAB (QL= 2 tabs/day)	QL	2	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENVARUSUS XR TAB	-	NC	ASSORTED CLASSES
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	NC	ANTIVIRALS
EPIDIOLEX SOLN	PA-SP	4	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5%	-	NC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	3	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1	VASOPRESSORS
EPIPEN (JR) INJ	-	NC	VASOPRESSORS
EPIVIR HBV SOLN	-	2	ANTIVIRALS
eplerenone tab (INSPIRA equiv)	-	1	ANTIHYPERTENSIVES
EPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
EPRONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	3	ANTICONVULSANTS
EPSOLAY CREAM	-	NC	DERMATOLOGICALS
EQUETRO CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergotamine/cafeine tab (CAFERGOT equiv)	-	NC	MIGRAINE PRODUCTS
ERIVEDGE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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erlotinib tab (TARCEVA equiv)	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERMEZA SOLN 150 MCG/5ML	-	NC	THYROID AGENTS
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ERY PAD	-	2	DERMATOLOGICALS
erythromycin DR cap (ERYC equiv)	-	2	MACROLIDES
ERYTHROMYCIN EC CAP	-	2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
ERYTHROMYCIN OPHTH OINT	-	NC	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2	MACROLIDES
erythromycin tab (ERY-TAB equiv)	-	3	MACROLIDES
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2	DERMATOLOGICALS
escitalopram soln (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	OTC-TA	5	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
esomeprazole magnesium DR tab (NEXIUM equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	OTC-TA	5	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ESOMEPRAZOLE STRONTIUM CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1	ESTROGENS
estradiol cream (ESTRACE equiv)	-	1	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol td gel (DIVIGEL equiv)	-	NC	ESTROGENS
estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	2	VAGINAL PRODUCTS
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	1	ESTROGENS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
eszopiclone tab (LUNESTA equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ethacrynic tab (EDECIN equiv)	-	2	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	1	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONVULSANTS

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etodolac cap (LODINE equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab (INTELENCE equiv)	-	2	ANTIVIRALS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EULEXIN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVAMIST SPRAY	-	NC	ESTROGENS
EVEKEO ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
everolimus tab (ZORTRESS equiv)	PA	2	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab for oral susp (AFINITOR DISPERZ equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	2	ANTIVIRALS
EVRYSDI SOLN (QL= 6.67ml/day)	PA-QL-SP	4	NEUROMUSCULAR AGENTS
EVZIO INJ	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE HCT TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
EXFORGE TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
EXKIVITY CAP (QL= 4 caps/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM	-	NC	NEUROMUSCULAR AGENTS
EXTAVIA INJ	SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EYSUVIS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	1	ANTIHYPERLIPIDEMICS
EZETIMIBE/ATORVASTATIN TAB	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERLIPIDEMICS
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FACTIVE TAB	-	NC	FLUOROQUINOLONES

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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
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FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	1	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	1	ULCER DRUGS
famotidine tab (PEPCID equiv) (Rx Only)	-	1	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FASENRA PEN INJ (QL= 1 inj/56 days)	PA-QL-SP	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
febuxostat tab (ULORIC equiv)	-	2	GOUT AGENTS
felbamate susp (FELBATOL equiv)	-	2	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONVULSANTS
FELDENE CAP (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1	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)	-	1	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	1	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
fenopropfen calcium cap (NALFON equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
fenopropfen calcium tab 600mg (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENSOLVI INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	QL	2	ANALGESICS - OPIOID
fantanyl patch (DURAGESIC equiv)	-	2	ANALGESICS - OPIOID
fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
FEONYX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
FERRIPROX SOLN	PA-SP	4	ANTIDOTES
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRO-PLEX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir	OTC	NC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	NC	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	NC	HEMATOPOIETIC AGENTS
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2	URINARY ANTISPASMODICS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS

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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	TA Therapeutic Alternative
VAC Vaccine Program		

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FIASP FLEXTOUCH INJ	-	NC	ANTIDIABETICS
FIASP INJ	-	NC	ANTIDIABETICS
FIASP PENFILL INJ	-	NC	ANTIDIABETICS
FIASP PUMP CARTRIDGE	-	NC	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FILSPARI TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
FINACEA FOAM	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
fingolimod hcl cap 0.5mg (GILENYA equiv)	SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day)	PA-QL-SP	4	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	4	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	3	ULCER DRUGS
FIRST PANTOPRAZOLE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
FIRVANQ SOLN	-	1	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML	-	1	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	NC	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLEQSUVY SUSP (Prior Authorization required for members age 9 or older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP (Members age 9 or older require Prior Authorization)	PA	3	ANTIHYPERTENSIVES
FLOXONASE ALLERGY RELIEF (Plan pays up to \$26 per one month supply. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLOXONASE SENSIMIST NASAL SPRAY	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	2	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUAD QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUCELVAX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	2	ANTIFUNGALS

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fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
flunisolide nasal soln (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	2	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	2	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	1	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUORIDEX SENSITIVITY PASTE	-	1	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	NC	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	3	DERMATOLOGICALS
FLUOROURACIL SOLN	-	2	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS
FLURAZEPAM CAP	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
FLURBIPROFEN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab 100mg (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL

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fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE/VILANTEROL INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERLIPIDEMICS
fluvoxamine ER cap (LUVOX CR equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FLUZONE HD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FML FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
FOLAGENT DHA CAP	-	NC	MULTIVITAMINS
FOLAMED DHA CAP	-	NC	MULTIVITAMINS
FOLBEE PLUS CZ TAB	-	1	MULTIVITAMINS
folbee tab	-	1	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLITE TAB	-	NC	HEMATOPOIETIC AGENTS
FOLTANX TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
folvite-d tab (GENICIN VITA-D equiv)	-	NC	HEMATOPOIETIC AGENTS
FOLVITE-FE TAB	-	NC	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	-	2	ANTICOAGULANTS
FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
formoterol fumarate neb soln (PERFOROMIST equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC	ANTIDIABETICS
FORTEO INJ	SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL 2%	-	NC	ANDROGENS-ANABOLIC
FORTICAL NASAL SPRAY	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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FOSAMAX TAB (Plan pays up to \$0.10 per pill/unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	2	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ	-	3	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY)	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FROVA TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MIGRAINE PRODUCTS
FULPHILA INJ	SP	4	HEMATOPOIETIC AGENTS
FUROSCIX KIT (QL= 8 inj/fill)	QL-SP	4	DIURETICS
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ	SP	4	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONVULSANTS
FYCOMPA SUSP	-	NC	ANTICONVULSANTS
FYLNETRA INJ	-	NC	HEMATOPOIETIC AGENTS
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	2	ANTICONVULSANTS
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1	ANTICONVULSANTS
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1	ANTICONVULSANTS
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
GALAFOLD CAP (QL= 14 caps/28 days)	PA-QL-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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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	TA Therapeutic Alternative
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galantamine tab (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GARDASIL 9 INJ	VAC	\$0	VACCINES
gatifloxacin ophth soln (ZYMAXID equiv)	-	3	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
GAVRETO CAP (QL= 4 caps/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GAZYVA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	NC	DERMATOLOGICALS
gefitinib tab (IRESSA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	-	NC	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1	ANTHYPERLIPIDEMICS
GEMTESA TAB (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PAD 3.5%	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 12mg	PA-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVOYA TAB	-	2	ANTIVIRALS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0	CONTRACEPTIVES
GILENYA CAP 0.25MG	SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILENYA CAP 0.5MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY	-	NC	GASTROINTESTINAL AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
GLIPIZIDE TAB	-	NC	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS

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GLOPERBA SOLN (Prior Authorization required for members age 9 or older)	PA	3	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GLYCATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS
glycopyrrolate oral soln (CUVPOSA equiv)	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
glycopyrrolate tab (ROBINUL equiv)	-	1	ULCER DRUGS
GLYGEST PAK	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GOPRELTO SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
GRALISE STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	3	ANTIEMETICS
GRANIX INJ	-	NC	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	2	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	2	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP	OTC	NC	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv)	OTC	NC	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GVOKE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS

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HADLIMA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ	PA-SP	4	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	2	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)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI PELLETT PAK	-	NC	ANTIVIRALS
HARVONI TAB	-	NC	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	\$0	VACCINES
HC BUTYRATE CREAM	-	NC	DERMATOLOGICALS
HC BUTYRATE SOLN	-	NC	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	NC	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HELIDAC PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
HEMADY TAB	-	NC	CORTICOSTEROIDS
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ	PA-SP	4	HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ	VAC	\$0	VACCINES
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HETLIOZ SUSP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HEXALEN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIXDEFRIMA SOLN	-	NC	DERMATOLOGICALS
HIZENTRA INJ	PA-SP	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HOMATROPINE OPHTH SOLN	-	2	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 INJ	-	2	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	2	ANTIDIABETICS
HUMALOG MIX INJ	-	2	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	-	2	ANTIDIABETICS
HUMALOG PEN INJ	-	2	ANTIDIABETICS
HUMALOG TEMP PEN	-	2	ANTIDIABETICS

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HUMALOG TEMPO PEN	-	2	ANTIDIABETICS
HUMATIN CAP	-	NC	AMINOGLYCOSIDES
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC	2	ANTIDIABETICS
HUMULIN MIX PEN INJ	OTC	2	ANTIDIABETICS
HUMULIN N INJ	OTC	2	ANTIDIABETICS
HUMULIN N PEN INJ	OTC	2	ANTIDIABETICS
HUMULIN R INJ	OTC	2	ANTIDIABETICS
HUMULIN R INJ U-500	-	NC	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	2	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYCAMTIN CAP	SP	4	ANTINEOPLASTICS
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCODAN SYRUP	-	3	COUGH/COLD/ALLERGY
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)	QL	2	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)	QL	2	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3	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	3	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	3	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3	ANALGESICS - OPIOID
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	1	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS

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hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	2	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
HYDROCORTISONE PAK	-	NC	DERMATOLOGICALS
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	2	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	2	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab (EXALGO TAB equiv)	-	NC	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	NC	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	EXC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYM GEL	-	NC	DERMATOLOGICALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIANSIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIANSIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIANSIETY AGENTS
HYFTOR GEL (QL= 10 grams/30 days)	PA-QL-SP	4	DERMATOLOGICALS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYOPHEN TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
HYOSCYAMINE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	ULCER DRUGS
HYQVIA INJ	PA-SP	4	PASSIVE IMMUNIZING AGENTS
HYRIMOZ INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYZAAR TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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IBRANCE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
IBU 600-EZS KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (RX only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (FIRAZYR equiv)	PA-SP	4	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap (VASCEPA equiv) (QL= 4 cap/day)	QL	2	ANTIHYPERTENSIVES
IDACIO INJ (adalimumab-aacf)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
IDHIFA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IHEEZO GEL	-	NC	OPHTHALMIC AGENTS
ILEVRO OPHTH SUSP	-	2	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 6ml/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 140MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 280MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	1	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1	DERMATOLOGICALS
IMIQUIMOD CREAM 3.75%	-	NC	DERMATOLOGICALS
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC	DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMITREX NASAL SPRAY (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
IMITREX TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
IMOVAX INJ	VAC	\$0	VACCINES
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	NC	DERMATOLOGICALS
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3	ANTIPARKINSON AND RELATED THERAPY AGENTS

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INCRELEX INJ	SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
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)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP (QL= 1 cap/day)	PA-QL-SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEFA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	NC	MEDICAL DEVICES AND SUPPLIES
INQOVI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ, NOVOLOG FLEXPEN INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART INJ, NOVOLOG INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART PENFILL INJ, NOVOLOG PENFILL INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN GARGINE-YFGN INJ	-	3	ANTIDIABETICS
INSULIN GLARGINE INJ	-	1	ANTIDIABETICS
INSULIN GLARGINE SOLOSTAR	-	1	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	3	ANTIDIABETICS
INSULIN GLARGINE-YFGN PEN	-	3	ANTIDIABETICS
INSULIN LISPRO INJ	-	1	ANTIDIABETICS
INSULIN LISPRO KWIKPEN U-100, INSULIN LISPRO KWIKPEN INJ (JUNIOR	-	1	ANTIDIABETICS
INSULIN LISPRO PROTAMINE MIX INJ	-	1	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	2	ANTIVIRALS
INTENSE COUGH LIQUID	-	NC	COUGH/COLD/ALLERGY
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INVEGA HAFYERA INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
INVIRASE CAP	-	2	ANTIVIRALS
INVIRASE TAB	-	2	ANTIVIRALS
INVOKAMET TAB	-	NC	ANTIDIABETICS

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INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB	-	NC	ANTIDIABETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONA equiv)	-	3	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
IPOL INJ	VAC	\$0	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISENTRESS (HD) TAB	-	2	ANTIVIRALS
ISENTRESS CHEW TAB	-	2	ANTIVIRALS
ISENTRESS POWDER PACK	-	2	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	2	MIGRAINE PRODUCTS
isoniazid syrup (ISONIAZID equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	3	ANTIANGINAL AGENTS
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
ISOSORBIDE MONONITRATE TAB	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap 25mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isotretinoin cap 35mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isoxsuprine tab	-	3	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISTURISA TAB 10MG (QL= 6 tabs/day)	PA-QL-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 1MG (QL= 8 tabs/day)	PA-QL-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 5MG (QL= 2 tabs/day)	PA-QL-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
itraconazole cap (SPORANOX equiv)	-	2	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	3	ANTIFUNGALS
IVERMECTIN CREAM	-	3	DERMATOLOGICALS
ivermectin cream (SOOLANTRA equiv)	-	3	DERMATOLOGICALS
IVERMECTIN LOTION	-	NC	DERMATOLOGICALS
ivermectin tab (STROMECTOL equiv)	-	1	ANTHELMINTICS
IYUZEH OPHTH DROPS	-	NC	OPHTHALMIC AGENTS
JADENU SPRINKLE	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS

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JAKAFI TAB (QL= 2 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JAYPIRCA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JESDUVROQ TAB	-	NC	HEMATOPOIETIC AGENTS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
JOENJA TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	-	2	ANTIVIRALS
JUXTAPID CAP	-	NC	ANTIHYPERTENSIVES
JYNARQUE PAK (QL= 2 tabs/day)	PA-QL-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB (QL= 2 tabs/day)	PA-QL-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KADIAN CAP	-	NC	ANALGESICS - OPIOID
KALETRA TAB	-	3	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	PA-QL-SP	4	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	PA-QL-SP	4	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KAPVAY TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
KATERZIA SUSP	-	3	CALCIUM CHANNEL BLOCKERS
KEFLEX CAP 750MG	-	NC	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	3	CORTICOSTEROIDS
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERAMATRIX	-	NC	DERMATOLOGICALS
KERASTAT CREAM	-	NC	DERMATOLOGICALS
KERASTAT GEL	-	NC	DERMATOLOGICALS
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KESIMPTA INJ	SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL TROCHES	-	NC	GENERAL ANESTHETICS
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY

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KETOPROFEN ER CAP (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	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	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	NC	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv)	OTC	EXC	OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
KINERET INJ (QL= 1 inj/day)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	\$0	TOXOIDS
KINRIX PEF SYRINGE, QUADRACEL PEF SYRINGE	VAC	\$0	TOXOIDS
KISQALI PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLISYRI OINT	-	NC	DERMATOLOGICALS
KLOXXADO NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KONVOMEF SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
KORLYM TAB (QL= 4 tabs/day)	PA-QL-SP	4	ANTIDIABETICS
KOSELUGO CAP (QL= 4 caps/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRAZATI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB	-	2	ANTIMALARIALS
KRISTALOSE PACK, LACTULOSE PACK	-	NC	LAXATIVES
KRISTALOSE PACKET	-	NC	LAXATIVES
K-TAB	-	1	MINERALS & ELECTROLYTES
KUVAN POWDER PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERTENSIVES
KYNMOBI FILM	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS

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KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC	ANDROGENS-ANABOLIC
L.E.T. GEL	-	NC	DERMATOLOGICALS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
lacosamide oral solution (VIMPAT equiv)	-	1	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv)	-	1	ANTICONVULSANTS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
LACTIC ACID LOTION	-	1	DERMATOLOGICALS
lactulose soln	-	1	LAXATIVES
LAGEVRIO CAP (QL= 40 caps/fill)	QL	\$0	ANTIVIRALS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3	ANTICONVULSANTS
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)	-	2	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	3	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	3	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LAMPIT TAB	-	2	ANTI-INFECTIVE AGENTS - MISC.
LANCET KIT	OTC	NC	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ	-	NC	CARDIOTONICS
LANOXIN TAB 62.5MCG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	OTC-TA	5	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE SUSP	-	3	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ	-	2	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	PA-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASTACRAFT OPHTH SOLN (QL= 3ml/30 days)	QL	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	PA-QL-SP	4	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	QL-RS-SP	4	MISCELLANEOUS THERAPEUTIC CLASSE

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LENVIMA CAP (QL= 3 caps/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
LESCOL XL TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	-	NC	HEMATOPOIETIC AGENTS
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol HFA)	QL-ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levabuterol neb soln (XOPENEX equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVEMIR FLEXTOUCH INJ	-	NC	ANTIDIABETICS
LEVEMIR INJ	-	NC	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
LEVITRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
LEVOBUNOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	EXC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	EXC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN 0.5%	-	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
LEVOFLOXACIN SOLN 25MG/ML	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	EXC	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	\$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	NC	ANALGESICS - OPIOID
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
LEVOTHYROXINE INJ 100MCG/ML	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
LEXAPRO TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIDEPRESSANTS
LEXETTE FOAM	-	NC	DERMATOLOGICALS
LEXIVA SUSP	-	2	ANTIVIRALS
LICART PATCH	-	NC	DERMATOLOGICALS
LIDO/MENTHOL SPRAY	-	NC	DERMATOLOGICALS
LIDO/RAC/TET GEL	-	NC	DERMATOLOGICALS

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LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE GEL	-	2	DERMATOLOGICALS
lidocaine lotion	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	1	DERMATOLOGICALS
lidocaine oint/transparent dressing kit	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	NC	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3	DERMATOLOGICALS
lidocaine patch 3.5% (GEN7T equiv)	-	NC	DERMATOLOGICALS
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	2	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTIN PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LIDOVEX CREAM	-	NC	DERMATOLOGICALS
LIKMEZ SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
LINDANE SHAMPOO	-	3	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 1 cap/day)	QL	2	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIPITOR TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
LIQREV SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
lisdexamfetamine dimesylate cap (VYVANSE equiv) (Plan pays \$2.50 per unit for members 26 years or older. Member responsible for remaining cost. Excluded for Classic and Basic Plans)	TA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (Plan pays \$2.50 per unit for members 26 years or older. Member responsible for remaining cost. Excluded for Classic and Basic Plans)	TA	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
LITFULO CAP	-	NC	DERMATOLOGICALS
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS

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LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3	ANTIHYPERLIPIDEMICS
LIVMARLI SOLN (QL= 90ml/30 days)	PA-QL-SP	4	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 4 tabs/day)	PA-QL-SP	4	ANTIVIRALS
L-METHYLFOLATE TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	\$0	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LODOCO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
LOKELMA PAK	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
LONHALA MAGNAIR SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB	PA-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv)	-	2	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	2	ANTIVIRALS
loratadine cap (CLARITIN equiv)	OTC	EXC	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
LORBRENA TAB 100MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTIANKXIETY AGENTS
LORTAB ELIXIR	-	3	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL	-	2	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	2	OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	NC	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	2	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	2	OPHTHALMIC AGENTS
LOTTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMAKRAS TAB (QL= 8 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 3 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUMRYZ PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUNESTA TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
LUPKYNIS CAP (QL= 6 caps/day)	PA-QL-SP	4	MISCELLANEOUS THERAPEUTIC CLASSE
lurasidone hcl tab (LATUDA equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUVIRA CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYBALVI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNPARZA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CR TAB (Plan pays \$0.35 per unit. Member responsible for remaining cost. Excluded for Classic and Basic Plans)	TA	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYSODREN TAB	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI THERAPY PACK (QL= 5 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	2	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	2	ANTIDIABETICS
LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3	DERMATOLOGICALS
MALE CONDOMS	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
maraviroc tab (SELZENTRY equiv)	-	2	ANTIVIRALS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVENCLAD PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packs/day)	PA-QL-SP	4	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	QL-SP	4	ANTIVIRALS
MAXALT MLT TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
MAXALT TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
MAYZENT TAB	SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv)	OTC	EXC	ANTIEMETICS
meclizine tab (ANTIVERT equiv) (Rx Only)	-	1	ANTIEMETICS
MECLOFENAMATE CAP (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES

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medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	2	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	1	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam cap (VIVLODEX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
MELPHALAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	\$0	VACCINES
MENEST TAB	-	3	ESTROGENS
MENOSTAR PATCH	-	NC	ESTROGENS
MENQUADFI INJ	VAC	\$0	VACCINES
MENTAX CREAM	-	3	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS
MENVEO INJ	VAC	\$0	VACCINES
MEPERIDINE TAB	-	NC	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv)	-	NC	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	NC	ANTIANKXIETY AGENTS
mercaptapurine tab (PURINETHOL equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine DR cap (DELZICOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA CR equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
MESALAMINE TAB DR	-	3	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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METANX CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	NC	DERMATOLOGICALS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	3	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
METFORMIN TAB	-	NC	ANTIDIABETICS
methadone soln	-	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	2	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	PA	3	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
METHOCARBAMOL TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOXSALEN CAP	-	2	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	3	ULCER DRUGS
methsuximide cap (CELONTIN equiv)	-	2	ANTICONVULSANTS
METHYLDOPA TAB	-	1	ANTIHYPERTENSIVES
methyl dopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
METHYLPHENIDATE ER TAB	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB 45MG, RELEXXI TAB 45MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB 63MG, RELEXXI TAB 63MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB 72MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate td patch (DAYTRANA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	1	CORTICOSTEROIDS
methyltestosterone cap	-	NC	ANDROGENS-ANABOLIC
METIPRANOLOL OPTH SOLN	-	2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1	ANTIHYPERTENSIVES
METZOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	2	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	2	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
metyrosine cap (DEMSEER equiv)	-	NC	ANTIHYPERTENSIVES
mexiletine hcl cap	-	1	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MICARDIS HCT TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
MICARDIS TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
MICLARA LIQUID	-	NC	ANTIHISTAMINES
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIEBO OPTH SOLN	-	NC	OPHTHALMIC AGENTS
mifepristone tab (MIFIPREX equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP	-	NC	MIGRAINE PRODUCTS

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MIGLITOL TAB	-	3	ANTIDIABETICS
miglitol tab (MIGLITOL equiv)	-	3	ANTIDIABETICS
miglustat cap (ZAVESCA equiv)	PA-SP	4	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY	-	NC	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
MINOCYCLINE ER CAP	-	NC	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
MINOLIRA TAB	-	NC	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRALAX PACKET	OTC	EXC	LAXATIVES
MIRALAX POWDER	OTC	EXC	LAXATIVES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRENA IUD	-	EXC	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP, COLCHICINE CAP	-	NC	GOUT AGENTS
M-M-R II INJ	VAC	\$0	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MODERIBA TAB	-	NC	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1	ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC	ANTIpsychOTICS/ANTIMANIC AGENTS
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv) (Plan pays up to \$26 per one month supply. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIasthmatic AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	1	ANTIasthmatic AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIasthmatic AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	3	ANTI-INFECTION AGENTS - MISC.
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP	-	NC	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv)	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate soln	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	2	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID

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MOTTEGRITY TAB	PA	3	GASTROINTESTINAL AGENTS - MISC.
MOTPOLY XR CAP	-	NC	ANTICONVULSANTS
MOUNJARO INJ (Diagnosis Restricted – Type 2 Diabetes (E11))	RDX	2	ANTIDIABETICS
MOVANTIK TAB	PA	2	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)	-	1	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	2	FLUOROQUINOLONES
MPM PAK	-	NC	OXYTOCICS
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULPLETA TAB	-	NC	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	2	ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	1	HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	NC	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	1	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
MUSE SUPP (QL= 6 supp/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCAPSSA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	1	ASSORTED CLASSES
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2	ESTROGENS
MYLERAN TAB	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	3	MULTIVITAMINS
MYRBETRIQ SUSP (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
MYRBETRIQ TAB (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
MYTESI TAB	-	NC	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	2	BETA BLOCKERS
NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAFTIFINE CREAM	-	3	DERMATOLOGICALS

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naftifine cream (NAFTIN equiv)	-	3	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	3	DERMATOLOGICALS
naftifine hcl gel 2% (NAFTIN equiv)	-	NC	DERMATOLOGICALS
NAFTIN GEL	-	3	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
NALFON TAB 600MG (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
naloxone hcl nasal spray (NARCAN equiv)	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	--QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
NAMENDA XR TITRATION PACK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPRELAN ER TAB 500MG (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB 500MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab 500mg (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	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; Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB 15MG	-	3	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	3	HEMATOPOIETIC AGENTS
NASONEX NASAL SPRAY (Plan pays up to \$26 per one month supply. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	NASAL AGENTS - SYSTEMIC AND TOPICAL
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2	OPHTHALMIC AGENTS
NATAZIA TAB	-	\$0	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	2	ANTIDIABETICS
NATESTO GEL	-	NC	ANDROGENS-ANABOLIC
NATESTO NASAL GEL	-	NC	ANDROGENS-ANABOLIC
NATPARA INJ	PA-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS

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NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv)	-	1	BETA BLOCKERS
NEBUSAL NEB SOLN	-	2	COUGH/COLD/ALLERGY
NEFAZODONE TAB	-	1	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	1	ANTIDEPRESSANTS
NENDRUX GEL	-	NC	DERMATOLOGICALS
neomycin tab	-	1	AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	3	MULTIVITAMINS
NEONATAL FE TAB	-	3	MULTIVITAMINS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSALUS LOTION	-	NC	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEOTUSS PLUS LIQUID	-	3	COUGH/COLD/ALLERGY
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NERLYNX TAB (QL= 6 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3	ANTIPARKINSON AGENTS
NEVANAC OPHTH SUSP	-	2	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB	-	2	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv)	-	2	ANTIVIRALS
NEVIRAPINE SUSP	-	2	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXICLON XR TAB	-	NC	ANTIHYPERTENSIVES
NEXIUM 24HR TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	OTC-TA	5	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXIUM CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	OTC-TA	5	ULCER DRUGS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	2	ANTIHYPERLIPIDEMICS
NEXLIZET TAB	-	NC	ANTIHYPERLIPIDEMICS
NEXPLANON IMPLANT	-	EXC	CONTRACEPTIVES
NEXTSTELLIS TAB	-	\$0	CONTRACEPTIVES
NGENLA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
niacin cap	OTC	EXC	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	EXC	VITAMINS
niacin ER tab (NIASPAN equiv)	-	1	ANTIHYPERLIPIDEMICS
niacin tab	OTC	EXC	VITAMINS
NIACIN TR TAB	OTC	EXC	VITAMINS
niacinamide tab	OTC	EXC	VITAMINS
NIACOR TAB	-	NC	ANTIHYPERLIPIDEMICS

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NIASPAN ER TAB	-	3	ANTIHYPERLIPIDEMICS
nifedipine cap (CARDENE equiv)	-	3	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv)	OTC-SMKG	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv)	OTC-SMKG	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER	SMKG	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY	SMKG	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv)	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	PA-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	1	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	2	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
NITROFURANTOIN SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	1	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	3	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	SP	4	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
NIZATIDINE SOLN	-	3	ULCER DRUGS
NIZORAL A-D SHAMPOO	OTC	EXC	DERMATOLOGICALS
nizoral a-d shampoo (NIZORAL equiv)	OTC	EXC	DERMATOLOGICALS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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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)	-	\$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	\$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
NORGESIC TAB FORTE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization)	PA	3	CALCIUM CHANNEL BLOCKERS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	2	ANTIDEPRESSANTS
NORVIR CAP	-	2	ANTIVIRALS
NORVIR POWDER PACK	-	2	ANTIVIRALS
NORVIR SOLN	-	2	ANTIVIRALS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVOFINE PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	NC	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN N INJ	OTC	NC	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	NC	ANTIDIABETICS
NOVOLIN R INJ	OTC	NC	ANTIDIABETICS
NOVOLIN R RELION INJ	-	NC	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	NC	ANTIDIABETICS
NOVOLOG INJ	-	NC	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	NC	ANTIDIABETICS
NOVOLOG MIX FLEXPEN, INSULIN ASPART MIX FLEXPEN INJ	-	NC	ANTIDIABETICS
NOVOLOG MIX INJ	-	NC	ANTIDIABETICS
NOVOLOG MIX INJ, INSULIN ASPART MIX INJ	-	NC	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	NC	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
NOXAFIL PAK	-	3	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1	THYROID AGENTS
NUBEQA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	PA-QL-SP	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCALA INJ	PA-QL-SP	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier	Category
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	NC	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
NUCYNTA TAB	-	3	ANALGESICS - OPIOID
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nulido pad (NULIDO equiv)	-	NC	DERMATOLOGICALS
NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NURTEC ODT (QL= 8 tabs/30 days)	PA-QL	3	MIGRAINE PRODUCTS
NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUVARING	-	NC	CONTRACEPTIVES
NUZYRA TAB (QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist)	QL-RS-SP	4	TETRACYCLINES
NYMALIZE SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
nystatin/triamcinolone cream	-	1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	1	DERMATOLOGICALS
NYVEPRIA INJ	-	NC	HEMATOPOIETIC AGENTS
OCALIVA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB	PA	3	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB	-	2	ANTIVIRALS
ODOMZO CAP	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day)	PA-QL-SF-SP	4	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
OJJAARA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLLIZAC POWDER	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	1	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1	ANTIHYPERTENSIVES

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olopatadine nasal spray (PATANASE equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	OTC	NC	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv)	OTC	NC	OPHTHALMIC AGENTS
OLPRUVA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OLUMIANT TAB (QL= 1 tab/day)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole tab	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY (Plan pays up to \$26 per one month supply. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 INTRO KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PDM KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMNITROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron ODT (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONDANSETRON TAB	-	1	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONETOUCH DELICA LANCETS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA PLUS LANCETS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH METER	--OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
ONETOUCH VERIO FLEX METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO IQ METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO METER	-	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO REFLECT METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
ONEXTON GEL 1.2-3.75%	-	NC	DERMATOLOGICALS
ONFI SUSP (Members age 9 or older require Prior Authorization)	PA	3	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS

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ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill)	PA-QL	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONUREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONZETRA XSAIL (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MIGRAINE PRODUCTS
OPANA ER TAB (CRUSH RESISTANT)	-	NC	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
OPFOLDA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
opium tincture	-	3	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
OPVEE NASAL SPRAY	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	3	DERMATOLOGICALS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAVIG TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
ORENCIA CLICK INJ (QL= 4 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	PA-QL-SP	4	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	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2	ESTROGENS
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	PA-QL-SP	4	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day)	PA-QL-SP	4	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORSERDU TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORSERDU TAB 345MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORTIKOS ER CAP	-	NC	CORTICOSTEROIDS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2	ANTIVIRALS

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OSMOLEX ER TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	NC	LAXATIVES
OSPHENA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC	OTIC AGENTS
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDREL INJ	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OXANDROLONE TAB	-	1	ANDROGENS-ANABOLIC
oxandrolone tab (OXANDRIN equiv)	-	1	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	2	ANTI-ANXIETY AGENTS
OXBRYTA TAB (QL= 3 tabs/day)	PA-QL-SP	4	HEMATOPOIETIC AGENTS
OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day)	PA-QL-SP	4	HEMATOPOIETIC AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime)	PA-QL-SP	4	OPHTHALMIC AGENTS
OXIANUJO CREAM	-	NC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	NC	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
OXYBUTYNIN TAB	-	NC	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
OXYCODONE ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	2	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	2	ANALGESICS - OPIOID

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OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYMORPHONE ER TAB	-	NC	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC	ANALGESICS - OPIOID
OXYTROL PATCH (OTC)	OTC	EXC	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
OZOBAX SOLN, BACLOFEN SOLN	PA	3	MUSCULOSKELETAL THERAPY AGENTS
PALFORZIA POWDER PACK	PA-SP	4	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP	PA-SP	4	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQ INJ (QL= 1 inj/day)	PA-QL-SF-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	2	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
pantoprazole sodium packet (PROTONIX equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PARAGARD IUD	-	EXC	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	3	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIDEPRESSANTS
paroxetine oral susp (PAXIL equiv)	-	3	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PATADAY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PAXIL CR TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIDEPRESSANTS
PAXIL TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIDEPRESSANTS
PAXLOVID TAB (QL= 20 tabs/fill)	QL	\$0	ANTIVIRALS
PAXLOVID TAB (QL= 30 tabs/fill)	QL	\$0	ANTIVIRALS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
pazopanib tab (VOTRIENT equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PEDIARIX INJ	VAC	\$0	TOXOIDS
pediatric multiple vitamins/fluoride chew tab	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
PEDVAXHIB INJ	VAC	\$0	VACCINES

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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	TA Therapeutic Alternative
VAC Vaccine Program		

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Drug Name	Special Code	Tier	Category
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay)	QL	\$0	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ	SP	4	ANTIVIRALS
PEG-INTRON INJ	SP	4	ANTIVIRALS
PEG-PREP KIT	-	NC	LAXATIVES
PEMAZYRE TAB (QL= 1 tab/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
penciclovir cream (DENA VIR equiv)	-	NC	DERMATOLOGICALS
penicillamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENTACEL INJ	VAC	\$0	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PEPCID TAB (Rx Only)	-	3	ULCER DRUGS
PERINDOPRIL TAB	-	1	ANTIHYPERTENSIVES
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERTZYE CAP	-	NC	DIGESTIVE AIDS
PEXEVA TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIDEPRESSANTS
PHEBURANE ORAL PELLETS	SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 95mg (AZO equiv)	OTC	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 97.5mg (AZO equiv)	OTC	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 99.5mg (AZO equiv)	OTC	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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phendimetrazine tab (BONTRIL PDM equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
PHENELZINE SULFATE TAB	-	1	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenoxybenzamine cap (DIBENZYLIN equiv)	-	2	ANTIHYPERTENSIVES
phenylephrine ophth soln (MYDFRIN equiv)	-	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHEXXI GEL (QL= 1 box/fill)	QL	\$0	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	2	VITAMINS
PICATO GEL (QL= 1 box/fill)	QL	3	DERMATOLOGICALS
PIFELTRO TAB	-	2	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2	DERMATOLOGICALS
PIMOZIDE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
PIQRAY TAB	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	PA-QL-SF-SP	4	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB	-	NC	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	PA-QL-SF-SP	4	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	PA-QL-SF-SP	4	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	EXC	CONTRACEPTIVES
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
PLENVU SOLN	-	NC	LAXATIVES
PLEXION CREAM 9.8-4.8%	-	NC	DERMATOLOGICALS
PLIAGLIS CREAM	-	NC	DERMATOLOGICALS

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PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	\$0	VACCINES
PODIAPN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2	DERMATOLOGICALS
PODOFILOX SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
POKONZA POWDER	-	NC	MINERALS & ELECTROLYTES
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	EXC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POLY-VI-FLOR CHEW 0.25MG	-	NC	MULTIVITAMINS
POLY-VI-FLOR CHEW 0.5MG	-	NC	MULTIVITAMINS
POLY-VI-FLOR CHEW 1MG	-	NC	MULTIVITAMINS
POLY-VI-FLOR CHEW W/IRON	-	NC	MULTIVITAMINS
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS
POMALYST CAP (QL= 21 caps/28 days)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONVORY TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv)	-	3	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv)	-	3	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride inj 2 meq/ml	-	NC	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv) (Plan pays up to \$0.55 per powder packet . Member responsible for remaining cost. Excluded for Classic and Basic Plans)	TA	5	MINERALS & ELECTROLYTES
potassium chloride soln (Plan pays up to \$0.034 per milliliter of potassium solution. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium iodide oral soln (SSKI equiv)	-	2	COUGH/COLD/ALLERGY
potassium phosphate monobasic tab (K-PHOS equiv)	-	2	MINERALS & ELECTROLYTES
POTIGA TAB (QL= 3 tabs/day)	QL	2	ANTICONSULTANTS
PRADAXA CAP 110MG	-	3	ANTICOAGULANTS
PRADAXA PELLETT PACK	-	NC	ANTICOAGULANTS

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pramipexole ER tab (MIRAPEX ER equiv)	-	3	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	2	DERMATOLOGICALS
PRAMOSONE LOTION	-	NC	DERMATOLOGICALS
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1	ANORECTAL AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PRAVACHOL TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERLIPIDEMICS
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	2	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	2	DERMATOLOGICALS
PREDNICARBATE OIN	-	2	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	2	CORTICOSTEROIDS
PREDNISOLONE ODT TAB	-	2	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
prednisolone soln	-	1	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	3	CORTICOSTEROIDS
prednisolone tab (MILLIPRED equiv)	-	NC	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
prednisone pack	-	NC	CORTICOSTEROIDS
PREDNISON SOLN	-	2	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREDNISON/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	3	ESTROGENS
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
pregabalin ER tab (LYRICA CR equiv) (Plan pays \$0.35 per unit. Member responsible for remaining cost. Excluded for Classic and Basic Plans)	TA	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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pregabalin soln (LYRICA equiv) (QL= 30ml/day; Plan pays \$0.35 per unit. Member responsible for remaining cost. Excluded for Classic and Basic Plans.)	QL-TA	5	ANTICONVULSANTS
PREGEN DHA CAP	-	NC	MULTIVITAMINS
PREGENNA TAB	-	NC	MULTIVITAMINS
PREHEVBRIO SUSP	VAC	\$0	VACCINES
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	2	ESTROGENS
PRENARA CAP	-	NC	MULTIVITAMINS
PRENATABS RX TAB	-	1	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	1	MULTIVITAMINS
PRENATAL 19 TAB	-	1	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	3	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1	MULTIVITAMINS
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	2	ANTIMYCOBACTERIAL AGENTS
PREVACID OTC CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	OTC-TA	5	ULCER DRUGS
PREVACID SOLUTAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT SOLN	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	\$0	VACCINES
PREVNAR 20 INJ (Covered for members age 19 years or older)	VAC	\$0	VACCINES
PREVYMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months)	PA-QL-SP	4	ANTIVIRALS
PREZCOBIX TAB	-	2	ANTIVIRALS
PREZISTA SUSP	-	2	ANTIVIRALS
PREZISTA TAB	-	2	ANTIVIRALS
PREZISTA TAB	-	3	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	OTC	NC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	1	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMIDONE TAB	-	NC	ANTICONVULSANTS
PRIMLEV TAB 10-300MG	-	NC	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG	-	NC	ANALGESICS - OPIOID
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	\$0	VACCINES
PRISTIQ TAB	-	NC	ANTIDEPRESSANTS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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PROCRIT INJ	-	NC	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PROCYSBI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PROCYSBI GRANULES PACKET	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	1	PROGESTINS
progesterone oil inj	-	1	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB 7.5-300MG	-	NC	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROMACTA POWDER	-	NC	HEMATOPOIETIC AGENTS
PROMACTA TAB	PA-SP	4	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	1	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	2	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	2	ANTIHISTAMINES
PROMISEB CREAM	-	NC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	1	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	1	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
propylthiouracil tab	-	1	THYROID AGENTS
PROQUAD INJ	VAC	\$0	VACCINES
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
PROTONIX EC TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ULCER DRUGS
protriptyline tab (VIVACTIL equiv)	-	3	ANTIDEPRESSANTS
PROZAC CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PROZENA PAD	-	NC	DERMATOLOGICALS

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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Drug Name	Special Code	Tier	Category
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	SP	4	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURIXAN SUSP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine soln (MESTINON equiv)	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day)	QL-SP	4	ANTIMALARIALS
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC	ANTIMALARIALS
PYRUKYND TAB (QL= 2 tabs/day)	PA-QL-SP	4	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND TAPER PACK (QL= 1 tab/day)	PA-QL-SP	4	HEMATOLOGICAL AGENTS - MISC.
QBRELIS SOLN (Prior Authorization required for members age 9 or older)	PA	3	ANTIHYPERTENSIVES
QBREXZA PAD	-	NC	DERMATOLOGICALS
QDOLO SOLN, TRAMADOL SOLN	-	NC	ANALGESICS - OPIOID
QELBREE ER CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QINLOCK TAB (QL= 3 tabs/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QMIIZ ODT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY (Plan pays up to \$26 per one month supply. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	NC	ANTIDIABETICS
QUALAQUIN CAP	-	NC	ANTIMALARIALS
QUDEXY XR CAP	-	NC	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUETIAPINE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	3	MULTIVITAMINS
QUILLICHEW ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	2	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QULIPTA TAB	-	NC	MIGRAINE PRODUCTS
QUVIVIQ TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS

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QVAR INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	VAC	\$0	VACCINES
rabeprazole EC tab (ACIPHEX equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ULCER DRUGS
RABEPRAZOLE SODIUM TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
RADICAVA ORS STARTER KIT (QL= 70ml/365 days)	PA-QL-SP	4	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP (QL= 50mL/28 days)	PA-QL-SP	4	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB	-	NC	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
ranitidine cap (ZANTAC equiv)	-	NC	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	NC	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC	ULCER DRUGS
ranolazine tab (RANEXA equiv)	-	2	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv)	-	1	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
REBETOL SOLN	SP	4	ANTIVIRALS
REBIF INJ	SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	NC	HEMATOPOIETIC AGENTS
RECORLEV TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
REDITREX INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
REGRANEX GEL (QL= 30gm/fill)	QL	2	DERMATOLOGICALS
RELAFEN DS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
RELEUKO INJ	-	NC	HEMATOPOIETIC AGENTS
RELEUKO PREFILLED SYRINGE INJ	-	NC	HEMATOPOIETIC AGENTS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAK TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
RELTONE CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELYVRIO PAK (QL= 2 packets/day)	PA-QL-SP	4	NEUROMUSCULAR AGENTS
REMEDIENT CAP	-	NC	MULTIVITAMINS
REMODULIN INJ 10MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 1MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 2.5MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.

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REMODULIN INJ 5MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENAGEL TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
RENOVA CREAM	-	EXC	DERMATOLOGICALS
REVELA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPAGLINIDE TAB	-	NC	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2	ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2	ANTIHYPERLIPIDEMICS
RESCRIPTOR TAB	-	2	ANTIVIRALS
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS MULTI-DOSE	-	NC	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
RESTORIL CAP 22.5MG (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
RESTORIL CAP 7.5MG (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
RETACRIT INJ	-	2	HEMATOPOIETIC AGENTS
RETEVMO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A CREAM	-	3	DERMATOLOGICALS
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	QL-RS-SP	4	MISCELLANEOUS THERAPEUTIC CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ POWDER PACK	-	2	ANTIVIRALS
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
REZLIDHIA CAP (QL= 2 caps/day)	PA-QL-SF-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB (QL= 1 tab/day)	PA-QL-SP	4	MISCELLANEOUS THERAPEUTIC CLASSES
REZVOGLAR INJ	-	NC	ANTIDIABETICS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RIBAPAK TAB	-	NC	ANTIVIRALS
RIBAVIRIN CAP	SP	4	ANTIVIRALS
ribavirin cap (REBETOL equiv)	SP	4	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
RIBAVIRIN TAB	SP	4	ANTIVIRALS
RIBAVIRIN TAB 400MG	-	NC	ANTIVIRALS
RIDAURA CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS

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rifampin cap (RIFADIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	2	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	3	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
RIOMET ER SUSP	-	3	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (Plan pays up to \$0.10 per pill/unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv) (Plan pays up to \$0.10 per pill/unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERIDONE ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR equiv)	-	2	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
ROAOXIA GEL	-	NC	DERMATOLOGICALS
ROCKLATAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
roflumilast tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ropinirole ER tab (REQUIP XL equiv)	-	1	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSDAN KIT	-	NC	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
ROSZET TAB	-	NC	ANTIHYPERLIPIDEMICS
ROTARIX SUSP	VAC	\$0	VACCINES
ROTATEQ INJ	VAC	\$0	VACCINES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXYBOND TAB	-	NC	ANALGESICS - OPIOID
ROZEREM TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ROZLYTREK CAP (QL= 3 caps/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	PA-SP	4	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	2	ANTICONVULSANTS
rufinamide tab (BANZEL TAB equiv)	-	2	ANTICONVULSANTS
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTIVIRALS
RYALTRIS SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLORA SOLN	-	NC	ANTIHISTAMINES

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RYDAPT CAP (QL= 56 caps/28 days)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
RYVENT TAB	-	NC	ANTIHISTAMINES
SABRIL TAB	-	NC	ANTICONVULSANTS
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALEX LOTION KIT	-	NC	DERMATOLOGICALS
SALEX SHAMPOO	-	3	DERMATOLOGICALS
SALICATE LIQUID	-	NC	DERMATOLOGICALS
salicylic acid soln	-	NC	DERMATOLOGICALS
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	2	ANALGESICS - NONNARCOTIC
SANCUSO PATCH (QL= 4 patches/fill)	QL	3	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	2	ASSORTED CLASSES
SANDOSTATIN LAR INJ KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	2	DERMATOLOGICALS
sapropterin dihydrochloride powder packet (KUVAN equiv)	PA-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	PA-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
saxagliptin hcl tab (ONGLYZA equiv)	-	NC	ANTI-DIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC	ANTI-DIABETICS
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCEMBLIX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	2	ANTIEMETICS
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SECUADO PATCH	-	NC	ANTI-PSYCHOTICS/ANTI-MANIC AGENTS
SEEBRI NEOHALER CAP	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SEGLENTIS TAB	-	NC	ANALGESICS - OPIOID
SEGLUROMET TAB	-	NC	ANTI-DIABETICS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfide lotion	OTC	EXC	DERMATOLOGICALS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	2	DERMATOLOGICALS

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selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	-	2	ANTIVIRALS
SELZENTRY TAB	-	2	ANTIVIRALS
SELZENTRY TAB	-	3	ANTIVIRALS
SEMGLEE INJ (SINGLE PEN)	-	NC	ANTIDIABETICS
SEMGLEE SOLN	-	3	ANTIDIABETICS
SEMPREX-D CAP	-	EXC	COUGH/COLD/ALLERGY
SENSIPAR TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SERTRALINE CAP	-	NC	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (REVELA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (REVELA TAB equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	\$0	VACCINES
SIGNIFOR INJ (QL= 2 vials/day)	PA-QL-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIGNIFOR LAR INJ	-	NC	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) (Members age 9 or older require Prior Authorization)	PA	2	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	-	1	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 100MG (QL=1 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv)	-	1	ANTIHYPERLIPIDEMICS
SINUVA NASAL IMPLANT	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
sirolimus soln (RAPAMUNE equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	2	ASSORTED CLASSES
SIRTURO TAB	-	NC	ANTIMYCOBACTERIAL AGENTS

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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SITAVIG TAB	-	NC	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
SKELAXIN TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MUSCULOSKELETAL THERAPY AGENTS
SKLICE LOTION	-	NC	DERMATOLOGICALS
SKYCLARYS CAP	-	NC	NEUROMUSCULAR AGENTS
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	PA-QL-SP	4	DERMATOLOGICALS
SKYRIZI INJ 180 MG/1.2ML	-	NC	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	PA-QL-SP	4	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	PA-QL-SP	4	DERMATOLOGICALS
SKYTROFA INJ	PA-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	\$0	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB	-	NC	DIURETICS
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM IODIDE I-131 SOLN	-	NC	THYROID AGENTS
SODIUM OXYBATE SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3	DERMATOLOGICALS

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sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2	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 (SUMAXIN equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	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) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay)	QL	\$0	LAXATIVES
SOFOBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	PA-QL-SP	4	ANTIVIRALS
SOGROYA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOHONOS CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 15ml/25 days)	QL	2	ANTIDIABETICS
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3	AMEBICIDES
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	2	CORTICOSTEROIDS
SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)	QL	2	CORTICOSTEROIDS
SOLU-MEDROL INJ 2GM	-	2	CORTICOSTEROIDS
SOLU-MEDROL PF INJ	-	3	CORTICOSTEROIDS
SOMA TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MUSCULOSKELETAL THERAPY AGENTS
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ	PA-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOOLANTRA CREAM	-	3	DERMATOLOGICALS
sorafenib tosylate tab (NEXAVAR equiv)	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYKTU TAB	-	NC	DERMATOLOGICALS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older)	PA	3	BETA BLOCKERS
SOVALDI PELLETT PAK	-	NC	ANTIVIRALS
SOVALDI TAB	-	NC	ANTIVIRALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX SOLN	PA	3	ANTIFUNGALS
SPRAVATO NASAL SOLN	-	NC	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS SUSP	-	1	MISCELLANEOUS THERAPEUTIC CLASSES
SSKI ORAL SOLN	-	3	COUGH/COLD/ALLERGY
STAVUDINE CAP	-	2	ANTIVIRALS
stavudine cap (ZERIT equiv)	-	2	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STAXYN ODT	-	NC	CARDIOVASCULAR AGENTS - MISC.
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ (QL= 1 inj/84 days)	PA-QL-SP	4	DERMATOLOGICALS
STELARA INJ	PA-QL-SP	NC	DERMATOLOGICALS
STENDRA TAB (QL= 6 tabs/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
STIMATE NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIMUFEND INJ	-	NC	HEMATOPOIETIC AGENTS
STIOLTO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ	PA-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM	-	NC	ANDROGENS-ANABOLIC
STRIBILD TAB	-	2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STROMEKTOL TAB	-	3	ANTHELMINTICS
SUBOXONE SL FILM	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucrafate susp (CARAFATE equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
sucrafate tab (CARAFATE equiv)	-	1	ULCER DRUGS
SUFLAVE SOLN	-	NC	LAXATIVES
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	2	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC	DERMATOLOGICALS
sulfadiazine tab	-	3	SULFONAMIDES

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SULFADIAZINE TAB	-	NC	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN WASH 9-4.5%	-	3	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
SUMANSETRON PAK	-	NC	MIGRAINE PRODUCTS
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUMAXIN WASH	-	3	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv)	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNLENCA TAB	-	NC	ANTIVIRALS
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPREP BOWEL PREP PACK	-	NC	LAXATIVES
SUSTIVA TAB	-	3	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTAB TAB	-	NC	LAXATIVES
SUTENT CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBICORT INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMDEKO TAB (QL= 2 tabs/day)	PA-QL-SP	4	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	3	ANTIVIRALS
SYMJEPI INJ (QL= 2 inj/fill)	QL	1	VASOPRESSORS
SYMLINPEN INJ	-	NC	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONSULTANTS
SYMPROIC TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	2	ANTIVIRALS
SYNAREL NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS

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SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNRIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
TABLOID TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TABRECTA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	1	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	PA-SP	4	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day)	QL	1	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (Members age 9 years or older require Prior Authorization)	PA-SP	4	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv)	-	NC	OPHTHALMIC AGENTS
TAGRISSE TAB (QL= 1 tab/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days)	PA-QL-SP	4	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days)	PA-QL-SP	4	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
TALTZ INJ (QL= 1 inj/28 days)	PA-QL-SP	4	DERMATOLOGICALS
TALZENNA CAP 0.25MG (QL= 3 caps/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TARCEVA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	-	NC	DERMATOLOGICALS
TARPEYO CAP	-	NC	CORTICOSTEROIDS
TASCENSO ODT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TASIGNA CAP	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tasimelteon cap (HETLIOZ equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavorole soln (KERYDIN equiv)	-	NC	DERMATOLOGICALS
TAVALISSE TAB (QL= 2 tabs/day)	PA-QL-SF-SP	4	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 6 caps/day)	PA-QL-SP	4	HEMATOLOGICAL AGENTS - MISC.
tazarotene cream 0.1% (TAZORAC equiv)	-	2	DERMATOLOGICALS

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tazarotene gel (TAZORAC equiv)	-	NC	DERMATOLOGICALS
TAZORAC CREAM 0.05%	-	3	DERMATOLOGICALS
TAZVERIK TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEGSEDI INJ (QL= 4 inj/28 days)	PA-QL-SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKTURNA HCT TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
TEKTURNA TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	1	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic and Basic Plans)	TA	5	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2	ANTIVIRALS
TEPMETKO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO equiv)	SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TERIPARATIDE INJ	PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC

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Drug Name	Special Code	Tier	Category
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TETANUS/DIPHtheria TOXOID INJ	VAC	\$0	TOXOIDS
tetrabenazine tab 25mg (XENAZINE equiv)	SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetrabenzine tab 12.5mg (XENAZINE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	3	TETRACYCLINES
TEZSPIRE INJ (QL= 1 pen/28 days)	PA-QL-SP	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB	-	NC	DIURETICS
THALOMID CAP	SP	4	ASSORTED CLASSES
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline er tab (THEOPHYLLINE ER equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYQUIDITY SOLN	-	NC	THYROID AGENTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2	ANTICONVULSANTS
TIBSOVO TAB (QL= 2 tabs/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	3	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	3	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
tinidazole tab (TINDAMAX equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv)	PA-SP	4	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TIROSINT CAP	-	NC	THYROID AGENTS

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TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older)	PA-QL	3	THYROID AGENTS
TIVICAY PD TAB	-	2	ANTIVIRALS
TIVICAY TAB	-	2	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	PA-SP	4	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	2	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	RS-SP	4	AMINOGLYCOSIDES
tobramycin neb soln (BETHKIS equiv)	RS-SP	NC	AMINOGLYCOSIDES
tobramycin ophth soln (TOBEX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TOBEX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	EXC	VAGINAL PRODUCTS
TOLAZAMIDE TAB	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	3	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
TOLVAPTAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab (SAMSCA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOPICORT CREAM 0.05%	-	NC	DERMATOLOGICALS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT	-	3	DERMATOLOGICALS
topiramate ER cap (QUDEXY equiv)	-	NC	ANTICONSULTANTS
topiramate er cap (TOKENDI XR equiv)	-	NC	ANTICONSULTANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONSULTANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONSULTANTS
toremifene tab (FARESTON equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	1	DIURETICS
TOSYMRA SOLN (QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ	-	2	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TOVET KIT	-	NC	DERMATOLOGICALS
TOVIAZ TAB	-	3	URINARY ANTISPASMODICS

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TRACLEER TAB 32MG (QL= 4 tabs/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP	-	NC	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv)	-	3	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB	-	3	ANALGESICS - OPIOID
tramadol hcl tab 100mg	-	NC	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	1	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	-	1	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	2	ANTIDEPRESSANTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TRECATOR TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ (QL= 1 inj/56 days)	PA-QL-SP	4	DERMATOLOGICALS
treprostinil inj 10mg/ml (REMODULIN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ	-	NC	ANTIDIABETICS
TRESIBA INJ	-	NC	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	SP	4	ANTINEOPLASTICS
tretinoin cream (Acne Only – members age 26 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel (Acne Only – members age 26 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 26 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
TRETIN-X CREAM	-	NC	DERMATOLOGICALS
TREXALL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone acetonide inj (KENALOG equiv)	-	1	CORTICOSTEROIDS
triamcinolone acetonide oint (TRIANEX equiv)	-	NC	DERMATOLOGICALS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone oint	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	NC	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv)	-	2	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS

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triazolam tab (HALCION equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER 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
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
trientine cap (SYPRINE equiv)	PA-SP	4	MISCELLANEOUS THERAPEUTIC CLASSES
TRIENTINE CAP	PA-SP	NC	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	1	ANTI PSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
TRIKAFTA TAB (QL= 84 tabs/28 days)	PA-QL-SP	4	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 2 packets/day)	PA-QL-SP	4	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILIPIX CAP	-	NC	ANTIHYPERLIPIDEMICS
TRILOCICLO KIT	-	NC	DERMATOLOGICALS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
TRIMETHOPRIM TAB	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	3	ANTIDEPRESSANTS
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
TRIONEX PACK	-	NC	DERMATOLOGICALS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRIUMEQ PD TAB	-	2	ANTIVIRALS
TRIUMEQ TAB	-	2	ANTIVIRALS
TRIZIVIR TAB	-	2	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
TRUDHESA NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
TRUEPLUS 5 BEVEL PEN NEEDLE 29G 12MM	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS 5 BEVEL PEN NEEDLE 31G 5MM	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS 5 BEVEL PEN NEEDLE 31G 6MM	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS 5 BEVEL PEN NEEDLE 31G 8MM	-	\$0	MEDICAL DEVICES AND SUPPLIES

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TRUEPLUS 5 BEVEL PEN NEEDLE 32G 4MM	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS SYRINGE 0.3 ML 29G X 1/2"	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS SYRINGE 0.3 ML 30G X 5/16"	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS SYRINGE 0.3 ML 31G X 5/16"	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS SYRINGE 1 ML 28 X 1/2"	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS SYRINGE 1 ML 29G X 1/2"	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS SYRINGE 1 ML 30G X 5/16"	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS SYRINGE 1 ML 31G X 5/16"	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS SYRINGE 1/2 ML 28G X 1/2"	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS SYRINGE 1/2 ML 29G X 1/2"	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS SYRINGE 1/2 ML 30G X 5/16"	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRUEPLUS SYRINGE 1/2 ML 31G X 5/16"	-	\$0	MEDICAL DEVICES AND SUPPLIES
TRULANCE TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
TRUMENBA INJ	VAC	\$0	VACCINES
TRUVADA TAB	-	\$0	ANTIVIRALS
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
TUXARIN ER TAB	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	\$0	VACCINES
TWIRLA PATCH	-	NC	CONTRACEPTIVES
TWYNEO CREAM	-	NC	DERMATOLOGICALS
TWYNSTA TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERTENSIVES
TYBLUME TAB	-	\$0	CONTRACEPTIVES
TYBOST TAB	-	NC	ANTIVIRALS
TYKERB TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ	SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYRVAYA SOLN	-	NC	OPHTHALMIC AGENTS
TYVASO DPI POWDER (QL= 4 cartridges/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/2 days)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	PA	3	ANORECTAL AND RELATED PRODUCTS
UCERIS TAB	QL	3	CORTICOSTEROIDS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
ULORIC TAB	-	NC	GOUT AGENTS

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ULTRAVATE LOTION	-	NC	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA PD EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UPNEEQ SOLN	-	EXC	OPHTHALMIC AGENTS
UPTRAVI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
urea emulsion	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
UREA/SALICYLIC CREAM	-	NC	DERMATOLOGICALS
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
URSODIOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
UTA CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
UTIBRON NEOHALER CAP	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days)	PA-QL-SP	4	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	2	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	2	ANTIVIRALS
valproate inj (DEPAICON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
VALSARTAN ORAL SOLN	-	NC	ANTI-HYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	1	ANTI-HYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTI-HYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3	ANTICONVULSANTS
VANCOCIN CAP (QL= 56 caps/fill)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	1	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN ORAL SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	NC	OPHTHALMIC AGENTS
VANFLYTA TAB	-	NC	ANTI-NEOPLASTIC AND ADJUNCTIVE THERAPIES
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
varденаfil ODT (STAXYN equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
varденаfil tab (LEVITRA equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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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	TA Therapeutic Alternative
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varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARIVAX INJ	VAC	\$0	VACCINES
VARUBI TAB	-	NC	ANTIEMETICS
VASCEPA CAP	QL	3	ANTIHYPERTENSIVES
vasolex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
VAXELIS INJ	VAC	\$0	TOXOIDS
VAXNEUVANCE INJ	VAC	\$0	VACCINES
v-c forte cap (V-C FORTE equiv)	-	3	MULTIVITAMINS
VECAMYL TAB	-	NC	ANTIHYPERTENSIVES
VECTICAL OINT	-	NC	DERMATOLOGICALS
VELIVET PAK	-	\$0	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
VELPHORO CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	2	ASSORTED CLASSES
VEMLIDY TAB	-	2	ANTIVIRALS
VENCLEXTA STARTER PACK	PA-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB	PA-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine ER tab (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIDEPRESSANTS
VENLAFAXINE ER TAB	TA--	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENLAFAXINE TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	--TA	5	ANTIDEPRESSANTS
VENNGEL ONE KIT	-	NC	DERMATOLOGICALS
VENTAVIS INH SOLN (QL= 9 ampules/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VEOZAH TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VERAPAMIL CR CAP, VERELAN CAP	-	3	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 100MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 200MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 300MG	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN PM ER CAP 100MG, 300MG	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN SR CAP 360mg	-	3	CALCIUM CHANNEL BLOCKERS
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	2	CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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VERZENIO TAB (QL= 2 tabs/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP	-	NC	URINARY ANTISPASMODICS
VESICARE TAB (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	URINARY ANTISPASMODICS
VFEND SUSP	-	3	ANTIFUNGALS
V-GO INJ KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
VIAGRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
VIDEX SOLN	-	2	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv)	PA-SP	4	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv)	PA-SP	4	ANTICONVULSANTS
vigadrone powder pack	PA-SP	4	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIIBRYD TAB	-	NC	ANTIDEPRESSANTS
VIJOICE TAB (QL= 1 tab/day)	PA-QL-SP	4	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB 250MG (QL= 2 tabs/day)	PA-QL-SP	4	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv)	-	NC	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	NC	ANTICONVULSANTS
VIMPAT TAB	-	NC	ANTICONVULSANTS
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
VIRACEPT TAB	-	2	ANTIVIRALS
VIREAD TAB	-	2	ANTIVIRALS
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL STRIPS	-	3	MULTIVITAMINS
Vitamin D2	-	1	VITAMINS
Vitamin D2 Tab	-	NC	VITAMINS
Vitamin D3	-	NC	VITAMINS
VITRAKVI CAP 100MG (QL= 2 caps/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRECYL IRON TAB	-	NC	MULTIVITAMINS
VITRECYL TAB	-	NC	MULTIVITAMINS
VIVELLE-DOT PATCH	-	1	ESTROGENS
VIVITROL INJ	SP	4	ANTIDOTES
VIVJOA CAP	-	NC	ANTIFUNGALS
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIZIMPRO TAB (QL= 1 tab/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOCABRIA TAB	-	NC	ANTIVIRALS

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VOGELXO PUMP	-	NC	ANDROGENS-ANABOLIC
VONJO CAP (QL= 4 caps/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
VOQUEZNA DUAL PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TRIP PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
voriconazole susp (VFEND equiv)	-	3	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	2	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	PA-QL-SP	4	ANTIVIRALS
VOTRIENT TAB	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ (QL= 1 vial/day)	PA-QL-SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
VP-PNV-DHA CAP	-	1	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	-	NC	OPHTHALMIC AGENTS
VUMERITY CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYLEESI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYNDAMAX CAP (QL= 1 cap/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
VYSTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYVANSE CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYVANSE CHEW TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYZULTA SOLN	-	NC	OPHTHALMIC AGENTS
WAKIX TAB (QL= 2 tabs/day)	PA-QL-SP	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WEGOVY INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 1.7MG/0.75ML	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 2.4MG/0.75ML	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WELCHOL PACK	-	3	ANTIHYPERTENSIVES
WELCHOL TAB	-	3	ANTIHYPERTENSIVES

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WELIREG TAB (QL= 3 tabs/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WESTCORT OINT	-	NC	DERMATOLOGICALS
WINLEVI CREAM	-	NC	DERMATOLOGICALS
WOUND-DRESSING GELS	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
WYNZORA CREAM	-	NC	DERMATOLOGICALS
XACIATO GEL	-	NC	VAGINAL AND RELATED PRODUCTS
XADAGO TAB (QL= 1 tab/day)	PA-QL	3	ANTIPARKINSON AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2	ANTICOAGULANTS
XARELTO SUSP	-	2	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID
XATMEP SOLN (Prior Authorization required for members age 9 or older)	PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XDEMVY DROP	-	NC	OPHTHALMIC AGENTS
XELJANZ SOLN (QL= 10 ml/day)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
XELSTRYM PAD	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
XEMBIFY INJ	PA-SP	4	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//NOREXIANTS
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
XEPI CREAM	-	NC	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	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 60 tabs/30 days)	QL	2	ANTI-INFECTIVE AGENTS - MISC.

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XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
XIIDRA OPTH SOLN	-	NC	OPHTHALMIC AGENTS
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= 2 tabs/fill)	QL	3	ANTIVIRALS
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	3	ANTIVIRALS
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	3	ANTIVIRALS
XOLAIR SYRINGE	PA-SP	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC	DERMATOLOGICALS
XOSPATA TAB (QL= 3 tabs/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPOVIO PAK (QL= 32 tabs/28 days)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XRYLIX PAK	-	NC	DERMATOLOGICALS
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2	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
XULTOPHY INJ (QL= 15ml/30 days)	QL	2	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC 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	-	EXC	ANTIHISTAMINES
XYZAL TAB	-	EXC	ANTIHISTAMINES
XYZBAC TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YBUPHEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YONSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUPELRI SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YUSIMRY INJ (adalimumab-aqvh)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZADITOR OPTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafemy patch (XULANE equiv)	-	\$0	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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ZANAFLEX CAP (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	MUSCULOSKELETAL THERAPY AGENTS
ZANTAC EFFER TAB	-	NC	ULCER DRUGS
ZARXIO INJ	SP	4	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZAVZPRET SPRAY	-	NC	MIGRAINE PRODUCTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
ZEGERID CAP OTC	OTC	EXC	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	NC	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day)	PA-QL-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELNORM TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ZENZEDI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZEPOSIA CAP (QL= 1 cap/day)	PA-QL-SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day)	PA-QL-SP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERVIAE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ZETIA TAB	-	NC	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIANA GEL	-	NC	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	2	ANTIVIRALS
ZIEXTENZO INJ	SP	4	HEMATOPOIETIC AGENTS
ZILACAINE PAK	-	NC	DERMATOLOGICALS
zileuton ER tab (ZYFLO CR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	NC	DERMATOLOGICALS
ZIMHI SOLN	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZOCOR TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERLIPIDEMICS

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EXC Plan Exclusion	INF Infertility	OTC Over-the-Counter
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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	TA Therapeutic Alternative
VAC Vaccine Program		

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Drug Name	Special Code	Tier	Category
ZOCOR TAB 80MG (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIHYPERLIPIDEMICS
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOKINVY CAP (QL= 4 caps/day)	PA-QL-SP	4	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP	PA-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days; Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days; Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
ZOLOFT CONC (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIDEPRESSANTS
ZOLOFT TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5	ANTIDEPRESSANTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
ZOLPIDEM CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem ER tab (AMBIEN CR equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIDEM TARTRATE SL TAB 1.75MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIDEM TARTRATE SL TAB 3.5MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
ZOMIG TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
ZOMIG ZMT (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5	MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC	COUGH/COLD/ALLERGY
ZONISADE SUSP (PA required for members age 9 years or older)	PA	3	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2	DERMATOLOGICALS
ZOVIRAX CREAM	-	NC	DERMATOLOGICALS
ZTALMY SUSP (QL= 1100ml/30 days)	PA-QL-SP	4	ANTICONVULSANTS

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VAC Vaccine Program		

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**State of Arkansas Premium Formulary Cont.
Alphabetical Index
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Drug Name	Special Code	Tier	Category
ZUBSOLV SL TAB	-	2	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB	PA-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	PA-QL-SF-SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPPTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	NC	DERMATOLOGICALS
ZYMAXID OPPTH SOLN	-	3	OPHTHALMIC AGENTS
ZYPITAMAG TAB	-	NC	ANTHYPERLIPIDEMICS
ZYRTEC CHILD CHEW ALLERGY	OTC	NC	ANTIHISTAMINES

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**State of Arkansas Premium Formulary
Category/Class**

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DrugName	Special Code	Tier
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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

ADDERALL XR CAP (Plan pays \$2.50 per unit for members 26 years or older. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	1
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (Plan pays \$2.50 per unit for members 26 years or older. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	1
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
lisdexamfetamine dimesylate cap (VYVANSE equiv) (Plan pays \$2.50 per unit for members 26 years or older. Member responsible for remaining cost. Excluded for Classic and Basic Plans)	TA	1
dextroamphetamine ER cap (DEXEDRINE equiv) (Plan pays \$2.50 per unit for members 26 years or older. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	2
lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (Plan pays \$2.50 per unit for members 26 years or older. Member responsible for remaining cost. Excluded for Classic and Basic Plans)	TA	2
DEXEDRINE CAP (Plan pays \$2.50 per unit for members 26 years or older. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	3
dextroamphetamine soln (PROCENTRA equiv)	-	3
ADZENYS ER SUSP	-	NC
ADZENYS XR TAB	-	NC
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC
DYANAVEL XR CHEW	-	NC
EVEKEO ODT	-	NC
methamphetamine tab (DESOXYN equiv)	-	NC
VYVANSE CAP	-	NC
VYVANSE CHEW TAB	-	NC
XELSTRYM PAD	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC

ANALEPTICS

caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC

ANOREXIANTS NON-AMPHETAMINE

BENZPHETAMINE TAB	-	EXC
DIETHYLPROPION ER TAB	-	EXC
diethylpropion tab	-	EXC
LOMAIRA TAB	-	EXC
PHENDIMETRAZINE ER TAB	-	EXC
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC
PLENITY CAP	-	EXC

ANTI-OBESITY AGENTS

IMCIVREE INJ	-	EXC
WEGOVY INJ	-	EXC
WEGOVY INJ 1.7MG/0.75ML	-	EXC

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
WEGOVY INJ 2.4MG/0.75ML	-	EXC
XENICAL CAP	-	EXC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap (STRATTERA equiv)	-	1
guanfacine ER tab (INTUNIV equiv)	-	1
clonidine ER tab (KAPVAY equiv)	-	2
KAPVAY TAB	-	3
QELBREE ER CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB (QL= 2 tabs/day)	PA-QL-SP	4
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate CD cap (METADATE CD equiv)	-	1
methylphenidate chew tab (METHYLIN equiv)	-	1
methylphenidate ER cap (RITALIN LA equiv)	-	1
methylphenidate ER tab	-	1
methylphenidate ER tab (CONCERTA equiv)	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1
methylphenidate soln (METHYLIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	1
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2
APTENSIO XR CAP	-	NC
AZSTARYS CAP	-	NC
COTEMPLA XR ODT	-	NC
METHYLPHENIDATE ER TAB 45MG, RELEXXI TAB 45MG	-	NC
METHYLPHENIDATE ER TAB 63MG, RELEXXI TAB 63MG	-	NC
METHYLPHENIDATE ER TAB 72MG	-	NC
methylphenidate td patch (DAYTRANA equiv)	-	NC
QUILLICHEW ER TAB	-	NC
QUILLIVANT XR SUSP	-	NC
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ODACTRA SL TAB	PA	3
PALFORZIA POWDER PACK	PA-SP	4
PALFORZIA SPRINKLE CAP	PA-SP	4
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - R'S		
RESERVAPAK SYRUP	-	NC

AMEBICIDES

AMEBICIDES

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RS	Prior Authorization	QL	RDX
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VAC	Available through Specialty Pharmacy Program	ST	SMKG
	Vaccine Program		TA
			Therapeutic Alternative

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**State of Arkansas Premium Formulary
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Last Updated* 11/1/2023

DrugName	Special Code	Tier
AMEBICIDES Cont.		
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3

AMINOGLYCOSIDES

AMINOGLYCOSIDES		
neomycin tab	-	1
paromomycin cap (HUMATIN equiv)	-	3
ARIKAYCE SUSP (QL= 1 vial/day)	PA-QL-SP	4
TOBI PODHALER	PA-SP	4
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	RS-SP	4
HUMATIN CAP	-	NC
KITABIS PAK NEB SOLN	-	NC
tobramycin neb soln (BETHKIS equiv)	-	NC

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

OLUMIANT TAB (QL= 1 tab/day)	PA-QL-SP	4
RINVOQ ER TAB (QL= 1 tab/day)	PA-QL-SP	4
XELJANZ SOLN (QL= 10 ml/day)	PA-QL-SP	4
XELJANZ TAB (QL= 2 tabs/day)	PA-QL-SP	4
XELJANZ XR TAB (QL= 1 tab/day)	PA-QL-SP	4

ANTIRHEUMATIC ANTIMETABOLITES

RHEUMATREX TAB	-	3
REDITREX INJ	-	NC

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10MG (QL= 2 syringes/28 days)	PA-QL-SP	4
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	PA-QL-SP	4
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	PA-QL-SP	4
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	PA-QL-SP	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL-SP	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL-SP	4
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL-SP	4
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL-SP	4
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	PA-QL-SP	4
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	PA-QL-SP	4
SIMPONI INJ 100MG (QL=1 inj/28 days)	PA-QL-SP	4
ADALIMUMAB-ADAZ INJ	-	NC
ADALIMUMAB-ADAZ PFS INJ	-	NC
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	-	NC
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	-	NC
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	-	NC
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC
AMJEVITA INJ (adalimumab-atto)	-	NC
CYLTEZO AUTO-INJECTOR (adalimumab-adbm)	-	NC
CYLTEZO INJ (adalimumab-adbm)	-	NC
HADLIMA INJ	-	NC
HADLIMA INJ 40MG/0.8ML	-	NC
HADLIMA PUSH INJ	-	NC

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
HADLIMA PUSH INJ 40MG/0.8ML	-	NC
HULIO INJ (adalimumab-fkjp)	-	NC
HULIO KIT (adalimumab-fkjp)	-	NC
HYRIMOZ INJ (adalimumab-adaz)	-	NC
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC
IDACIO INJ (adalimumab-aacf)	-	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		
RIDAURA CAP	-	2
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ	-	NC
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day)	PA-QL-SP	4
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	PA-QL-SP	4
ACTEMRA SC INJ (QL= 2 inj/28 days)	PA-QL-SP	4
KEVZARA INJ (QL= 2 inj/28 days)	PA-QL-SP	4
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
FLURBIPROFEN TAB	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (RX only)	-	1
indomethacin cap (INDOCIN equiv)	-	1
ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	2
TOLMETIN CAP	-	3
tolmetin cap (TOLECTIN DS equiv)	-	3
TOLMETIN TAB	-	3
ARTHROTEC TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
CELEBREX CAP (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
celecoxib cap 400mg (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
DAYPRO TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
diclofenac potassium tab (CATAFLAM equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
diclofenac potassium tab 25mg (DICLOFENAC equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
diclofenac sodium XR tab (VOLTAREN XR equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
diclofenac/misoprostol DR tab (ARTHROTEC equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
etodolac cap (LODINE equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
etodolac ER tab (LODINE XL equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
etodolac tab (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
FELDENE CAP (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
fenoprofen calcium tab 600mg (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
flurbiprofen tab 100mg (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
indomethacin CR cap (INDOCIN SR equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
KETOPROFEN ER CAP (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
MECLOFENAMATE CAP (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
mefenamic acid cap (PONSTEL equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
NALFON TAB 600MG (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
NAPRELAN ER TAB 500MG (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
naproxen sodium CR tab 500mg (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
oxaprozin tab (DAYPRO equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
piroxicam cap (FELDENE equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
DICLOFENAC CAP	-	NC
diclofenac potassium cap (ZIPSOR equiv)	-	NC
fenoprofen calcium cap (NALFON equiv)	-	NC
FENOPROFEN CAP	-	NC
FENOPROFEN TAB	-	NC
IBU 600-EZS KIT	-	NC
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	NC
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC

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EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	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	TA	Therapeutic Alternative
VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
INDOMETHACIN CAP, TIVORBEX CAP	-	NC
indomethacin suppository (INDOCIN equiv)	-	NC
INFLATHERM PAK	-	NC
KETOPROFEN CAP	-	NC
ketoprofen cap (ORUDIS equiv)	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
meloxicam cap (VIVLODEX equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
MELOXICAM SUSP	-	NC
NAFLON CAP	-	NC
NAPRELAN CR TAB	-	NC
NAPROSYN EC TAB 500MG	-	NC
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	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
QMIIZ ODT TAB	-	NC
RELAFEN DS TAB	-	NC
SPRIX NASAL SPRAY	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	PA-QL-SP	4
OTEZLA TAB (QL= 2 tabs/day)	PA-QL-SP	4
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	PA-QL-SP	4
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	PA-QL-SP	4
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	PA-QL-SP	4
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	PA-QL-SP	4
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	PA-QL-SP	4
ENBREL INJ 50MG (QL= 4 inj/28 days)	PA-QL-SP	4
ENBREL MINI INJ (QL= 4 inj/28 days)	PA-QL-SP	4
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	PA-QL-SP	4
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	1
ALLZITAL TAB	-	NC

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PA	NC/3P = Not Covered, Third Party Reviewer	INF	OTC
RS	Plan Exclusion	QL	Over-the-Counter
SP	Prior Authorization	SF	RDX
VAC	Restricted to Specialist	ST	Restricted to Diagnosis
	Available through Specialty Pharmacy Program		SMKG
	Vaccine Program		TA
			Therapeutic Alternative

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DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
butalbital/acetaminophen cap	-	NC
butalbital/acetaminophen/caffeine soln	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
VTOL SOLN	-	NC

SALICYLATES

aspirin chew tab 81mg (Covered for females (no age restriction))	OTC	\$0
ASPIRIN EC TAB 325MG	OTC	\$0
aspirin ec tab 81mg (Covered for females (no age restriction))	OTC	\$0
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	2
aspirin EC tab 325mg	OTC	NC
aspirin tab 325mg	OTC	NC

ANALGESICS - OPIOID

OPIOID AGONISTS

CODEINE SULFATE TAB	-	1
hydromorphone tab (DILAUDID equiv)	-	1
methadone soln	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1
MORPHINE SULFATE TAB	-	1
oxycodone cap (OXYIR equiv)	-	1
oxycodone tab (ROXICODONE equiv)	-	1
tramadol tab (ULTRAM equiv)	-	1
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	QL	2
fentanyl patch (DURAGESIC equiv)	-	2
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)	QL	2
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)	QL	2
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	2
MORPHINE SULFATE SUPP	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
oxycodone conc (ROXICODONE equiv)	-	2
OXYCODONE ER TAB (QL= 2 tabs/day)	QL	2
oxycodone soln (ROXICODONE equiv)	-	2
OXYCONTIN CR TAB	-	2
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
ACTIQ LOZENGE	QL	3
CODEINE SULFATE SOLN	-	3
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3

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**State of Arkansas Premium Formulary
Category/Class**

Last Updated* 11/1/2023

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
NUCYNTA TAB	-	3
tramadol ER tab (ULTRAM ER equiv)	-	3
TRAMADOL HCL ER TAB	-	3
ARYMO ER TAB	-	NC
DSUVIA SL TAB	-	NC
EMBEDA CAP	-	NC
EXALGO TAB	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
hydromorphone ER tab (EXALGO TAB equiv)	-	NC
HYDROMORPHONE SUPP	-	NC
KADIAN CAP	-	NC
LEVORPHANOL TAB	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
MEPERIDINE TAB	-	NC
meperidine tab (DEMEROL equiv)	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ER BEAD CAP	-	NC
MORPHINE SULFATE ER CAP	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
OXYCONTIN CR TAB	-	NC
OXYMORPHONE ER TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
QDOLO SOLN, TRAMADOL SOLN	-	NC
ROXYBOND TAB	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
tramadol hcl tab 100mg	-	NC
ZOHYDRO ER CAP	-	NC

OPIOID COMBINATIONS

acetaminophen/codeine soln	-	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
aspirin/codeine tab	-	1
hydrocodone/acetaminophen cap (LORCET equiv)	-	1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	1
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
OXYCODONE/ASPIRIN TAB	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
tramadol/acetaminophen tab (ULTRACET equiv)	-	1
OXYCODONE/ACETAMINOPHEN SOLN	-	2
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	3

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Last Updated* 11/1/2023

DrugName	Special Code	Tier																					
ANALGESICS - OPIOID Cont.																							
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3																					
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3																					
LORTAB ELIXIR	-	3																					
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3																					
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																					
TREXIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC																					
VERDROCET TAB 2.5MG-325MG	-	NC																					
XARTEMIS XR TAB	-	NC																					
XODOL TAB 10MG-300MG	-	NC																					
XODOL TAB 5MG-300MG	-	NC																					
XODOL TAB 7.5MG-300MG	-	NC																					
OPIOID PARTIAL AGONISTS																							
buprenorphine SL tab (SUBUTEX equiv)	-	1																					
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1																					
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1																					
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2																					
ZUBSOLV SL TAB	-	2																					
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	3																					
pentazocine/naloxone tab (TALWIN NX equiv)	-	3																					
BELBUCA FILM	-	NC																					
BRIXADI SOLN	-	NC																					
BUNAVAIL FILM	-	NC																					
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC																					
SUBOXONE SL FILM	-	NC																					
ANDROGENS-ANABOLIC																							
ANABOLIC STEROIDS																							
OXANDROLONE TAB	-	1																					
oxandrolone tab (OXANDRIN equiv)	-	1																					
ANDROGENS																							
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1																					
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2																					
danazol cap (DANOCRINE equiv)	-	2																					
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	2																					
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2																					
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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	2
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	2
METHITEST TAB	PA	3
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3
FORTESTA GEL 2%	-	NC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC
methyltestosterone cap	-	NC
NATESTO GEL	-	NC
NATESTO NASAL GEL	-	NC
STRIANT FILM	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC

ANORECTAL AGENTS

INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTIFOAM	-	3
RECTAL COMBINATIONS		
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
hydrocortisone supp (ANUSOL HC equiv)	-	2

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS		
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	3
UCERIS RECTAL FOAM	PA	3
RECTAL COMBINATIONS		
HYDROCORTISONE/PRAMOXINE SUPP	-	NC
RECTAL LOCAL ANESTHETICS		
LIDOCAINE SUPP	-	NC

ANTHELMINTICS

ANTHELMINTICS		
ivermectin tab (STROMEKTOL equiv)	-	1
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2
praziquantel tab (BILTRICIDE equiv)	-	2

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DrugName	Special Code	Tier
ANTHELMINTICS Cont.		
BILTRICIDE TAB	-	3
STROMECTOL TAB	-	3
albendazole tab (ALBENZA equiv)	-	NC
ALBENZA TAB	-	NC
EGATEN TAB	-	NC
EMVERM TAB	-	NC

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	2
ASPRUZYO SPRINKLE GRANULES	-	NC

NITRATES		
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
ISOSORBIDE MONONITRATE TAB	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
NITROGLYCERIN ER CAP	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
NITRO-BID OINT	-	2
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	3
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
NITROMIST SPRAY	-	3
GONITRO POWDER	-	NC

ANTIANGINAL AGENTS

ANTIANGINAL AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
meprobamate tab (MILTOWN equiv)	-	NC

BENZODIAZEPINES		
alprazolam ODT (NIRAVAM equiv)	-	1
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
clorazepate tab (TRANXENE-T equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
alprazolam ER tab (XANAX XR equiv)	-	2
oxazepam cap (SERAX equiv)	-	2
LOREEV XR CAP	-	NC

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DrugName	Special Code	Tier
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
quinidine sulfate tab	-	1
disopyramide ER cap (NORPACE CR equiv)	-	2
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2
QUINIDINE SULFATE TAB	-	NC
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	1
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	2
MULTAQ TAB	-	2
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
TEZSPIRE INJ (QL= 1 pen/28 days)	PA-QL-SP	2
FASENRA PEN INJ (QL= 1 inj/56 days)	PA-QL-SP	4
NUCALA INJ (QL= 1 inj/28 days)	PA-QL-SP	4
XOLAIR SYRINGE	PA-SP	4
NUCALA INJ	-	NC
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	NC
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
SPIRIVA HANDIHALER	-	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days)	QL	2
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	2
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	2
INCRUSE ELLIPTA INHALER	-	NC
LONHALA MAGNAIR SOLN	-	NC
SEEBRI NEOHALER CAP	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
zafirlukast tab (ACCOLATE equiv)	-	2
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO TAB	-	NC

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EXC Plan Exclusion	INF Infertility	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	TA Therapeutic Alternative
VAC Vaccine Program		

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab	-	1
DALIRESP TAB	-	3
STEROID INHALANTS		
budesonide inh susp (PULMICORT equiv)	-	1
FLUTICASONE HFA INHALER	-	1
ASMANEX HFA INHALER	-	2
ASMANEX INHALER	-	2
QVAR INHALER	-	2
QVAR REDIHALER	-	2
ALVESCO INHALER	-	NC
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
ARMONAIR RESPICLICK	-	NC
ARNUITY ELLIPTA INHALER	-	NC
FLOVENT DISKUS INHALER	-	NC
FLOVENT HFA INHALER	-	NC
PULMICORT FLEXHALER	-	NC
SYMPATHOMIMETICS		
ALBUTEROL HFA INHALER	-	1
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	--QL	1
albuterol neb soln	-	1
ALBUTEROL NEBULIZER SOLN	-	1
albuterol sulfate syrup	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
FLUTICASONE/SALMETEROL INHALER	-	1
METAPROTERENOL SYRUP	-	1
albuterol sulfate tab	-	2
ALBUTEROL TAB ER	-	2
arformoterol tartrate neb soln (BROVANA equiv)	-	2
BREZTRI AEROSPHERE INHALER	-	2
budesonide/formoterol inhaler (SYMBICORT equiv)	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	2
FLUTICASONE/VILANTEROL INHALER	-	2
FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT	-	2
FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT	-	2
FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT	-	2
levalbuterol neb soln (XOPENEX equiv)	-	2
SEREVENT DISKUS INHALER	-	2
STIOLTO INHALER	-	2
terbutaline sulfate tab (BRETHINE equiv)	-	2
formoterol fumarate neb soln (PERFOROMIST equiv)	-	3

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol HFA)	QL-ST	3
METAPROTERENOL TAB	-	3
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
SYMBICORT INHALER	-	3
ADVAIR DISKUS INHALER	-	NC
ADVAIR HFA INHALER	-	NC
AIRDUO POWDER INHALER W/SENSOR	-	NC
AIRDUO RESPICLICK	-	NC
AIRSUPRA INH	-	NC
ANORO ELLIPTA INHALER	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BREO ELLIPTA INH	-	NC
BREO ELLIPTA INHALER	-	NC
DUAKLIR INHALER	-	NC
TRELEGY ELLIPTA INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
VENTOLIN HFA INHALER	-	NC
XANTHINES		
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
theophylline er tab (THEOPHYLLINE ER equiv)	-	2
THEOPHYLLINE TAB ER	-	NC
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2
XARELTO SUSP	-	2
XARELTO TAB	-	2
SAVAYSA TAB	-	NC
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv)	-	1
fondaparinux inj (ARIXTRA equiv)	-	2
FRAGMIN INJ	-	3
ENOXAPARIN INJ	-	NC
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2
PRADAXA CAP 110MG	-	3
PRADAXA PELLETT PACK	-	NC
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	NC

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VAC Vaccine Program		

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
FYCOMPA SUSP	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab (ONFI equiv)	-	1
clonazepam ODT (KLONOPIN equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
clobazam susp (ONFI equiv)	-	2
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2
NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3
ONFI SUSP (Members age 9 or older require Prior Authorization)	PA	3
VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine ER cap (CARBATROL equiv)	-	1
carbamazepine ER tab (TEGRETOL XR equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1
lacosamide oral solution (VIMPAT equiv)	-	1
lacosamide tab (VIMPAT equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	2
POTIGA TAB (QL= 3 tabs/day)	QL	2
rufinamide susp (BANZEL equiv)	PA	2
rufinamide tab (BANZEL TAB equiv)	-	2
BANZEL SUSP	PA	3
EPRONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	3
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
lamotrigine ER tab (LAMICTAL XR equiv)	-	3
lamotrigine ODT (LAMICTAL equiv)	-	3

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PA	NC/3P = Not Covered, Third Party Reviewer	INF	OTC
RS	Plan Exclusion	QL	Over-the-Counter
SP	Prior Authorization	SF	RDX
VAC	Restricted to Specialist	ST	Restricted to Diagnosis
	Available through Specialty Pharmacy Program		SMKG
	Vaccine Program		TA
			Therapeutic Alternative

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3
ZONISADE SUSP (PA required for members age 9 years or older)	PA	3
DIACOMIT CAP	PA-SP	4
DIACOMIT POWDER PACK	PA-SP	4
EPIDIOLEX SOLN	PA-SP	4
FINTEPLA SOLN (QL= 12ml/day)	PA-QL-SP	4
ZTALMY SUSP (QL= 1100ml/30 days)	PA-QL-SP	4
pregabalin soln (LYRICA equiv) (QL= 30ml/day; Plan pays \$0.35 per unit. Member responsible for remaining cost. Excluded for Classic and Basic Plans.)	QL-TA	5
APTIOM TAB	-	NC
BANZEL TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
ELEPSIA XR TAB	-	NC
MOTPOLY XR CAP	-	NC
OXTELLAR XR TAB	-	NC
PRIMIDONE TAB	-	NC
QUDEXY XR CAP	-	NC
SPRITAM TAB	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
topiramate er cap (TROKENDI XR equiv)	-	NC
TROKENDI XR CAP	-	NC
VIMPAT SOLN	-	NC
VIMPAT TAB	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	2
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	2
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	2
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	2
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	2
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	2
vigabatrin powder pack (SABRIL POWDER equiv)	PA-SP	4
vigabatrin tab (SABRIL equiv)	PA-SP	4
vigadrone powder pack	PA-SP	4
SABRIL TAB	-	NC
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2

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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	TA	Therapeutic Alternative
VAC	Vaccine Program				

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Last Updated* 11/1/2023

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
SUCCINIMIDES		
ethosuximide cap (ZARONTIN equiv)	-	1
ethosuximide soln (ZARONTIN equiv)	-	1
methsuximide cap (CELONTIN equiv)	-	2
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB	-	NC
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB	-	1
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE TAB	-	1
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	-	3
NARDIL TAB 15MG	-	3
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN	-	NC
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine tab (LUVOX equiv)	-	1

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
escitalopram soln (LEXAPRO equiv)	-	2
paroxetine oral susp (PAXIL equiv)	-	3
CELEXA TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
fluvoxamine ER cap (LUVOX CR equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
LEXAPRO TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
paroxetine ER tab (PAXIL CR equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
PAXIL CR TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
PAXIL TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
PEXEVA TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
PROZAC CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
ZOLOFT CONC (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
ZOLOFT TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
CITALOPRAM CAP	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PROZAC WEEKLY CAP	-	NC
SERTRALINE CAP	-	NC

SEROTONIN MODULATORS

NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC
VIIBRYD TAB	-	NC
vilazodone hcl tab (VIIBRYD equiv)	-	NC

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
CYMBALTA CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
EFFEXOR XR CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
venlafaxine ER tab (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
VENLAFAXINE TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
DESVENLAFAXINE ER TAB	-	NC
desvenlafaxine ER tab (PRISTIQ equiv)	-	NC
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
PRISTIQ TAB	-	NC

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ANTIDEPRESSANTS Cont.		
VENLAFAXINE ER TAB	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
amoxapine tab (AMOXAPINE equiv)	-	1
clomipramine cap (ANAFRANIL equiv)	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine pamoate cap (TOFRANIL PM equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1
desipramine tab (NORPRAMIN equiv)	-	2
NORTRIPTYLINE SOLN	-	2
protriptyline tab (VIVACTIL equiv)	-	3
trimipramine cap (SURMONTIL equiv)	-	3
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
MIGLITOL TAB	-	3
miglitol tab (MIGLITOL equiv)	-	3
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	-	NC
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
GLYXAMBI TAB (QL= 1 tab/day)	QL	2
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB (QL= 2 tabs/day)	QL	2
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2
SOLIQUA INJ (QL= 15ml/25 days)	QL	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	2
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2
XULTOPHY INJ (QL= 15ml/30 days)	QL	2
ACTOPLUS MET XR TAB	-	3
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
DUETACT TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
REPAGLINIDE TAB	-	NC
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC
SEGLUROMET TAB	-	NC
STEGLUJAN TAB	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
metformin soln (RIOMET equiv)	-	3
RIOMET ER SUSP	-	3
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
metformin ER osmotic tab (GLUMETZA equiv)	-	NC
METFORMIN TAB	-	NC
DIABETIC OTHER		
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)	QL	2
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE INJ (QL= 2 inj/fill)	QL	2
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2
diazoxide susp (PROGLYCEM equiv)	-	3
KORLYM TAB (QL= 4 tabs/day)	PA-QL-SP	4
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL	2
TRADJENTA TAB (QL= 1 tab/day)	QL	2
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
saxagliptin hcl tab (ONGLYZA equiv)	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3
INCRETIN MIMETIC AGENTS		
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2

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RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
MOUNJARO INJ (Diagnosis Restricted – Type 2 Diabetes (E11))	RDX	2
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
ADLYXIN INJ	-	NC
TANZEUM INJ	-	NC
INSULIN		
INSULIN GLARGINE INJ	-	1
INSULIN GLARGINE SOLOSTAR	-	1
INSULIN LISPRO INJ	-	1
INSULIN LISPRO KWIKPEN U-100, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	-	1
INSULIN LISPRO PROTAMINE MIX INJ	-	1
HUMALOG INJ	-	2
HUMALOG KWIKPEN INJ	-	2
HUMALOG MIX INJ	-	2
HUMALOG MIX KWIKPEN INJ	-	2
HUMALOG PEN INJ	-	2
HUMALOG TEMP PEN	-	2
HUMALOG TEMPO PEN	-	2
HUMULIN MIX INJ	OTC	2
HUMULIN MIX PEN INJ	OTC	2
HUMULIN N INJ	OTC	2
HUMULIN N PEN INJ	OTC	2
HUMULIN R INJ	OTC	2
HUMULIN R U-500 KWIKPEN INJ	-	2
LANTUS INJ	-	2
LANTUS SOLOSTAR INJ	-	2
LYUMJEV INJ	-	2
LYUMJEV KWIKPEN INJ	-	2
NOVOLIN 70/30 FLEXPEN INJ	OTC	2
NOVOLIN N FLEXPEN INJ	OTC	2
TOUJEO MAX SOLOSTAR INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
INSULIN GARGINE-YFGN INJ	-	3
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	3
INSULIN GLARGINE-YFGN PEN	-	3
SEMGLEE SOLN	-	3
ADMELOG INJ	-	NC
ADMELOG SOLOSTAR INJ	-	NC
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR KWIKPEN, BASAGLAR TEMPO PEN	-	NC
DEGLUDEC FLEXTOUCH INJ	-	NC

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ANTIDIABETICS Cont.		
DEGLUDEC INJ	-	NC
FIASP FLEXTOUCH INJ	-	NC
FIASP INJ	-	NC
FIASP PENFILL INJ	-	NC
FIASP PUMP CARTRIDGE	-	NC
HUMULIN R INJ U-500	-	NC
INSULIN ASPART FLEXPEN INJ, NOVOLOG FLEXPEN INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART INJ, NOVOLOG INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART PENFILL INJ, NOVOLOG PENFILL INJ (NOVOLOG equiv)	-	NC
LEVEMIR FLEXTOUCH INJ	-	NC
LEVEMIR INJ	-	NC
NOVOLIN 70/30 INJ	OTC	NC
NOVOLIN N INJ	OTC	NC
NOVOLIN R FLEXPEN INJ	OTC	NC
NOVOLIN R INJ	OTC	NC
NOVOLIN R RELION INJ	-	NC
NOVOLOG FLEXPEN INJ	-	NC
NOVOLOG INJ	-	NC
NOVOLOG MIX FLEXPEN INJ	-	NC
NOVOLOG MIX FLEXPEN, INSULIN ASPART MIX FLEXPEN INJ	-	NC
NOVOLOG MIX INJ	-	NC
NOVOLOG MIX INJ, INSULIN ASPART MIX INJ	-	NC
NOVOLOG PENFILL INJ	-	NC
REZVOGLAR INJ	-	NC
SEMGLEE INJ (SINGLE PEN)	-	NC
TRESIBA FLEXTOUCH INJ	-	NC
TRESIBA INJ	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	2
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
BRENZAVVY TAB	-	NC
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
TOLAZAMIDE TAB	-	1

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VAC Vaccine Program		

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
TOLBUTAMIDE TAB	-	2
GLIPIZIDE TAB	-	NC
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	3
loperamide hcl soln (LOPERAMIDE equiv)	OTC	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)	-	1
opium tincture	-	3
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC
ANTIDOTES		
ANTIDOTES		
VISTOGARD PAK	-	NC
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
FERRIPROX SOLN	PA-SP	4
OPIOID ANTAGONISTS		
naltrexone tab (REVIA equiv)	-	1
VIVITROL INJ	SP	4
EVZIO INJ	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet (JADENU equiv)	SP	4
deferasirox tab (EXJADE equiv)	SP	4
deferasirox tab 180mg (JADENU equiv)	SP	4
deferasirox tab 90mg, 360mg (JADENU equiv)	SP	4
deferiprone tab (FERRIPROX equiv)	PA-SP	4
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC
JADENU SPRINKLE	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC
OPIOID ANTAGONISTS		
naloxone hcl nasal spray (NARCAN equiv)	-	1
naloxone inj	-	1
naloxone prefilled inj	-	1

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ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
NARCAN NASAL SPRAY	OTC	1
KLOXXADO NASAL SPRAY	-	2
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2
ZIMHI SOLN	-	2
EVZIO INJ	-	NC
OPVEE NASAL SPRAY	-	NC

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

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

ANTIEMETICS - ANTICHOLINERGIC

meclizine tab (ANTIVERT equiv) (Rx Only)	-	1
trimethobenzamide cap (TIGAN equiv)	-	1
scopolamine patch (TRANSDERM-SCOP equiv)	-	2
meclizine chew tab (BONINE equiv)	OTC	EXC
ANTIVERT TAB, MECLIZINE TAB	-	NC

ANTIEMETICS - MISCELLANEOUS

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

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	2
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	2
EMEND SUSP	-	NC
VARUBI TAB	-	NC

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)

BREXAFEMME TAB	-	NC
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ANTIFUNGALS

nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
flucytosine cap (ANCOBON equiv)	-	2
griseofulvin micro tab (GRIFULVIN V equiv)	-	2
griseofulvin susp (GRIFULVIN equiv)	-	2

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VAC Vaccine Program		

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ANTIFUNGALS Cont.		
griseofulvin tab (GRIS-PEG equiv)	-	2
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	-	2
voriconazole tab (VFEND equiv)	-	2
itraconazole soln (SPORANOX equiv)	PA	3
NOXAFIL PAK	-	3
posaconazole DR tab (NOXAFIL equiv)	-	3
posaconazole susp (NOXAFIL equiv)	-	3
SPORANOX SOLN	PA	3
VFEND SUSP	-	3
voriconazole susp (VFEND equiv)	-	3
CRESEMBA CAP	-	NC
NOXAFIL TAB	-	NC
TOLSURA CAP	-	NC
VIVJOA CAP	-	NC
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
DEXCHLORPHENIRAMINE SYRUP	-	NC
MICLARA LIQUID	-	NC
RYCLORA SOLN	-	NC
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine tab (PALGIC equiv)	-	1
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
CARBINOXAMINE SOLN	-	3
KARBINAL ER SUSP	-	NC
RYVENT TAB	-	NC
ANTIHISTAMINES - NON-SEDATING		
CLARINEX SYRUP	-	EXC
CLARINEX TAB	-	EXC
CLARITIN CAP	OTC	EXC
CLARITIN CHEW TAB	OTC	EXC
DES Loratadine ODT	-	EXC
desloratadine tab (CLARINEX equiv)	-	EXC
levocetirizine soln (XYZAL equiv)	-	EXC
levocetirizine tab (XYZAL equiv)	-	EXC
loratadine cap (CLARITIN equiv)	OTC	EXC
XYZAL SOLN	-	EXC
XYZAL TAB	-	EXC
ZYRTEC CHILD CHEW ALLERGY	OTC	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1

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	Vaccine Program		TA
			Therapeutic Alternative

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ANTIHISTAMINES Cont.		
promethazine supp (PHENERGAN equiv)	-	2
PROMETHEGAN SUPP	-	2
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	2
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3
EZETIMIBE/ATORVASTATIN TAB	-	NC
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC
NEXLIZET TAB	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap (VASCEPA equiv) (QL= 4 cap/day)	QL	2
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
VASCEPA CAP	QL	3
KYNAMRO INJ	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
colesevelam pack (WELCHOL equiv)	-	2
colesevelam tab (WELCHOL equiv)	-	2
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
WELCHOL PACK	-	3
WELCHOL TAB	-	3
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
FENOFIBRIC TAB, FIBRICOR TAB	-	3
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
TRIGLIDE TAB	-	NC

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ANTIHYPERTENSIVES Cont.		
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab (CRESTOR equiv)	-	\$0
simvastatin tab (ZOCOR equiv)	-	\$0
CRESTOR TAB 40MG	-	1
simvastatin tab 80mg (ZOCOR equiv)	-	1
ATORVALIQ SUSP (Members age 9 or older require Prior Authorization)	PA	3
FLOLIPID SUSP (Members age 9 or older require Prior Authorization)	PA	3
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3
ALTOPREV TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
CRESTOR TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
fluvastatin cap (LESCOL equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
fluvastatin ER tab (LESCOL XL equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
LESCOL CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
LESCOL XL TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
LIPITOR TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
PRAVACHOL TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
ZOCOR TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
ZOCOR TAB 80MG (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
ADVICOR TAB	-	NC
EZALLOR SPRINKLE CAP	-	NC
SIMCOR TAB	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	1
NIASPAN ER TAB	-	3
NIACOR TAB	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
captopril tab (CAPOTEN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1

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	Vaccine Program		TA
			Therapeutic Alternative

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
moexipril tab (UNIVASC equiv)	-	1
PERINDOPRIL TAB	-	1
perindopril tab (ACEON equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
trandolapril tab (MAVIK equiv)	-	1
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older)	PA	3
QBRELIS SOLN (Prior Authorization required for members age 9 or older)	PA	3
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLININE equiv)	-	2
DEMSEER CAP	-	NC
metyrosine cap (DEMSEER equiv)	-	NC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
ATACAND TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
AVAPRO TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
BENICAR TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
candesartan tab (ATACAND equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
COZAAR TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
DIOVAN TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
EDARBI TAB (Plan pays up to \$0.10 per pill/unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
MICARDIS TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
VALSARTAN ORAL SOLN	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv)	-	1
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
METHYLDOPA TAB	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
CATAPRES-TTS PATCH	-	3
NEXICLON XR TAB	-	NC
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
amlodipine/valsartan tab (EXFORGE equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1

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RS	Plan Exclusion	QL	Over-the-Counter
SP	Prior Authorization	SF	RDX
VAC	Restricted to Specialist	ST	Restricted to Diagnosis
	Available through Specialty Pharmacy Program		SMKG
	Vaccine Program		Step Therapy
			TA
			Therapeutic Alternative

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	1
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	1
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	1
QUINAPRIL/HCTZ TAB	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
ACCURETIC TAB	-	3
amlodipine/olmesartan tab (AZOR equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
ATACAND HCT TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
AVALIDE TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
AZOR TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
BENICAR HCT TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
DIOVAN HCT TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
EDARBYCLOR TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
EXFORGE HCT TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
EXFORGE TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
HYZAAR TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
MICARDIS HCT TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
TEKTURNA HCT TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
TELMISARTAN/AMLODIPINE TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic and Basic Plans)	TA	5
telmisartan/amlodipine tab (TWINSTA equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
TWINSTA TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
BYVALSON TAB	-	NC

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
DUTOPROL TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC
PRESTALIA TAB	-	NC
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC
TRIBENZOR TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv)	-	2
TEKTURNA TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	1
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	1
TRIMETHOPRIM TAB	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	2
XIFAXAN TAB 550MG (QL= 60 tabs/30 days)	QL	2
FIRST METRONIDAZOLE SUSP	-	3
PRIMSOL SOLN	-	3
tinidazole tab (TINDAMAX equiv)	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
AEMCOLO TAB	-	NC
IMPAVIDO CAP	-	NC
LIKMEZ SUSP	-	NC
metronidazole cap (FLAGYL equiv)	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
HYOPHEN TAB	-	NC
UTA cap	-	NC
ANTIPROTOZOAL AGENTS		
ALINIA SUSP (QL= 60ml/3 days)	QL	2
atovaquone susp (MEPRON equiv)	-	2
LAMPIT TAB	-	2
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2
ALINIA TAB	QL	3
GLYCOPEPTIDES		
FIRVANQ SOLN	-	1
FIRVANQ SOLN 50MG/ML	-	1
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	1

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Last Updated* 11/1/2023

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
VANOCIN CAP (QL= 56 caps/fill)	QL	3
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN ORAL SOLN	-	NC
VANCOMYCIN SOLN	-	NC
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	2
MONOBACTAMS		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist)	RS-SP	4
OXAZOLIDINONES		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
PLEUROMUTILINS		
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2
POLYMYXINS		
colistimethate inj (COLY-MYCIN M equiv)	-	NC
URINARY ANTI-INFECTIVES		
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
methenamine hippurate tab (HIPREX equiv)	-	2
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3
MONUROL GRANULE PACK	-	3
nitrofurantoin susp (FURADANTIN equiv)	-	3
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
NITROFURANTOIN SUSP	-	NC
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	1
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
primaquine tab (PRIMAQUINE equiv)	-	1
KRINTAFEL TAB	-	2
mefloquine tab (LARIAM equiv)	-	2
ARAKODA TAB	-	3
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day)	QL-SP	4
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC

ANTIMYASTHENIC/CHOLINERGIC AGENTS

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ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.																							
ANTIMYASTHENIC/CHOLINERGIC AGENTS																							
pyridostigmine tab (MESTINON equiv)	-	1																					
pyridostigmine CR tab (MESTINON equiv)	-	2																					
pyridostigmine soln (MESTINON equiv)	-	3																					
FIRDAPSE TAB	PA-SP	4																					
PYRIDOSTIGMINE TAB 30MG	-	NC																					
ANTIMYCOBACTERIAL AGENTS																							
ANTI TB COMBINATIONS																							
RIFAMATE CAP	-	2																					
ANTIMYCOBACTERIAL AGENTS																							
ISONIAZID TAB	-	1																					
pyrazinamide tab	-	1																					
ethambutol tab (MYAMBUTOL equiv)	-	2																					
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2																					
PRIFTIN TAB	-	2																					
rifabutin cap (MYCOBUTIN equiv)	-	2																					
rifampin cap (RIFADIN equiv)	-	2																					
isoniazid syrup (ISONIAZID equiv)	-	3																					
cycloserine cap (CYCLOSERINE CAP equiv)	-	NC																					
SIRTURO TAB	-	NC																					
TRECATOR TAB	-	NC																					
ANTINEOPLASTICS																							
ANTINEOPLASTICS MISC.																							
tretinoin cap (VESANOID equiv)	SP	4																					
TOPOISOMERASE I INHIBITORS																							
HYCAMTIN CAP	SP	4																					
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES																							
ALKYLATING AGENTS																							
cyclophosphamide cap	-	2																					
CYCLOPHOSPHAMIDE TAB	-	2																					
GLEOSTINE/LOMUSTINE CAP	-	2																					
HEXALEN CAP	-	2																					
LEUKERAN TAB	-	2																					
MELPHALAN TAB	-	2																					
MYLERAN TAB	SP	4																					
temozolomide cap (TEMODAR equiv)	SP	4																					
ANTIMETABOLITES																							
capecitabine tab (XELODA equiv)	SP	1																					
METHOTREXATE INJ	-	1																					
methotrexate tab (TREXALL equiv)	-	1																					
mercaptopurine tab (PURINETHOL equiv)	-	2																					
TABLOID TAB	-	2																					
PURIXAN SUSP	-	3																					
XATMEP SOLN (Prior Authorization required for members age 9 or older)	PA	3																					
ONUREG TAB	-	NC																					
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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TREXALL TAB	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB (QL= 8 tabs/day)	PA-QL-SF-SP	4
LENVIMA CAP (QL= 3 caps/day)	PA-QL-SP	4
ANTINEOPLASTIC - ANTIBODIES		
GAZYVA INJ	-	NC
RIABNI SOLN	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK	PA-SP	4
VENCLEXTA TAB	PA-SP	4
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab (TARCEVA equiv)	PA-SF-SP	4
EXKIVITY CAP (QL= 4 caps/day)	PA-QL-SF-SP	4
TAGRISSE TAB (QL= 1 tab/day)	PA-QL-SF-SP	4
VIZIMPRO TAB (QL= 1 tab/day)	PA-QL-SF-SP	4
gefitinib tab (IRESSA equiv)	-	NC
GILOTRIF TAB	-	NC
IRESSA TAB	-	NC
TARCEVA TAB	-	NC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ODOMZO CAP	PA-SF-SP	4
DAURISMO TAB	-	NC
ERIVEDGE CAP	-	NC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older. All other women covered at generic copay. Not covered for men.)	-	\$0
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
bicalutamide tab (CASODEX equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
EMCYT CAP	-	2
EULEXIN CAP	-	2
FLUTAMIDE CAP	-	2
flutamide cap (EULEXIN equiv)	-	2
toremifene tab (FARESTON equiv)	-	2
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	QL-SP	4
ERLEADA TAB (QL= 4 tabs/day)	PA-QL-SP	4
ERLEADA TAB 240MG (QL= 1 tab/day)	PA-QL-SP	4
LYSODREN TAB	SP	4
nilutamide tab (NILANDRON equiv)	SP	4

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
NUBEQA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
AKEEGA TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
ORGOVYX TAB	-	NC
ORSERDU TAB	-	NC
ORSERDU TAB 345MG	-	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB (QL= 3 tabs/day)	PA-QL-SP	4
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days)	PA-QL-SP	4
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB (QL= 1 tab/day)	PA-QL-SF-SP	4
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK (QL= 32 tabs/28 days)	PA-QL-SF-SP	4
ANTINEOPLASTIC COMBINATIONS		
LONSURF TAB	PA-SP	4
HERCEPTIN HYLECTA INJ	-	NC
INQOVI TAB	-	NC
KISQALI PAK	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
REZLIDHIA CAP (QL= 2 caps/day)	PA-QL-SF-SP	2
ALECENSA CAP (QL= 8 caps/day)	PA-QL-SP	4
BALVERSA TAB 3MG (QL= 3 tabs/day)	PA-QL-SF-SP	4
BALVERSA TAB 4MG (QL= 2 tabs/day)	PA-QL-SF-SP	4
BALVERSA TAB 5MG (QL= 1 tab/day)	PA-QL-SF-SP	4
BOSULIF TAB	PA-SF-SP	4
BRAFTOVI CAP 75MG (QL= 6 caps/day)	PA-QL-SP	4
BRUKINSA CAP (QL= 4 caps/day)	PA-QL-SF-SP	4
CABOMETYX TAB (QL= 1 tab/day)	PA-QL-SF-SP	4
CALQUENCE CAP (QL= 2 caps/day)	PA-QL-SF-SP	4
CALQUENCE TAB (QL= 2 tabs/day)	PA-QL-SF-SP	4
CAPRELSA TAB	PA-SP	4
COMETRIQ KIT	PA-SP	4
COPIKTRA CAP (QL= 2 caps/day)	PA-QL-SP	4
COTELLIC TAB (QL= 3 tabs/day)	PA-QL-SP	4
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	PA-QL-SP	4
GAVRETO CAP (QL= 4 caps/day)	PA-QL-SF-SP	4
ICLUSIG TAB (QL= 1 tab/day)	PA-QL-SF-SP	4
imatinib tab (GLEEVEC equiv)	SP	4
IMBRUVICA CAP 140MG (QL= 3 caps/day)	PA-QL-SP	4

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
IMBRUVICA CAP 70MG (QL= 1 cap/day)	PA-QL-SP	4
IMBRUVICA SUSP (QL= 6ml/day)	PA-QL-SP	4
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day)	PA-QL-SP	4
JAKAFI TAB (QL= 2 tabs/day)	PA-QL-SF-SP	4
KISQALI TAB (QL= 63 tabs/28 days)	PA-QL-SP	4
KOSELUGO CAP (QL= 4 caps/day)	PA-QL-SP	4
KOSELUGO CAP 10MG (QL= 8 caps/day)	PA-QL-SP	4
lapatinib ditosylate tab (TYKERB equiv)	PA-SP	4
LUMAKRAS TAB (QL= 8 tabs/day)	PA-QL-SF-SP	4
LUMAKRAS TAB 320MG (QL= 3 tabs/day)	PA-QL-SF-SP	4
LYNPARZA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4
LYTGOBI THERAPY PACK (QL= 5 tabs/day)	PA-QL-SF-SP	4
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	PA-QL-SP	4
MEKINIST TAB 2MG (QL= 1 tab/day)	PA-QL-SP	4
MEKTOVI TAB (QL= 6 tabs/day)	PA-QL-SP	4
NERLYNX TAB (QL= 6 tabs/day)	PA-QL-SF-SP	4
NINLARO CAP	PA-SP	4
PEMAZYRE TAB (QL= 1 tab/day)	PA-QL-SP	4
PIQRAY TAB	PA-SF-SP	4
QINLOCK TAB (QL= 3 tabs/day)	PA-QL-SP	4
ROZLYTREK CAP (QL= 3 caps/day)	PA-QL-SP	4
RUBRACA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4
RYDAPT CAP (QL= 56 caps/28 days)	PA-QL-SP	4
sorafenib tosylate tab (NEXAVAR equiv)	PA-SF-SP	4
SPRYCEL TAB	PA-SF-SP	4
STIVARGA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	4
sunitinib malate cap (SUTENT equiv)	PA-SF-SP	4
TAFINLAR CAP (QL= 4 caps/day)	PA-QL-SP	4
TALZENNA CAP 0.25MG (QL= 3 caps/day)	PA-QL-SF-SP	4
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	PA-QL-SF-SP	4
TASIGNA CAP	PA-SF-SP	4
TIBSOVO TAB (QL= 2 tabs/day)	PA-QL-SP	4
TURALIO CAP (QL= 4 caps/day)	PA-QL-SF-SP	4
VERZENIO TAB (QL= 2 tabs/day)	PA-QL-SP	4
VITRAKVI CAP 100MG (QL= 2 caps/day)	PA-QL-SF-SP	4
VITRAKVI CAP 25MG (QL= 6 caps/day)	PA-QL-SF-SP	4
VITRAKVI SOLN (QL= 10ml/day)	PA-QL-SF-SP	4
VONJO CAP (QL= 4 caps/day)	PA-QL-SP	4
VOTRIENT TAB	PA-SF-SP	4
XALKORI CAP (QL= 2 caps/day)	PA-QL-SF-SP	4
XOSPATA TAB (QL= 3 tabs/day)	PA-QL-SF-SP	4
ZELBORAF TAB (QL= 8 tabs/day)	PA-QL-SP	4
ZOLINZA CAP	PA-SF-SP	4
ZYDELIG TAB	PA-SP	4
ZYKADIA CAP (QL= 3 caps/day)	PA-QL-SF-SP	4
AFINITOR DISPERZ TAB	-	NC
AFINITOR TAB	-	NC

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ALUNBRIG PAK	-	NC
ALUNBRIG TAB 30MG	-	NC
ALUNBRIG TAB 90MG, 180MG	-	NC
everolimus tab for oral susp (AFINITOR DISPERZ equiv)	-	NC
FOTIVDA CAP	-	NC
IBRANCE CAP	-	NC
IBRANCE TAB	-	NC
IDHIFA TAB	-	NC
IMBRUVICA TAB 140MG	-	NC
IMBRUVICA TAB 280MG	-	NC
INREBIC CAP	-	NC
JAYPIRCA TAB	-	NC
KRAZATI TAB	-	NC
LORBRENA TAB 100MG	-	NC
LORBRENA TAB 25MG	-	NC
MEKINIST SOLN	-	NC
OJJAARA TAB	-	NC
pazopanib tab (VOTRIENT equiv)	-	NC
RETEVMO CAP	-	NC
SCEMBLIX TAB	-	NC
SUTENT CAP	-	NC
TABRECTA TAB	-	NC
TAFINLAR TAB	-	NC
TAZVERIK TAB	-	NC
TEPMETKO TAB	-	NC
TYKERB TAB	-	NC
VANFLYTA TAB	-	NC
ZEJULA CAP	-	NC
ZEJULA TAB	-	NC
ZYKADIA TAB	-	NC
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
MATULANE CAP	-	2
ACTIMMUNE INJ	PA-SP	4
ALFERON-N INJ	SP	4
bexarotene cap (TARGRETIN equiv)	PA-SF-SP	4
INTRON-A INJ	SP	4
BESREMI INJ	-	NC
PROLEUKIN INJ	-	NC
SYLATRON INJ	-	NC
SYNRIBO INJ	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
MESNEX TAB	SP	4
MITOTIC INHIBITORS		
ETOPOSIDE CAP	SP	4

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ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	2
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
tolcapone tab (TASMAR equiv)	-	3
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole ER tab (REQUIP XL equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
amantadine tab	-	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
NEUPRO PATCH	-	3
pramipexole ER tab (MIRAPEX ER equiv)	-	3
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
RYTARY CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline tab (AZILECT equiv)	-	1
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
XADAGO TAB (QL= 1 tab/day)	PA-QL	3
ZELAPAR ODT	-	NC
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	1
TRIHEXYPHENIDYL SOLN	-	1
ANTIPARKINSON COMT INHIBITORS		
ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill)	PA-QL	3
ANTIPARKINSON DOPAMINERGICS		
CARBIDOPA/LEVODOPA ODT	-	1
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
DHIVY TAB	-	NC

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ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.		
KYNMOBI FILM	-	NC
KYNMOBI TITRATION KIT	-	NC
OSMOLEX ER TAB	-	NC

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1

ANTIPSYCHOTICS - MISC.

ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
LATUDA TAB	-	3
lurasidone hcl tab (LATUDA equiv)	-	3
CAPLYTA CAP	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC

BENZISOXAZOLES

risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
paliperidone ER tab (INVEGA equiv)	-	2
RISPERIDONE ODT	-	2
risperidone ODT (RISPERDAL M equiv)	-	2
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3
INVEGA HAFYERA INJ	-	NC
INVEGA INJ	-	NC

BUTYROPHENONES

haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1

DIBENZAPINES

loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv)	-	1
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	2
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
ADASUVE INHALER	-	NC
CLOZAPINE ODT	-	NC
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC
CLOZAPINE ODT, FAZACLO ODT	-	NC
QUETIAPINE TAB	-	NC
SECUADO PATCH	-	NC

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ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
VERSACLOZ SUSP	-	NC
DIHYDROINDOLONES		
MOLINDONE TAB	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine tab (MELLARIL equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
CHLORPROMAZINE CONC	-	NC
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	1
aripiprazole soln (ABILIFY equiv)	-	3
ABILIFY MYCITE PACK	-	NC
ABILIFY MYCITE TAB	-	NC
aripiprazole ODT (ABILIFY equiv)	-	NC
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC
ANTIVIRALS		
ANTIRETROVIRALS		
DESCOVY TAB	-	\$0
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0
TRUVADA TAB	-	\$0
nevirapine tab (VIRAMUNE equiv)	-	1
abacavir soln (ZIAGEN equiv)	-	2
abacavir tab (ZIAGEN equiv)	-	2
abacavir/lamivudine tab (EPZICOM equiv)	-	2
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	2
APTIVUS CAP	-	2
APTIVUS SOLN	-	2
atazanavir cap (REYATAZ equiv)	-	2
BIKTARVY TAB	-	2
CIMDUO TAB	-	2
COMPLERA TAB	-	2
CRIXIVAN CAP	-	2
darunavir tab (PREZISTA equiv)	-	2
DELSTRIGO TAB	-	2

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
didanosine DR cap (VIDEX EC equiv)	-	2
DIDANOSINE DR CAP, VIDEX EC CAP	-	2
DOVATO TAB	-	2
EDURANT TAB	-	2
EFAVIRENZ CAP	-	2
efavirenz tab (SUSTIVA equiv)	-	2
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	2
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2
emtricitabine cap (EMTRIVA equiv)	-	2
EMTRIVA SOLN	-	2
etravirine tab (INTELENCE equiv)	-	2
EVOTAZ TAB	-	2
fosamprenavir tab (LEXIVA equiv)	-	2
GENVOYA TAB	-	2
INTELENCE TAB	-	2
INVIRASE CAP	-	2
INVIRASE TAB	-	2
ISENTRESS (HD) TAB	-	2
ISENTRESS CHEW TAB	-	2
ISENTRESS POWDER PACK	-	2
JULUCA TAB	-	2
lamivudine soln (EPIVIR equiv)	-	2
lamivudine tab (EPIVIR equiv)	-	2
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2
LEXIVA SUSP	-	2
lopinavir/ritonavir soln (KALETRA equiv)	-	2
lopinavir/ritonavir tab (KALETRA equiv)	-	2
maraviroc tab (SELZENTRY equiv)	-	2
NEVIRAPINE ER TAB	-	2
nevirapine ER tab (VIRAMUNE XR equiv)	-	2
NEVIRAPINE SUSP	-	2
NORVIR CAP	-	2
NORVIR POWDER PACK	-	2
NORVIR SOLN	-	2
ODEFSEY TAB	-	2
PIFELTRO TAB	-	2
PREZCOBIX TAB	-	2
PREZISTA SUSP	-	2
PREZISTA TAB	-	2
RESCRIPTOR TAB	-	2
REYATAZ POWDER PACK	-	2
ritonavir tab (NORVIR equiv)	-	2
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2
SELZENTRY SOLN	-	2
SELZENTRY TAB	-	2
STAVUDINE CAP	-	2
stavudine cap (ZERIT equiv)	-	2

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ANTIVIRALS Cont.		
STRIBILD TAB	-	2
SYMTUZA TAB	-	2
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2
TIVICAY PD TAB	-	2
TIVICAY TAB	-	2
TRIUMEQ PD TAB	-	2
TRIUMEQ TAB	-	2
TRIZIVIR TAB	-	2
VIDEX SOLN	-	2
VIRACEPT TAB	-	2
VIREAD TAB	-	2
zidovudine cap (RETROVIR equiv)	-	2
zidovudine syrup (RETROVIR equiv)	-	2
zidovudine tab (RETROVIR equiv)	-	2
EMTRIVA CAP	-	3
KALETRA TAB	-	3
PREZISTA TAB	-	3
SELZENTRY TAB	-	3
SUSTIVA TAB	-	3
SYMFI (LO) TAB	-	3
FUZEON INJ	SP	4
ATRIPLA TAB	-	NC
CABENUVA IM SUSP	-	NC
SUNLENCA TAB	-	NC
TYBOST TAB	-	NC
VOCABRIA TAB	-	NC
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB (QL= 20 tabs/fill)	QL	\$0
PAXLOVID TAB (QL= 30 tabs/fill)	QL	\$0
CMV AGENTS		
valganciclovir soln (VALCYTE equiv)	-	2
valganciclovir tab (VALCYTE equiv)	-	2
LIVTENCITY TAB (QL= 4 tabs/day)	PA-QL-SP	4
PREVYMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months)	PA-QL-SP	4
HEPATITIS AGENTS		
adefovir dipivoxil tab (HEPSERA equiv)	-	2
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	2
EPIVIR HBV SOLN	-	2
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2
VEMLIDY TAB	-	2
BARACLUDE SOLN	-	3
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	PA-QL-SP	4
MAVYRET PAK (QL= 5 packs/day)	PA-QL-SP	4
MAVYRET TAB (QL= 3 tabs/day)	QL-SP	4
PEGASYS INJ	SP	4
PEG-INTRON INJ	SP	4

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ANTIVIRALS Cont.		
REBETOL SOLN	SP	4
RIBAVIRIN CAP	SP	4
ribavirin cap (REBETOL equiv)	SP	4
RIBAVIRIN TAB	SP	4
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	PA-QL-SP	4
VOSEVI TAB (QL= 1 tab/day)	PA-QL-SP	4
DAKLINZA TAB	-	NC
EPCLUSA PAK	-	NC
EPCLUSA TAB	-	NC
HARVONI PELLETT PAK	-	NC
HARVONI TAB	-	NC
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
RIBAVIRIN TAB 400MG	-	NC
SOVALDI PELLETT PAK	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
RIMANTADINE TAB	-	3
XOFLUZA TAB (QL= 2 tabs/fill)	QL	3
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	3
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	3
MISC. ANTIVIRALS		
LAGEVRIO CAP (QL= 40 caps/fill)	QL	\$0
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	2
IMMUNOMODULATORS		
THALOMID CAP	SP	4

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ASSORTED CLASSES Cont.

IMMUNOSUPPRESSIVE AGENTS

azathioprine tab (IMURAN equiv)	-	1
mycophenolate DR tab (MYFORTIC equiv)	-	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
tacrolimus cap (PROGRAF equiv)	-	1
cyclosporine cap (SANDIMMUNE equiv)	-	2
cyclosporine modified cap (NEORAL equiv)	-	2
cyclosporine modified soln (NEORAL equiv)	-	2
SANDIMMUNE SOLN 100MG/ML	-	2
sirolimus tab (RAPAMUNE equiv)	-	2
ENVARUSUS XR TAB	-	NC

POTASSIUM REMOVING RESINS

sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER	PA	2

BETA BLOCKERS

ALPHA-BETA BLOCKERS

carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC

BETA BLOCKERS CARDIO-SELECTIVE

acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
nebivolol hcl tab (BYSTOLIC equiv)	-	1
KAPSPARGO CAP	-	NC

BETA BLOCKERS NON-SELECTIVE

pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
nadolol tab (CORGARD equiv)	-	2
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older)	PA	3
HEMANGEOL SOLN	-	NC
INDERAL XL CAP, INNOPRAN XL CAP	-	NC

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DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
SOTYLIZE SOLN	-	NC
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER COMBINATIONS		
CONSENSI TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	1
verapamil SR cap (VERELAN equiv)	-	1
VERAPAMIL SR CAP 360mg	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	3
KATERZIA SUSP	-	3
nicardipine cap (CARDENE equiv)	-	3
nimodipine cap (NIMOTOP equiv)	-	3
nisoldipine ER tab (SULAR equiv)	-	3
NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization)	PA	3
VERAPAMIL CR CAP, VERELAN CAP	-	3
VERELAN PM ER CAP 100MG, 300MG	-	3
VERELAN SR CAP 360mg	-	3
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC
NYMALIZE SOLN	-	NC
VERAPAMIL ER CAP 100MG	-	NC
VERAPAMIL ER CAP 200MG	-	NC
VERAPAMIL ER CAP 300MG	-	NC
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	1
DIGOXIN SOLN 0.05MG/ML	-	1
digoxin tab (LANOXIN equiv)	-	1
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC

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DrugName	Special Code	Tier
CARDIOTONICS Cont.		
LANOXIN INJ	-	NC
LANOXIN TAB 62.5MCG	-	NC

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP (QL= 1 cap/day)	PA-QL-SP	4
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

ENTRESTO TAB (QL= 2 tabs/day)	QL	2
amlodipine/atorvastatin tab (CADUET equiv) (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
CADUET TAB (Plan pays \$0.81 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
BIDIL TAB	-	NC
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC

CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS

LODOCO TAB	-	NC
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CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS

INPEFA TAB	-	NC
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IMPOTENCE AGENTS

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

PERIPHERAL VASODILATORS

isoxsuprine tab	-	3
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PROSTAGLANDIN VASODILATORS

TYVASO DPI POWDER (QL= 4 cartridges/day)	PA-QL-SP	4
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days)	PA-QL-SP	4
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days)	PA-QL-SP	4
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days)	PA-QL-SP	4
TYVASO INH SOLN (QL= 1 ampule/day)	PA-QL-SP	4
VENTAVIS INH SOLN (QL= 9 ampules/day)	PA-QL-SP	4
ORENITRAM TAB	-	NC
ORENITRAM TAB MONTH PAK	-	NC
REMODULIN INJ 10MG/ML	-	NC
REMODULIN INJ 1MG/ML	-	NC
REMODULIN INJ 2.5MG/ML	-	NC
REMODULIN INJ 5MG/ML	-	NC

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
treprostinil inj 10mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 1mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 2.5mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 5mg/ml (REMODULIN equiv)	-	NC
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	PA-QL-SP	4
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day)	PA-QL-SP	4
OPSUMIT TAB (QL= 1 tab/day)	PA-QL-SP	4
TRACLEER TAB 32MG (QL= 4 tabs/day)	PA-QL-SP	4
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	-	1
sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization)	PA	2
tadalafil tab (PAH) (ADCIRCA equiv)	PA-SP	4
TADLIQ SUSP (Members age 9 years or older require Prior Authorization)	PA-SP	4
ADCIRCA TAB	-	NC
LIQREV SUSP	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day)	PA-QL-SP	4
UPTRAVI INJ	-	NC
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day)	PA-QL-SP	4
SINUS NODE INHIBITORS		
CORLANOR TAB	PA	2
CORLANOR SOLN	PA	3
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP (QL= 1 cap/day)	PA-QL-SP	4
VYNDAQEL CAP (QL= 4 caps/day)	PA-QL-SP	4
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	2
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
CEFADROXIL TAB	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
CEPHALEXIN CAP	-	NC
cephalexin cap 750mg (KEFLEX equiv)	-	NC
CEPHALEXIN TAB	-	NC
KEFLEX CAP 750MG	-	NC
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1

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DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CEFACLOR CAP	-	3
cefaclor cap (CECLOR equiv)	-	3
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
CEFDITOREN TAB	-	3
cefixime cap (SUPRAX equiv)	-	3
cefixime susp (SUPRAX equiv)	-	3
cefpodoxime proxetil susp (VANTIN equiv)	-	3
cefpodoxime proxetil tab (VANTIN equiv)	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	\$0
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0
BALCOLTRA TAB	-	\$0
cryselle tab	-	\$0
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	\$0
LO LOESTRIN TAB	-	\$0
NATAZIA TAB	-	\$0
NEXTSTELLIS TAB	-	\$0
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	\$0
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	\$0
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
TYBLUME TAB	-	\$0
VELIVET PAK	-	\$0
velivet tab (CYCLESSA equiv)	-	\$0
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0

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RS	Prior Authorization	SF	Quantity Limit	SMKG	Restricted to Diagnosis
SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	TA	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		Step Therapy		Therapeutic Alternative
	Vaccine Program				

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
BEYAZ TAB	-	3
FALESSA KIT	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
zafemy patch (XULANE equiv)	-	\$0
TWIRLA PATCH	-	NC
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA RING (QL= 1 ring/year)	QL	\$0
eluryng vaginal ring (NUVARING equiv)	-	\$0
NUVARING	-	NC
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	-	EXC
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	EXC
levonorgestrel tab (PLAN B equiv)	OTC	EXC
PLAN B TAB	OTC	EXC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPLANT	-	EXC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0
DEPO-PROVERA INJ	QL	3
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	-	EXC
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
SLYND TAB	-	\$0

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS		
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
dexamethasone sodium phosphate inj	-	1
DEXAMETHASONE SOLN	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	1
prednisolone soln	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
prednisone tab (DELTASONE equiv)	-	1
triamcinolone acetonide inj (KENALOG equiv)	-	1
budesonide SR cap (ENTOCORT EC equiv)	-	2
CORTISONE ACETATE TAB	-	2
prednisolone ODT (ORAPRED equiv)	-	2

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
PREDNISOLONE ODT TAB	-	2
PREDNISONE SOLN	-	2
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	2
SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)	QL	2
SOLU-MEDROL INJ 2GM	-	2
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	3
DEPO-MEDROL INJ	-	3
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	3
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	3
PREDNISOLONE SOLN	-	3
SOLU-MEDROL PF INJ	-	3
UCERIS TAB	QL	3
ALKINDI SPRINKLE CAP	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
FLO-PRED SUSP	-	NC
HEMADY TAB	-	NC
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC
prednisolone tab (MILLIPRED equiv)	-	NC
prednisone pack	-	NC
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
TARPEYO CAP	-	NC

MINERALOCORTICIDS

fludrocortisone tab (FLORINEF equiv)	-	1
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COUGH/COLD/ALLERGY

ANTITUSSIVES

benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
HYCODAN SYRUP	-	3
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC

COUGH/COLD/ALLERGY COMBINATIONS

promethazine DM syrup	-	1
PROMETHAZINE VC SYRUP	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
PROMETHAZINE VC/CODEINE SYRUP	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1

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DrugName	Special Code	Tier																					
COUGH/COLD/ALLERGY Cont.																							
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1																					
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3																					
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3																					
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	3																					
NEOTUSS PLUS LIQUID	-	3																					
CLARINEX-D TAB	-	EXC																					
SEMPREX-D CAP	-	EXC																					
DURAVENT PE TAB	-	NC																					
GUAIFENESIN/CODEINE SYRUP	OTC	NC																					
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv)	OTC	NC																					
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																							
potassium iodide oral soln (SSKI equiv)	-	2																					
SSKI ORAL SOLN	-	3																					
GUAIFENESEN SYRUP	-	NC																					
guaifenesin tab (ALLFEN JR equiv)	-	NC																					
MUCINEX TAB	-	NC																					
MISC. RESPIRATORY INHALANTS																							
sodium chloride neb soln (HYPER-SAL equiv)	-	1																					
NEBUSAL NEB SOLN	-	2																					
MUCOLYTICS																							
acetylcysteine soln (MUCOMYST equiv)	-	1																					
DERMATOLOGICALS																							
ACNE PRODUCTS																							
clindamycin gel (CLEOCIN GEL equiv)	-	1																					
clindamycin lotion (CLEOCIN- T equiv)	-	1																					
clindamycin pad (CLEOCIN-T equiv)	-	1																					
clindamycin topical soln (CLEOCIN-T equiv)	-	1																					
erythromycin gel	-	1																					
erythromycin pad	-	1																					
erythromycin soln	-	1																					
adapalene cream (DIFFERIN equiv) (Acne Only – members age 26 or older require Prior Authorization)	PA	2																					
adapalene gel (DIFFERIN equiv) (Acne Only – members age 26 or older require Prior Authorization)	PA	2																					
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	2																					
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	2																					
amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv)	-	2																					
AVAR GEL	-	2																					
clindamycin/benzoyl peroxide gel (BENZA CLIN equiv)	-	2																					
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2																					
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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
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
ONEXTON GEL 1.2-3.75%	-	NC
PLEXION CREAM 9.8-4.8%	-	NC
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
ROSULA WASH	-	NC
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	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 (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% (PLEXION equiv)	-	NC
SUMADEN XLT KIT	-	NC
TRETIN-X CREAM	-	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	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
ALTABAX OINT	-	NC
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC

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DERMATOLOGICALS Cont.		
XEPI CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
econazole cream (SPECTAZOLE equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
EXELDERM SOLN	-	3
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	3
MENTAX CREAM	-	3
NAFTIFINE CREAM	-	3
naftifine cream (NAFTIN equiv)	-	3
naftifine gel (NAFTIN equiv)	-	3
NAFTIN GEL	-	3
clotrimazole cream (LOTRIMIN AF equiv)	OTC	EXC
NIZORAL A-D SHAMPOO	OTC	EXC
nizoral a-d shampoo (NIZORAL equiv)	OTC	EXC
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
ALOQUIN GEL	-	NC
CICLODAN KIT	-	NC
clotrimazole/betamethasone lotion (LOTRISONE equiv)	-	NC
ECONASIL KIT	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC
HIXDEFRIMA SOLN	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
naftifine hcl gel 2% (NAFTIN equiv)	-	NC
NAFTIN GEL 2%	-	NC
ONYCHO-MED KIT	-	NC
oxiconazole nitrate cream (OXISTAT equiv)	-	NC

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DERMATOLOGICALS Cont.		
OXISTAT CREAM	-	NC
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
tavaborole soln (KERYDIN equiv)	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ZOLPAK KIT	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3
diclofenac sodium gel kit (VENNGEL equiv)	-	NC
diclofenac sodium soln (XRYLIX equiv)	-	NC
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC
DICLONA GEL	-	NC
DICLOTREX PAK	-	NC
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
LICART PATCH	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
REXAPHENAC CREAM	-	NC
VENNGEL ONE KIT	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
XRYLIX PAK	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX CREAM equiv)	-	1
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2
FLUOROURACIL SOLN	-	2
FLUOROURACIL CREAM 0.5%	-	3
PICATO GEL (QL= 1 box/fill)	QL	3
bexarotene gel (TARGRETIN equiv)	PA-SP	4
VALCHLOR GEL (QL= 4 tubes/30 days)	PA-QL-SP	4
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
FLUOROPLEX CREAM	-	NC
KLISYRI OINT	-	NC
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
TARGRETIN GEL	-	NC
ANTIPRURITICS - TOPICAL		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3
doxepin hcl cream	PA	3
ANTIPSORIATICS		

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DERMATOLOGICALS Cont.		
acitretin cap (SORIATANE equiv)	-	2
calcipotriene cream (DOVONEX CREAM equiv)	-	2
calcipotriene oint	-	2
calcipotriene soln (DOVONEX SOLN equiv)	-	2
METHOXSALEN CAP	-	2
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2
tazarotene cream 0.1% (TAZORAC equiv)	-	2
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2
CALCITRIOL OINT	-	3
TAZORAC CREAM 0.05%	-	3
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	PA-QL-SP	4
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	PA-QL-SP	4
STELARA INJ (QL= 1 inj/84 days)	PA-QL-SP	4
TALTZ INJ (QL= 1 inj/28 days)	PA-QL-SP	4
TREMFYA INJ (QL= 1 inj/56 days)	PA-QL-SP	4
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
SILIQ INJ	-	NC
SOTYKTU TAB	-	NC
STELARA INJ	-	NC
tazarotene gel (TAZORAC equiv)	-	NC
TRIONEX PACK	-	NC
VECTICAL OINT	-	NC
VTAMA CREAM	-	NC
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1
selenium sulfide shampoo (SELSEB equiv)	-	2
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
OVACE PLUS CREAM	-	3
selenium sulfide lotion	OTC	EXC
ESKATA SOLN	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS SHAMPOO	-	NC
OVACE PLUS FOAM	-	NC
PROMISEB CREAM	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
sodium sulfacetamide gel (OVACE equiv)	-	NC
sodium sulfacetamide shampoo (OVACE equiv)	-	NC
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX equiv)	-	1
acyclovir cream (ZOVIRAX equiv)	-	NC

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DERMATOLOGICALS Cont.		
DENAVIR CREAM	-	NC
penciclovir cream (DENAVIR equiv)	-	NC
XERESE CREAM	-	NC
ZOVIRAX CREAM	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLLON CREAM	-	2
CORTICOSTEROIDS - TOPICAL		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel	-	1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate oint (TEMOVATE equiv)	-	1
clobetasol propionate soln (TEMOVATE equiv)	-	1
desonide cream (DESOWEN equiv)	-	1
desonide oint (DESOWEN equiv)	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream 0.05% (LIDEX equiv)	-	1
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
alclometasone cream (ACLOVATE equiv)	-	2
alclometasone oint (ACLOVATE OINT equiv)	-	2
clobetasol foam (OLUX equiv)	-	2

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DERMATOLOGICALS Cont.		
clobetasol lotion (CLOBEX equiv)	-	2
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2
clobetasol shampoo (CLOBEX equiv)	-	2
clobetasol spray (CLOBEX equiv)	-	2
desoximetasone cream (TOPICORT CREAM equiv)	-	2
desoximetasone oint (TOPICORT equiv)	-	2
EPIFOAM AEROSOL	-	2
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	2
halobetasol propionate cream (ULTRAVATE equiv)	-	2
halobetasol propionate oint (ULTRAVATE equiv)	-	2
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	2
PRAMOSONE E CREAM	-	2
PREDNICARBATE CREAM	-	2
PREDNICARBATE OIN	-	2
TOPICORT OINT	-	3
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
amcinonide oint 0.1% (AMCINONIDE OINT equiv)	-	NC
AMCINONIDE OINTMENT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone valerate foam (LUXIQ 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
CLOBETAVIX KIT	-	NC
CLOCORTOLONE CREAM	-	NC
clocortolone pivalate cream	-	NC
CLODERM CREAM	-	NC
CORDRAN CREAM 0.025%	-	NC
CORDRAN OINTMENT	-	NC
CORDRAN TAPE	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide gel	-	NC
desonide lotion (DESOWEN equiv)	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC

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desoximetasone cream 0.05% (TOPICORT equiv)	-	NC
desoximetasone gel (TOPICORT equiv)	-	NC
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM, PSORCON CREAM	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
FLUOPAR KIT	-	NC
FLUOVIX PAK	-	NC
flurandrenolide cream (CORDRAN equiv)	-	NC
flurandrenolide lotion (CORDRAN equiv)	-	NC
flurandrenolide oint (CORDRAN equiv)	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halcinonide cream (HALOG equiv)	-	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
HC/PRAMOXINE CREAM 1-2.35%	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	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 (WESTCORT equiv)	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
HYDROXYM GEL	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
LEXETTE FOAM	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
PANDEL CREAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 1-1%	-	NC

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DERMATOLOGICALS Cont.		
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC
QUINIXIL PAK	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TASOPROL CREAM KIT	-	NC
TOPICORT CREAM 0.05%	-	NC
TOPICORT GEL	-	NC
TOVET KIT	-	NC
triamcinolone acetonide oint (TRIANEX equiv)	-	NC
triamcinolone spray (KENALOG equiv)	-	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
ECZEMA AGENTS		
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	3
ADBRY INJ (QL= 4 inj/28 days)	PA-QL-SP	4
CIBINQO TAB (QL= 1 tab/day)	PA-QL-SP	4
DUPIXENT INJ (QL= 2 inj/28 days)	PA-QL-SP	4
DUPIXENT PEN INJ (QL= 2 inj/28 days)	PA-QL-SP	4
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA PD EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
urea emulsion	-	NC
urea gel (URAMAXIN equiv)	-	NC
urea lotion (KERALAC LOTION equiv)	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
LACTIC ACID LOTION	-	1
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	EXC
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	EXC
HYLINATE LOTION	-	NC

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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	TA Therapeutic Alternative
VAC Vaccine Program		

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
HAIR GROWTH AGENTS		
bimatoprost ophth soln	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
LITFULO CAP	-	NC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	1
IMIQUIMOD CREAM 3.75%	-	NC
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	1
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2
HYFTOR GEL (QL= 10 grams/30 days)	PA-QL-SP	4
OXIANUJO CREAM	-	NC
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	2
PODOFILOX SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
SALEX SHAMPOO	-	3
ATRIX SYSTEM KIT	-	NC
GEAMETDRAY GEL	-	NC
METDRAY GEL	-	NC
SALEX LOTION KIT	-	NC
SALICATE LIQUID	-	NC
salicylic acid soln	-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC
UREA/SALICYLIC CREAM	-	NC
XALIX SOL	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
LIDOCAINE GEL	-	2

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DERMATOLOGICALS Cont.		
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	2
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
DERMALID PAK	-	NC
GEN7T LOTION	-	NC
GEN7T PAD 3.5%	-	NC
GEN7T PLUS LOTION	-	NC
GEN7T PLUS PAD	-	NC
L.E.T. GEL	-	NC
LIDO/MENTHOL SPRAY	-	NC
LIDO/RAC/TET GEL	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC
lidocaine lotion	-	NC
lidocaine oint/transparent dressing kit	-	NC
lidocaine patch 3.5% (GEN7T equiv)	-	NC
LIDOCIN GEL	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC
LIDOTREX GEL	-	NC
LIDOVEX CREAM	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC
NENDRUX GEL	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
NEOSALUS FOAM	-	NC
NEOSALUS LOTION	-	NC
MISC. TOPICAL		
DRYSOL SOLN	-	1
DERMACINRX CREAM	-	NC
HYCLODEX SOLN	-	NC

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DERMATOLOGICALS Cont.		
QBREXZA PAD	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel 0.75% (METROGEL equiv)	-	1
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
metronidazole gel (METROGEL equiv)	-	2
metronidazole lotion (METROLOTION equiv)	-	2
IVERMECTIN CREAM	-	3
ivermectin cream (SOOLANTRA equiv)	-	3
SOOLANTRA CREAM	-	3
brimonidine tartrate gel (MIRVASO equiv)	-	EXC
MIRVASO GEL	-	EXC
RHOFADE CREAM	-	EXC
DAZOMON GEL	-	NC
DOXYCYCLINE CAP, ORACEA CAP	-	NC
NORITATE CREAM	-	NC
ROSADAN KIT	-	NC
ZILXI FOAM	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	1
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
LINDANE SHAMPOO	-	3
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
CROTAN LOTION	-	NC
IVERMECTIN LOTION	-	NC
SKLICE LOTION	-	NC
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	QL	2
ALEVICYN SOLN DERMAL	-	NC
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
COLLANEX EXTERNAL POWDER	-	NC
KERAMATRIX	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
KERASTAT CREAM	-	NC
KERASTAT GEL	-	NC
WOUND-DRESSING GELS	-	NC

DIAGNOSTIC PRODUCTS

DIAGNOSTIC BIOLOGICALS

TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
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DIAGNOSTIC DRUGS

GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC

DIAGNOSTIC PRODUCTS, MISC.

FREESTYLE LITE TEST STRIP	OTC	NC
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DIAGNOSTIC TESTS

ACCU-CHEK GUIDE TEST STRIP (QL= 153 strips/30 days)	OTC-QL	\$0
COVID-19 TEST	OTC	EXC
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC
CUE HEALTH MONITOR	OTC	EXC
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	NC
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	NC
ACCU-CHEK TEST STRIP	OTC	NC
CLINISTIX TEST STRIP	OTC	NC
FREESTYLE INSULINX TEST STRIP	OTC	NC
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC
FREESTYLE TEST STRIP	OTC	NC
KETO-DIASTIX TEST STRIP	OTC	NC
KETOSTIX	OTC	NC
ONETOUCH TEST STRIP	OTC	NC
ONETOUCH VERIO TEST STRIP	OTC	NC
PRECISION XTRA KETONE TEST STRIP	OTC	NC
PRECISION XTRA TEST STRIP	OTC	NC
TEST STRIP (all other test strips)	OTC	NC

RADIOGRAPHIC CONTRAST MEDIA

OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

ASTAMED MYO CAP	-	EXC
DEPLIN CAP	-	EXC
ELIGEN B12 TAB	-	EXC
FALESSA TAB	-	EXC
FOLTANX TAB	-	EXC
GLYGEST PAK	-	EXC
L-METHYLFOLATE TAB	-	EXC
LUVIRA CAP	-	EXC
METANX CAP	-	EXC

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DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont.		
OLLIZAC POWDER	-	EXC
PODIAPN CAP	-	EXC
XAQUIL XR TAB	-	EXC
XYZBAC TAB	-	EXC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	2
PERTZYE CAP	-	NC
SUCRAID SOLN	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1
acetazolamide tab	-	1
methazolamide tab (NEPTAZANE equiv)	-	2
dichlorphenamide tab (KEVEYIS equiv)	-	NC
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	1
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torseamide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	2
FUROSCIX KIT (QL= 8 inj/fill)	QL-SP	4
SOAANZ TAB	-	NC
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
triamterene cap (DYRENIUM equiv)	-	2
CAROSPIR SUSP (Prior Authorization required for members age 9 or older)	PA	3
DYRENIUM CAP	-	3
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
CHLOROTHIAZIDE TAB	-	1
chlorothiazide tab (DIURIL equiv)	-	1
chlorthalidone tab	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1

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DIURETICS Cont.		
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
THALITONE TAB	-	NC

ENDOCRINE AND METABOLIC AGENTS - MISC.

ADRENAL STEROID INHIBITORS

ISTURISA TAB 10MG (QL= 6 tabs/day)	PA-QL-SP	4
ISTURISA TAB 1MG (QL= 8 tabs/day)	PA-QL-SP	4
ISTURISA TAB 5MG (QL= 2 tabs/day)	PA-QL-SP	4
RECORLEV TAB	-	NC

BONE DENSITY REGULATORS

alendronate tab (FOSAMAX equiv)	-	1
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1
ALENDRONATE TAB 40MG	-	2
calcitonin nasal spray (MIACALCIN equiv)	-	2
FORTICAL NASAL SPRAY	-	2
alendronate sodium oral soln (FOSAMAX equiv)	-	3
FORTEO INJ	SP	4
NATPARA INJ	PA-SP	4
TERIPARATIDE INJ	PA	4
TYMLOS INJ	SP	4
ACTONEL TAB (Plan pays up to \$0.10 per pill/unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
ATELVIA TAB (Plan pays up to \$0.10 per pill/unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
FOSAMAX TAB (Plan pays up to \$0.10 per pill/unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
risedronate DR tab (ATELVIA equiv) (Plan pays up to \$0.10 per pill/unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
risedronate tab (ACTONEL equiv) (Plan pays up to \$0.10 per pill/unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
BINOSTO TAB	-	NC
calcitonin inj (MIACALCIN equiv)	-	NC
FOSAMAX+D TAB	-	NC

CORTICOTROPIN

ACTHAR GEL INJ	-	NC
CORTROPHIN INJ GEL	-	NC

FERTILITY REGULATORS

CLOMID TAB	INF	EXC
CLOMIPHENE TAB	INF	EXC
OVIDREL INJ	INF	EXC

GNRH/LHRH ANTAGONISTS

ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2
cetorelix acetate for inj kit (CETROTIDE equiv)	INF	EXC

GROWTH HORMONE RECEPTOR ANTAGONISTS

SOMAVERT INJ	PA-SP	4
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GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	EXC
GROWTH HORMONES		
GENOTROPIN INJ 12mg	PA-SP	4
SKYTROFA INJ	PA-SP	4
GENOTROPIN INJ	-	NC
NGENLA INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC
OMNITROPE INJ	-	NC
OMNITROPE INJ, ZOMACTON INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
SOGROYA INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	SP	4
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	2
FENSOLVI INJ	-	NC
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB	-	NC
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
cinacalcet tab (SENSIPAR equiv)	-	2
doxercalciferol cap (HECTOROL equiv)	-	2
paricalcitol cap (ZEMPLAR equiv)	-	2
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2
SENSIPAR TAB	-	3
betaine powder for oral solution (CYSTADANE equiv)	SP	4
carglumic acid tab (CARBAGLU equiv)	PA-SP	4
GALAFOLD CAP (QL= 14 caps/28 days)	PA-QL-SP	4
PALYNZIQ INJ (QL= 1 inj/day)	PA-QL-SF-SP	4
PHEBURANE ORAL PELLETS	SP	4
sapropterin dihydrochloride powder packet (KUVAN equiv)	PA-SP	4
sapropterin dihydrochloride soluble tab (KUVAN equiv)	PA-SP	4
STRENSIQ INJ	PA-SP	4
CALCITRIOL INJ	-	NC
CARBAGLU TAB	-	NC
CITRULLINE EASY TAB	-	NC
CYSTADANE POWDER	-	NC

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
MYALEPT INJ	-	NC
nitisinone cap (ORFADIN equiv)	-	NC
NITYR TAB	-	NC
OLPRUVA PACK	-	NC
OPFOLDA CAP	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
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	4
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	1
desmopressin acetate tab (DDAVP equiv)	-	1
STIMATE NASAL SOLN	-	2
DDAVP NASAL SOLN	-	3
DDAVP INJ	-	NC
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab (MIFIPREX equiv)	-	EXC
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	SP	4
OCTREOTIDE INJ 100MCG	SP	4
SIGNIFOR INJ (QL= 2 vials/day)	PA-QL-SP	4
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
SANDOSTATIN LAR INJ KIT	-	NC
SIGNIFOR LAR INJ	-	NC
SOMATULINE INJ	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK (QL= 2 tabs/day)	PA-QL-SP	4
JYNARQUE TAB (QL= 2 tabs/day)	PA-QL-SP	4
TOLVAPTAN TAB	-	NC
tolvaptan tab (SAMSCA equiv)	-	NC

ESTROGENS

ESTROGEN COMBINATIONS

esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1
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EXC Plan Exclusion	INF Infertility	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	TA Therapeutic Alternative
VAC Vaccine Program		

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DrugName	Special Code	Tier
ESTROGENS Cont.		
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	1
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2
PREMPHASE TAB, PREMPRO TAB	-	2
COMBIPATCH	-	3
PREFEST TAB	-	3
ANGELIQ TAB	-	NC
BIJUVA CAP	-	NC
CLIMARA PRO PATCH	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	1
VIVELLE-DOT PATCH	-	1
ALORA PATCH	-	2
PREMARIN TAB	-	2
MENEST TAB	-	3
DIVIGEL GEL	-	NC
DIVIGEL GEL, ELESTRIN GEL	-	NC
estradiol td gel (DIVIGEL equiv)	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
LEVOFLOXACIN SOLN 25MG/ML	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2
ciprofloxacin susp (CIPRO equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
CIPRO SUSP	-	3
CIPROFLOXACIN 100MG TAB	-	3
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY TAB	PA	3
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB	PA	2
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP	PA-SP	4

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB	-	NC
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
RELTONE CAP	-	NC
URSODIOL CAP	-	NC
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	2
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	PA-QL	2
AMITIZA CAP	-	NC
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
GIMOTI NASAL SPRAY	-	NC
METOZOLV ODT	-	NC
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 1200MCG (QL= 5 caps/day)	PA-QL-SP	4
BYLVAY CAP 400MCG (QL= 15 caps/day)	PA-QL-SP	4
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day)	PA-QL-SP	4
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day)	PA-QL-SP	4
LIVMARLI SOLN (QL= 90ml/30 days)	PA-QL-SP	4
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
mesalamine DR cap (DELZICOL equiv)	-	2
mesalamine DR tab (LIALDA equiv)	-	2
mesalamine enema (ROWASA equiv)	-	2
mesalamine ER cap (APRISO equiv)	-	2
mesalamine supp (CANASA equiv)	-	2
DIPENTUM CAP	-	3
mesalamine tab (ASACOL equiv)	-	3
MESALAMINE TAB DR	-	3
CIMZIA INJ (QL= 2 inj/28 days)	PA-QL-SP	4
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	PA-QL-SP	4
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	PA-QL-SP	4
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
ENTYVIO INJ	-	NC
mesalamine ER cap (PENTASA CR equiv)	-	NC
PENTASA CAP	-	NC

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VAC Vaccine Program		

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Category/Class**

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
ROWASA KIT	-	NC
SKYRIZI INJ 180 MG/1.2ML	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP (QL= 1 cap/day)	QL	2
alosetron tab (LOTROXEX equiv)	-	3
IBSRELA TAB	-	NC
VIBERZI TAB	-	NC
ZELNORM TAB	-	NC
LIVE FECAL MICROBIOTA		
VOWST CAP	-	NC
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB	PA	2
SYMPROIC TAB	PA	2
alvimopan cap (ENTEREG equiv)	-	NC
ENTEREG CAP	-	NC
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
FOSRENOL POWDER PACK	-	2
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2
PHOSLYRA SOLN	-	2
sevelamer powder pak (REVELA equiv)	-	2
sevelamer tab (REVELA TAB equiv)	-	2
AURYXIA TAB	-	3
FOSRENOL CHEW TAB	-	3
REVELA TAB	-	3
RENAGEL TAB	-	NC
RENAGEL TAB 800MG	-	NC
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC
VELPHORO CHEW TAB	-	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	-	1

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RS	Prior Authorization	SF	Quantity Limit	SMKG	Restricted to Diagnosis
SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	TA	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		Step Therapy		Therapeutic Alternative
	Vaccine Program				

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1
potassium citrate CR tab (UROKIT-K TAB equiv)	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
tricitrates soln (POLYCITRA-LC equiv)	-	1
CYSTINOSIS AGENTS		
CYSTAGON CAP	SP	4
PROCYSBI CAP	-	NC
PROCYSBI GRANULES PACKET	-	NC
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB	-	NC
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PENTOSAN CAP	-	NC
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
silodosin cap (RAPAFLO equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
CARDURA XL TAB	-	NC
dutasteride/tamsulosin cap (JALYN equiv)	-	NC
ENTADFI CAP	-	NC
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIDIUM equiv)	-	1
phenazopyridine tab 95mg (AZO equiv)	OTC	EXC
phenazopyridine tab 97.5mg (AZO equiv)	OTC	EXC
phenazopyridine tab 99.5mg (AZO equiv)	OTC	EXC
URINARY STONE AGENTS		
LITHOSTAT TAB	-	3
tiopronin tab (THIOLA equiv)	PA-SP	4
THIOLA EC TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
colchicine tab (COLCRYS equiv)	-	1
febuxostat tab (ULORIC equiv)	-	2
GLOPERBA SOLN (Prior Authorization required for members age 9 or older)	PA	3
ALLOPURINOL TAB	-	NC
COLCRYS TAB	-	NC

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DrugName	Special Code	Tier
GOUT AGENTS Cont.		
MITIGARE CAP, COLCHICINE CAP	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ	PA-SP	4
AFSTYLA KIT	-	NC
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (FIRAZYR equiv)	PA-SP	4
FIRAZYR INJ	-	NC
COMPLEMENT INHIBITORS		
BERINERT INJ	PA-SP	4
EMPAVELI INJ (QL= 160ml/28 days)	PA-QL-SP	4
HAEGARDA INJ	PA-SP	4
RUCONEST INJ	PA-SP	4
TAVNEOS CAP (QL= 6 caps/day)	PA-QL-SP	4
CINRYZE INJ	-	NC
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tabs/day)	PA-QL-SF-SP	4
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ (QL= 2 inj/28 days)	PA-QL-SP	4
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days)	PA-QL-SP	4
ORLADEYO CAP	-	NC
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
prasugrel tab (EFFIENT equiv)	-	1
aspirin/dipyridamole cap (AGGRENEX equiv)	-	2
BRILINTA TAB	-	2
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
CABLIVI INJ KIT (QL= 1 vial/day)	PA-QL-SP	4
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB (QL= 2 tabs/day)	PA-QL-SP	4
PYRUKYND TAPER PACK (QL= 1 tab/day)	PA-QL-SP	4

HEMATOPOIETIC AGENTS

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DrugName	Special Code	Tier
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv)	PA-SP	4
CERDELGA CAP	-	NC
ZAVESCA CAP	-	NC
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
ENDARI POWDER PACK (QL= 6 packets/day)	PA-QL-SP	4
OXBRYTA TAB (QL= 3 tabs/day)	PA-QL-SP	4
SIKLOS TAB	-	NC
AGENTS FOR SICKLE CELL DISEASE		
OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day)	PA-QL-SP	4
COBALAMINS		
cyanocobalamin inj	-	1
NASCOBAL NASAL SPRAY	-	3
CALOMIST NASAL SPRAY	-	NC
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
HEMATOPOIETIC GROWTH FACTORS		
RETACRIT INJ	-	2
DOPTELET TAB (QL= 2 tabs/day)	PA-QL-SP	4
FULPHILA INJ	SP	4
NIVESTYM INJ	SP	4
PROMACTA TAB	PA-SP	4
ZARXIO INJ	SP	4
ZIEXTENZO INJ	SP	4
ARANESP INJ	-	NC
EPOGEN INJ	-	NC
FYLNETRA INJ	-	NC
GRANIX INJ	-	NC
JESDUVROQ TAB	-	NC
LEUKINE INJ	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
NYVEPRIA INJ	-	NC
PROCRIT INJ	-	NC
PROMACTA POWDER	-	NC
REBLOZYL INJ	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
STIMUFEND INJ	-	NC
UDENYCA INJ	-	NC
HEMATOPOIETIC MIXTURES		

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HEMATOPOIETIC AGENTS Cont.		
ferrex 150 forte cap	-	1
folbee tab	-	1
MULTIGEN FOLIC TAB	-	1
MULTIGEN PLUS TAB	-	1
MULTIGEN TAB	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
BENTIVITE TAB	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
FERRO-PLEX TAB	-	NC
FOLITE TAB	-	NC
folvite-d tab (GENICIN VITA-D equiv)	-	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
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid tab (LYSTEDA equiv)	-	1
aminocaproic acid soln (AMICAR equiv)	-	2
aminocaproic acid tab (AMICAR equiv)	-	2
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	NC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
BUTISOL TAB	-	3
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv)	-	NC

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DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
estazolam tab (PROSOM equiv)	-	1
FLURAZEPAM CAP	-	1
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1
AMBIEN CR TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
AMBIEN TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
eszopiclone tab (LUNESTA equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
LUNESTA TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
RESTORIL CAP 22.5MG (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
RESTORIL CAP 7.5MG (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
temazepam cap 22.5mg (RESTORIL equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
temazepam cap 7.5mg (RESTORIL equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
zolpidem ER tab (AMBIEN CR equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
ZOLPIDEM CAP	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIDEM TARTRATE SL TAB 1.75MG	-	NC
ZOLPIDEM TARTRATE SL TAB 3.5MG	-	NC
ZOLPIMIST SPRAY	-	NC
OREXIN RECEPTOR ANTAGONISTS		
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3
QUVIVIQ TAB	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab (ROZEREM equiv) (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
ROZEREM TAB (Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC
tasimelteon cap (HETLIOZ equiv)	-	NC
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0

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RS	Plan Exclusion	QL	Over-the-Counter
SP	Prior Authorization	SF	RDX
VAC	Restricted to Specialist	ST	Restricted to Diagnosis
	Available through Specialty Pharmacy Program		SMKG
	Vaccine Program		TA
			Therapeutic Alternative

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DrugName	Special Code	Tier																					
LAXATIVES Cont.																							
NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0																					
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay)	QL	\$0																					
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0																					
peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0																					
sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay)	QL	\$0																					
CLENPIQ SOLN	-	NC																					
MOVIPREP SOLN	-	NC																					
PEG-PREP KIT	-	NC																					
PLENVU SOLN	-	NC																					
SUFLAVE SOLN	-	NC																					
SUPREP BOWEL PREP PACK	-	NC																					
SUTAB TAB	-	NC																					
LAXATIVES - MISCELLANEOUS																							
lactulose soln	-	1																					
MIRALAX PACKET	OTC	EXC																					
MIRALAX POWDER	OTC	EXC																					
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	EXC																					
GIALAX KIT	-	NC																					
KRISTALOSE PACK, LACTULOSE PACK	-	NC																					
KRISTALOSE PACKET	-	NC																					
SALINE LAXATIVES																							
OSMOPREP TAB	-	NC																					
LOCAL ANESTHETICS-PARENTERAL																							
LOCAL ANESTHETIC COMBINATIONS																							
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC																					
MACROLIDES																							
AZITHROMYCIN																							
azithromycin susp (ZITHROMAX equiv)	-	1																					
azithromycin tab (ZITHROMAX equiv)	-	1																					
ZITHROMAX POWDER PACK	-	3																					
CLARITHROMYCIN																							
clarithromycin tab (BIAXIN equiv)	-	1																					
CLARITHROMYC SUSP	-	2																					
clarithromycin ER tab (BIAXIN XL equiv)	-	3																					
ERYTHROMYCINS																							
erythromycin DR cap (ERYC equiv)	-	2																					
ERYTHROMYCIN EC CAP	-	2																					
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2																					
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2																					
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3																					
erythromycin tab (ERY-TAB equiv)	-	3																					
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DrugName	Special Code	Tier
MACROLIDES Cont.		
PCE TAB	-	3
FIDAXOMICIN		
DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2

MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES

DIAPHRAGM	-	\$0
CERVICAL CAP	-	EXC
FEMALE CONDOMS	OTC	EXC
MALE CONDOMS	OTC	EXC

DIABETIC SUPPLIES

ACCU-CHEK GUIDE ME KIT	-	\$0
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	\$0
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	\$0
DEXCOM G7 RECEIVER (QL= 1 receiver/year)	PA-QL	\$0
LANCETS	OTC	\$0
ONETOUCH DELICA LANCETS	OTC	\$0
ONETOUCH DELICA PLUS LANCETS	OTC	\$0
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	\$0
OMNIPOD 5 INTRO KIT (QL= 1 kit/year)	QL	2
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	2
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	2
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2
OMNIPOD GO KIT (QL= 10 pods/month)	QL	2
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Physicians may call EBRx PA at (866)564-8258 for review. Dexcom sensors have an \$80 copay with an approved prior authorization. Applies to all plans)	PA-QL	3
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Physicians may call EBRx PA at (866)564-8258 for review. Dexcom sensors have an \$80 copay with an approved prior authorization. Applies to all plans)	PA-QL	3
ACCU-CHEK AVIVA PLUS METER	OTC	NC
ACCU-CHEK GUIDE CARE METER	OTC	NC
ACCU-CHEK NANO METER	OTC	NC
CALIBRATION LIQUID	OTC	NC
DIABETIC METER (all other diabetic meters)	OTC	NC
FREESTYLE FREEDOM LITE METER	OTC	NC
FREESTYLE INSULINX METER	OTC	NC
FREESTYLE LIBRE 2 RECEIVER	-	NC
FREESTYLE LIBRE 2 SENSOR	-	NC
FREESTYLE LIBRE 3 SENSOR	-	NC
FREESTYLE LIBRE RECEIVER	-	NC
FREESTYLE LIBRE SENSOR (14-DAY)	-	NC
FREESTYLE LITE METER	OTC	NC
FREESTYLE PRECISION NEO METER	OTC	NC
LANCET KIT	OTC	NC

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
OMNIPOD DASH PDM KIT	-	NC
ONETOUCH METER	--OTC	NC
ONETOUCH VERIO FLEX METER	OTC	NC
ONETOUCH VERIO IQ METER	OTC	NC
ONETOUCH VERIO METER	-	NC
ONETOUCH VERIO REFLECT METER	OTC	NC
PRECISION XTRA METER	OTC	NC
V-GO INJ KIT	-	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	EXC
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
TRUEPLUS 5 BEVEL PEN NEEDLE 29G 12MM	-	\$0
TRUEPLUS 5 BEVEL PEN NEEDLE 31G 5MM	-	\$0
TRUEPLUS 5 BEVEL PEN NEEDLE 31G 6MM	-	\$0
TRUEPLUS 5 BEVEL PEN NEEDLE 31G 8MM	-	\$0
TRUEPLUS 5 BEVEL PEN NEEDLE 32G 4MM	-	\$0
TRUEPLUS SYRINGE 0.3 ML 29G X 1/2"	-	\$0
TRUEPLUS SYRINGE 0.3 ML 30G X 5/16"	-	\$0
TRUEPLUS SYRINGE 0.3 ML 31G X 5/16"	-	\$0
TRUEPLUS SYRINGE 1 ML 28 X 1/2"	-	\$0
TRUEPLUS SYRINGE 1 ML 29G X 1/2"	-	\$0
TRUEPLUS SYRINGE 1 ML 30G X 5/16"	-	\$0
TRUEPLUS SYRINGE 1 ML 31G X 5/16"	-	\$0
TRUEPLUS SYRINGE 1/2 ML 28G X 1/2"	-	\$0
TRUEPLUS SYRINGE 1/2 ML 29G X 1/2"	-	\$0
TRUEPLUS SYRINGE 1/2 ML 30G X 5/16"	-	\$0
TRUEPLUS SYRINGE 1/2 ML 31G X 5/16"	-	\$0
CARETOUCH MIS	OTC	1
B-D INSULIN SYRINGE	--OTC	NC
B-D PEN NEEDLE	OTC	NC
CEQUR SIMPLICITY	-	NC
INPEN INSULIN INJECTION DEVICE	-	NC
INSULIN SYRINGE	OTC	NC
NOVOFINE PEN NEEDLE	OTC	NC
NOVOTWIST PEN NEEDLE	OTC	NC
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	OTC	2
AEROCHAMBER	OTC	NC
PEAK FLOW METER	OTC	NC

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

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PA	Plan Exclusion	QL	Infertility	RDX	Over-the-Counter
RS	Prior Authorization	SF	Quantity Limit	SMKG	Restricted to Diagnosis
SP	Restricted to Specialist	ST	Limited to two 15 day fills per month for first 3 months	TA	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		Step Therapy		Therapeutic Alternative
	Vaccine Program				

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DrugName	Special Code	Tier																					
MIGRAINE PRODUCTS Cont.																							
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2																					
NURTEC ODT (QL= 8 tabs/30 days)	PA-QL	3																					
QULIPTA TAB	-	NC																					
ZAVZPRET SPRAY	-	NC																					
MIGRAINE COMBINATIONS																							
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2																					
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	2																					
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC																					
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC																					
ergotamine/caffeine tab (CAFERGOT equiv)	-	NC																					
MIGERGOT SUPP	-	NC																					
PRODRIN TAB	-	NC																					
SUMANSETRON PAK	-	NC																					
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC																					
TREXIMET TAB	-	NC																					
MIGRAINE PRODUCTS																							
dihydroergotamine mesylate inj (D.H.E. equiv)	-	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	2																					
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2																					
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2																					
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2																					
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2																					
MIGRAINE PRODUCTS - NSAIDS																							
CAMBIA POWDER	-	NC																					
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC																					
ELYXYB SOLN	-	NC																					
SEROTONIN AGONISTS																							
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1																					
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1																					
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1																					
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1																					
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2																					
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2																					
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2																					
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2																					
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2																					
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3																					
almotriptan tab (AXERT equiv) (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5																					
AMERGE TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5																					
AXERT TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5																					
FROVA TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5																					
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MIGRAINE PRODUCTS Cont.		
frovatriptan tab (FROVA equiv) (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
IMITREX NASAL SPRAY (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
IMITREX TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
MAXALT MLT TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
MAXALT TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days; Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
ONZETRA XSAIL (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
RELPAK TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
TOSYMRA SOLN (QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days; Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days; Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
ZOMIG TAB (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
ZOMIG ZMT (Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans)	QL-TA	5
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
SUMAVEL DOSEPRO INJ	-	NC
ZECUITY PAD	-	NC

MINERALS & ELECTROLYTES

FLUORIDE

FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0

PHOSPHATE

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

POTASSIUM

K-TAB	-	1
POT/CHLORIDE EFFER TAB	-	1

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MINERALS & ELECTROLYTES Cont.		
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
POTASSIUM CHLORIDE TAB ER	-	1
potassium chloride powder packet (KLOR-CON equiv) (Plan pays up to \$0.55 per powder packet . Member responsible for remaining cost. Excluded for Classic and Basic Plans)	TA	5
potassium chloride soln (Plan pays up to \$0.034 per milliliter of potassium solution. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
POKONZA POWDER	-	NC
potassium chloride inj 2 meq/ml	-	NC
ZINC		
GALZIN CAP	-	2
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab (DEPEN TITRATAB equiv)	-	2
trientine cap (SYPRINE equiv)	PA-SP	4
CUVRIOR TAB	-	NC
penicillamine cap (CUPRIMINE equiv)	-	NC
TRIENTINE CAP	-	NC
IMMUNOMODULATORS		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	QL-RS-SP	4
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	QL-RS-SP	4
REZUROCK TAB (QL= 1 tab/day)	PA-QL-SP	4
JOENJA TAB	-	NC
IMMUNOSUPPRESSIVE AGENTS		
everolimus tab (ZORTRESS equiv)	PA	2
sirolimus soln (RAPAMUNE equiv)	-	2
ENSPRYNG INJ (QL= 1 inj/28 days)	PA-QL-SP	4
LUPKYNIS CAP (QL= 6 caps/day)	PA-QL-SP	4
ASTAGRAF XL CAP	-	NC
azathioprine tab 100mg (AZASAN equiv)	-	NC
azathioprine tab 75mg (AZASAN equiv)	-	NC
PROGRAF PACKET	-	NC
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE TAB (QL= 1 tab/day)	PA-QL-SP	4
VIJOICE TAB 250MG (QL= 2 tabs/day)	PA-QL-SP	4
POTASSIUM REMOVING AGENTS		
SPS SUSP	-	1
LOKELMA PAK	-	2
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP (QL= 4 caps/day)	PA-QL-SP	4
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	PA-QL-SP	4

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DrugName	Special Code	Tier																					
MISCELLANEOUS THERAPEUTIC CLASSES Cont.																							
BENLYSTA INJ (QL= 4 inj/28 day)	PA-QL-SP	4																					
MOUTH/THROAT/DENTAL AGENTS																							
ANESTHETICS TOPICAL ORAL																							
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	1																					
FIRST MOUTHWASH BLM	-	3																					
LIDOCAINE ORAL SOLN 4%	-	NC																					
ANTI-INFECTIVES - THROAT																							
clotrimazole troches (MYCELEX TROCHES equiv)	-	1																					
nystatin susp	-	1																					
ORAVIG TAB	-	3																					
ANTISEPTICS - MOUTH/THROAT																							
chlorhexidine gluconate soln (PERIDEX equiv)	-	1																					
DENTAL PRODUCTS																							
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0																					
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0																					
FLUORIDEX SENSITIVITY PASTE	-	1																					
sodium fluoride gel (PREVIDENT equiv)	-	1																					
sodium fluoride paste (PREVIDENT equiv)	-	1																					
sodium fluoride rinse (PREVIDENT equiv)	-	1																					
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1																					
PREVIDENT PASTE	-	2																					
PREVIDENT SOLN	-	2																					
STEROIDS - MOUTH/THROAT																							
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1																					
THROAT PRODUCTS - MISC.																							
pilocarpine tab (SALAGEN equiv)	-	1																					
cevimeline cap (EVOXAC equiv)	-	2																					
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	-	1																					
dialyvite tab (NEPHRO-VITE equiv)	-	1																					
DIALYVITE/ZINC TAB	-	1																					
FOLBEE PLUS CZ TAB	-	1																					
renaphro cap (NEPHROCAP equiv)	-	1																					
FIBRIK CAP	-	NC																					
MULTIPLE VITAMINS W/ MINERALS																							
multivitamin/minerals tab (STROVITE equiv)	-	1																					
v-c forte cap (V-C FORTE equiv)	-	3																					
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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
DEXATLAN CAP	-	NC
FOLAGENT DHA CAP	-	NC
FOLAMED DHA CAP	-	NC
REMEDIENT CAP	-	NC
VITRECYL IRON TAB	-	NC
VITRECYL TAB	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	1
POLY-VI-FLOR CHEW W/IRON	-	NC
PED MV W/ FLUORIDE		
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	1
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	1
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1
pediatric multiple vitamins/fluoride chew tab	-	1
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	2
QUFLORA PEDIATRIC CHEW TAB	-	3
POLY-VI-FLOR CHEW 0.25MG	-	NC
POLY-VI-FLOR CHEW 0.5MG	-	NC
POLY-VI-FLOR CHEW 1MG	-	NC
POLY-VI-FLOR SUSP	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
CONCEPT DHA CAP	-	1
PRENATABS RX TAB	-	1
PRENATAL 19 CHEW TAB	-	1
PRENATAL 19 TAB	-	1
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
VP-PNV-DHA CAP	-	1
MYNATAL-Z TAB	-	3
NEONATAL 19 TAB	-	3
NEONATAL FE TAB	-	3
PRENATAL VITAMINS (NON-PREFERRED)	-	3
VITAFOL STRIPS	-	3
AZESCHEW TAB 13-1MG	-	NC
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
JENLIVA CAP	-	NC
MULTI-MAC TAB	-	NC
PREGEN DHA CAP	-	NC
PREGENNA TAB	-	NC
PRENARA CAP	-	NC
PRENATRIX TAB	-	NC

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DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
CARISOPRODOL/ASPIRIN TAB	-	NC
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
NORGESIC TAB FORTE	-	NC
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	NC
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
RYALTRIS SPRAY	-	NC
NASAL AGENTS - MISC.		
ALCOHOL SWABS	OTC	EXC
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		
GOPRELTO SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	1
olopatadine nasal spray (PATANASE equiv)	-	2
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	3
NASAL STEROIDS		
flunisolide nasal soln (QL= 2 bottles/fill)	QL	1
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
BECONASE AQ NASAL SPRAY (Plan pays up to \$26 per one month supply. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
FLONASE ALLERGY RELIEF (Plan pays up to \$26 per one month supply. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
mometasone nasal spray (NASONEX equiv) (Plan pays up to \$26 per one month supply. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
NASONEX NASAL SPRAY (Plan pays up to \$26 per one month supply. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
OMNARIS NASAL SPRAY (Plan pays up to \$26 per one month supply. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
QNASL NASAL SPRAY (Plan pays up to \$26 per one month supply. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
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
RHINOCORT AQUA NASAL SPRAY	-	NC

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
SINUVA NASAL IMPLANT	-	NC
XHANCE NASAL EXHALER	-	NC
ZETONNA NASAL SPRAY	-	NC
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN NASAL SOLN	-	NC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	2
RADICAVA ORS STARTER KIT (QL= 70ml/365 days)	PA-QL-SP	4
RADICAVA ORS SUSP (QL= 50mL/28 days)	PA-QL-SP	4
RELYVRIO PAK (QL= 2 packets/day)	PA-QL-SP	4
EXSERVAN FILM	-	NC
TIGLUTIK SUSP	-	NC
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP	-	NC
RETT SYNDROME AGENTS		
DAYBUE SOLN	-	NC
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLN (QL= 6.67ml/day)	PA-QL-SP	4
NUTRIENTS		
LIPIDS		
DOJOLVI ORAL LIQUID	-	NC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	NC
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL OPHTH SOLN	-	1
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
CARTEOLOL OPHTH SOLN	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1
LEVOBUNOLOL OPHTH SOLN	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
BETIMOL OPHTH SOLN	-	2
BETOPTIC-S OPHTH SOLN	-	2
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	2
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2
ISTALOL OPHTH SOLN	-	2
METIPRANOLOL OPHTH SOLN	-	2
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	3

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OPHTHALMIC AGENTS Cont.		
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	3
COMBIGAN OPHTH SOLN	-	NC
CHOLINERGIC AGONISTS		
TYRVAYA SOLN	-	NC
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
ATROPINE SUL SOLN 1% OPHTH	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
phenylephrine ophth soln (MYDFRIN equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPHTH SOLN	-	2
HOMATROPINE OPHTH SOLN	-	2
CYCLOGYL OPHTH SOLN	-	3
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	NC
VUITY OPHTH SOLN	-	NC
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	1
brimonidine ophth soln 0.2%	-	1
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	1
APRACLONIDINE OPHTH SOLN	-	2
apraclonidine ophth soln (IOPIDINE equiv)	-	2
IOPIDINE OPHTH SOLN	-	2
SIMBRINZA OPHTH SUSP	-	2
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
GENTAK OPHTH OINT	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
LEVOFLOXACIN OPHTH SOLN 0.5%	-	1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1
AZASITE SOLN	-	2
BACITRACIN OPHTH OINT	-	2
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2

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OPHTHALMIC AGENTS Cont.		
TRIFLURIDINE OPHTH SOLN	-	2
ZIRGAN OPHTH GEL	-	2
CILOXAN OPHTH OINT	-	3
gatifloxacin ophth soln (ZYMAXID equiv)	-	3
TOBREX OPHTH OINT	-	3
VIGAMOX OPHTH SOLN	-	3
ZYMAXID OPHTH SOLN	-	3
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
VANCOMYCIN SOLN	-	NC
XDEMVIY DROP	-	NC
OPHTHALMIC IMMUNOMODULATORS		
CEQUA (PF) OPHTH SOLN	-	2
cyclosporine ophth emulsion (RESTASIS equiv) (Restricted to Ophthalmology or Optometry Specialist)	RS	2
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC
RESTASIS MULTI-DOSE	-	NC
RESTASIS OPHTH EMULSION	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN	-	NC
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	-	NC
ROCKLATAN OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	1
IHEEZO GEL	-	NC
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime)	PA-QL-SP	4
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	1
PREDNISOLONE OPHTH SUSP	-	1
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSP	-	2

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OPHTHALMIC AGENTS Cont.		
BLEPHAMIDE OPHTH SOLN	-	2
difluprednate ophth emulsion (DUREZOL equiv)	-	2
LOTEMAX OPHTH GEL	-	2
LOTEMAX OPHTH OINT	-	2
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	2
loteprednol ophth susp (LOTEMAX equiv)	-	2
MAXIDEX OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
TOBRADEX OPHTH OINT	-	2
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
BLEPHAMIDE S.O.P. OPHTH OINT	-	3
FLAREX OPHTH SUSP	-	3
FML FORTE OPHTH SUSP	-	3
FML S.O.P. OPHTH OINT	-	3
PRED FORTE OPHTH SUSP	-	3
TOBRADEX ST OPHTH SUSP	-	3
DEXTENZA OPHTH INSERT	-	NC
EYSUVIS OPHTH SUSP	-	NC
INVELTYS OPHTH SUSP	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX SM GEL 0.38%	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC
OPHTHALMIC SURGICAL AIDS		
DUOVISC KIT	-	NC
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv)	-	1
cromolyn ophth soln (CROLOM equiv)	-	1
CROMOLYN SODIUM OPHTH SOLN	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
ALOCRIAL OPHTH SOLN	-	2
ALOMIDE OPHTH SOLN	-	2
brinzolamide ophth susp (AZOPT equiv)	-	2
bromfenac ophth soln (BROMDAY equiv)	-	2
FLURBIPROFEN OPHTH SOLN	-	2
ILEVRO OPHTH SUSP	-	2
NEVANAC OPHTH SUSP	-	2

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OPHTHALMIC AGENTS Cont.																							
PROLENSA OPHTH SOLN	-	2																					
ACUVAIL OPHTH SOLN	-	3																					
AZOPT OPHTH SUSP	-	3																					
bepotastine ophth soln (BEPREVE equiv)	-	3																					
EMADINE OPHTH SOLN	-	3																					
epinastine ophth soln (ELESTAT equiv)	-	3																					
LASTACFT OPHTH SOLN (QL= 3ml/30 days)	QL	3																					
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist)	QL-RS-SP	4																					
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS-SP	4																					
ketotifen ophth soln (ZADITOR equiv)	OTC	EXC																					
UPNEEQ SOLN	-	EXC																					
BROMSITE OPHTH SOLN	-	NC																					
MIEBO OPHTH SOLN	-	NC																					
olopatadine ophth soln 0.1% (PATANOL equiv)	OTC	NC																					
olopatadine ophth soln 0.2% (PATADAY equiv)	OTC	NC																					
PATADAY OPHTH SOLN	-	NC																					
PAZEO OPHTH SOLN 0.7%	-	NC																					
ZADITOR OPHTH SOLN	OTC	NC																					
ZERVIATE OPHTH SOLN	-	NC																					
PROSTAGLANDINS - OPHTHALMIC																							
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1																					
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2																					
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2																					
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2																					
IYUZEH OPHTH DROPS	-	NC																					
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv)	-	NC																					
VYZULTA SOLN	-	NC																					
XELPROS OPHTH EMULSION	-	NC																					
ZIOPTAN OPHTH SOLN	-	NC																					
OTIC AGENTS																							
OTIC AGENTS - MISCELLANEOUS																							
acetic acid otic soln (VOSOL equiv)	-	1																					
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1																					
OTIC ANTI-INFECTIVES																							
ofloxacin otic soln (FLOXIN equiv)	-	1																					
CIPROFLOXACIN OTIC SOLN	-	2																					
OTIC COMBINATIONS																							
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1																					
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1																					
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	2																					
COLY-MYCIN S OTIC SUSP	-	2																					
CIPRO HC OTIC SUSP	-	3																					
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC																					
CORTANE-B OTIC SOLN	-	NC																					
CORTIC-ND DROPS	-	NC																					
otomax-HC otic soln (CORTANE-B equiv)	-	NC																					
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OTIC AGENTS Cont.		
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
OTIC STEROIDS		
ACETASOL HC OTIC SOLN	-	1
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	2
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
MPM PAK	-	NC
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	PA-SP	4
CUVITRU INJ	-	NC
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	PA-SP	4
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	PA-SP	4
XEMBIFY INJ	PA-SP	4
CUTAQUIG INJ	-	NC
MONOCLONAL ANTIBODIES		
BEYFORTUS INJ	VAC	EXC
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
AMOXICILLIN/CLAVULANATE ER TAB	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
TRICHOSOL SOLN	-	NC
SEMI SOLID VEHICLES		

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PHARMACEUTICAL ADJUVANTS Cont.

POLYETHYLENE GLYCOL 8000 GRANULES	-	2
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PROGESTINS

PROGESTINS

medroxyprogesterone tab (PROVERA equiv)	-	1
megestrol ES susp (MEGACE ES equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	1
progesterone oil inj	-	1

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	3

ANTI-CATAPLECTIC AGENTS

LUMRYZ PACK	-	NC
SODIUM OXYBATE SOLN	-	NC
XYREM SOLN	-	NC
XYWAV SOLN	-	NC

ANTIDEMENTIA AGENTS

donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1
galantamine tab (RAZADYNE equiv)	-	1
memantine tab (NAMENDA equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
GALANTAMINE SOLN	-	2
memantine ER cap (NAMENDA XR equiv)	-	2
memantine soln (NAMENDA equiv)	-	2
NAMENDA XR TITRATION PACK	-	2
rivastigmine patch (EXELON equiv)	-	2
ADLARITY PATCH	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC

COMBINATION PSYCHOTHERAPEUTICS

PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	NC
DULOXICAINE PACK	-	NC
LYBALVI TAB	-	NC

FIBROMYALGIA AGENTS

SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2

HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS

ADDYI TAB	-	NC
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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
VYLEESI INJ	-	NC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenzine tab 12.5mg (XENAZINE equiv)	-	1
AUSTEDO TAB (QL= 4 tabs/day)	PA-QL-SP	4
INGREZZA CAP (QL= 1 cap/day)	PA-QL-SP	4
tetrabenzine tab 25mg (XENAZINE equiv)	SP	4
AUSTEDO TITRATION PACK	-	NC
AUSTEDO XR TAB	-	NC
AUSTEDO XR TAB 6MG	-	NC
AUSTEDO XR TAB TITRATION KIT	-	NC
INGREZZA PACK 40-80MG	-	NC
XENAZINE TAB	-	NC
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv)	SP	1
dimethyl fumarate DR cap (TECFIDERA equiv)	SP	1
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	SP	1
AVONEX INJ	SP	4
EXTAVIA INJ	SP	4
fingolimod hcl cap 0.5mg (GILENYA equiv)	SP	4
GILENYA CAP 0.25MG	SP	4
glatiramer inj (COPAXONE equiv)	SP	4
KESIMPTA INJ	SP	4
MAYZENT TAB	SP	4
MAYZENT TAB STARTER PACK	SP	4
PLEGRIDY INJ	SP	4
PLEGRIDY PEN INJ	SP	4
REBIF INJ	SP	4
teriflunomide tab (AUBAGIO equiv)	SP	4
ZEPOSIA CAP (QL= 1 cap/day)	PA-QL-SP	4
ZEPOSIA STARTER PACK (QL= 1 cap/day)	PA-QL-SP	4
AUBAGIO TAB	-	NC
BAFIERTAM CAP	-	NC
BETASERON INJ	-	NC
GILENYA CAP 0.5MG	-	NC
MAVENCLAD PAK	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TASCENSO ODT TAB	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
LYRICA CR TAB (Plan pays \$0.35 per unit. Member responsible for remaining cost. Excluded for Classic and Basic Plans)	TA	5

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pregabalin ER tab (LYRICA CR equiv) (Plan pays \$0.35 per unit. Member responsible for remaining cost. Excluded for Classic and Basic Plans)	TA	5																					
GRALISE STARTER PACK	-	NC																					
LIDOTIN PAK	-	NC																					
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS																							
FLUOXETINE CAP (PMDD)	-	NC																					
SARAFEM TAB	-	NC																					
PSEUDOBULBAR AFFECT (PBA) AGENTS																							
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2																					
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.																							
PIMOZIDE TAB	-	2																					
ERGOLOID MESYLATES TAB	-	NC																					
RESTLESS LEG SYNDROME (RLS) AGENTS																							
HORIZANT TAB	-	NC																					
SMOKING DETERRENENTS																							
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0																					
NICOTINE KIT	OTC-QL-SMKG	\$0																					
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0																					
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	\$0																					
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0																					
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0																					
nicotine gum (NICORETTE equiv)	OTC-SMKG	NC																					
nicotine lozenge (COMMIT equiv)	OTC-SMKG	NC																					
NICOTROL INHALER	SMKG	NC																					
NICOTROL NASAL SPRAY	SMKG	NC																					
TRANSTHYRETIN AMYLOIDOSIS AGENTS																							
TEGSEDI INJ (QL= 4 inj/28 days)	PA-QL-SP	4																					
VASOMOTOR SYMPTOM AGENTS																							
BRISDELLE CAP	-	NC																					
paroxetine cap (BRISDELLE equiv)	-	NC																					
RESPIRATORY AGENTS - MISC.																							
CYSTIC FIBROSIS AGENTS																							
KALYDECO PAK (QL= 2 packets/day)	PA-QL-SP	4																					
KALYDECO TAB (QL= 2 tabs/day)	PA-QL-SP	4																					
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	PA-QL-SP	4																					
ORKAMBI TAB (QL= 4 tabs/day)	PA-QL-SP	4																					
PULMOZYME INH SOLN	SP	4																					
SYMDEKO TAB (QL= 2 tabs/day)	PA-QL-SP	4																					
TRIKAFTA TAB (QL= 84 tabs/28 days)	PA-QL-SP	4																					
TRIKAFTA THERAPY PACK (QL= 2 packets/day)	PA-QL-SP	4																					
BRONCHITOL CAP	-	NC																					
PULMONARY FIBROSIS AGENTS																							
OFEV CAP (QL= 2 caps/day)	PA-QL-SF-SP	4																					
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	PA-QL-SF-SP	4																					
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	PA-QL-SF-SP	4																					
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RESPIRATORY AGENTS - MISC. Cont.																							
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	PA-QL-SF-SP	4																					
PIRFENIDONE TAB	-	NC																					
SULFONAMIDES																							
SULFONAMIDES																							
sulfadiazine tab	-	3																					
SULFADIAZINE TAB	-	NC																					
TETRACYCLINES																							
AMINOMETHYLCYCLINES																							
NUZYRA TAB (QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist)	QL-RS-SP	4																					
TETRACYCLINES																							
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1																					
doxycycline hyclate tab (VIBRATAB equiv)	-	1																					
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1																					
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1																					
doxycycline monohydrate tab (ADOXA equiv)	-	1																					
minocycline cap (MINOCIN equiv)	-	1																					
doxycycline susp (VIBRAMYCIN equiv)	-	2																					
minocycline tab (DYNACIN equiv)	-	2																					
demeclocycline tab (DECLOMYCIN equiv)	-	3																					
tetracycline cap	-	3																					
VIBRAMYCIN SYRUP	-	3																					
ACTICLATE TAB 75MG, 150MG	-	NC																					
DORYX MPC TAB	-	NC																					
doxycycline hyclate DR tab (DORYX equiv)	-	NC																					
doxycycline hyclate tab (TARGADOX equiv)	-	NC																					
doxycycline hyclate tab 75mg, 150mg	-	NC																					
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC																					
doxycycline monohydrate 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																					
THYROID AGENTS																							
ANTITHYROID AGENTS																							
methimazole tab (TAPAZOLE equiv)	-	1																					
propylthiouracil tab	-	1																					
SODIUM IODIDE I-131 SOLN	-	NC																					
THYROID HORMONES																							
ARMOUR THYROID TAB, NATURE THROID TAB	-	1																					
levothyroxine tab (SYNTHROID equiv)	-	1																					
liothyronine tab (CYTOMEL equiv)	-	1																					
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1																					
THYROLAR TAB	-	2																					
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THYROID AGENTS Cont.		
TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older)	PA-QL	3
ERMEZA SOLN 150 MCG/5ML	-	NC
LEVOTHYROXINE INJ	-	NC
LEVOTHYROXINE INJ 100MCG/ML	-	NC
THYQUIDITY SOLN	-	NC
TIROSINT CAP	-	NC

TOXOIDS

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

ULCER DRUGS

ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
glycopyrrolate tab (ROBINUL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
PROPANTHELINE TAB	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	2
dicyclomine soln (BENTYL equiv)	-	2
methscopolamine tab (PAMINE equiv)	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
DONNATAL TAB	-	NC
GLYCATATE TAB, GLYCOPYRROLATE TAB	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC

H-2 ANTAGONISTS		
cimetidine soln (CIMETIDINE equiv)	-	1
cimetidine tab (TAGAMET equiv) (Rx Only)	-	1
famotidine susp (PEPCID equiv)	-	1
famotidine tab (PEPCID equiv) (Rx Only)	-	1
nizatidine cap (AXID equiv)	-	1
NIZATIDINE SOLN	-	3
PEPCID TAB (Rx Only)	-	3

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RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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VAC Vaccine Program		

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**State of Arkansas Premium Formulary
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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
ranitidine cap (ZANTAC equiv)	-	NC
ranitidine syrup (ZANTAC equiv)	-	NC
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC
ZANTAC EFFER TAB	-	NC
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	1
PROTON PUMP INHIBITORS		
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
FIRST OMEPRAZOLE SUSP	-	3
LANSOPRAZOLE SUSP	-	3
ACIPHEX TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
esomeprazole cap (NEXIUM equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	OTC-TA	5
ESOMEPRAZOLE STRONTIUM CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
lansoprazole cap (PREVACID equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	OTC-TA	5
NEXIUM CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	OTC-TA	5
PREVACID OTC CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	OTC-TA	5
PROTONIX EC TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
rabeprazole EC tab (ACIPHEX equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
ACIPHEX SPRINKLE CAP	-	NC
NEXIUM GRANULE PACK	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	OTC	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
ULCER THERAPY COMBINATIONS		
ZEGERID CAP OTC	OTC	EXC
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID POWDER PACK	-	NC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
glycopyrrolate oral soln (CUVPOSA equiv)	-	3
DARTISLA ODT TAB	-	NC
GLYCATE TAB	-	NC
HYOSCYAMINE INJ	-	NC
H-2 ANTAGONISTS		
CIMETIDINE SOLN	-	1
NIZATIDINE CAP	-	1
MISC. ANTI-ULCER		

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**State of Arkansas Premium Formulary
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DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
sucralfate susp (CARAFATE equiv)	-	2
PROTON PUMP INHIBITORS		
DEXILANT DR CAP (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
dexlansoprazole DR cap (DEXILANT equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
esomeprazole DR granule pack (NEXIUM equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
esomeprazole magnesium DR tab (NEXIUM equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	OTC-TA	5
lansoprazole odt (PREVACID SOLUTAB equiv) (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
NEXIUM 24HR TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	OTC-TA	5
PREVACID SOLUTAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
RABEPRAZOLE SODIUM TAB (Plan pays \$0.30 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	EXC
omeprazole tab	OTC	EXC
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC
FIRST PANTOPRAZOLE SUSP	-	NC
pantoprazole sodium packet (PROTONIX equiv)	-	NC
ULCER THERAPY COMBINATIONS		
bismuth/metro/tetra cap (PYLERA equiv)	-	NC
HELIDAC PACK	-	NC
KONVOMEK SUSP	-	NC
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC
PYLERA CAP	-	NC
TALICIA CAP	-	NC
VOQUEZNA 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)		
tropium chloride SR cap (SANCTURA XR equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2
TOVIAZ TAB	-	3
darifenacin SR tab (ENABLEX equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
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URINARY ANTISPASMODICS Cont.		
DETROL LA CAP (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
DETROL TAB (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
DITROPAN XL TAB (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
ENABLEX TAB (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
oxybutynin ER tab (DITROPAN XL equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
solifenacin tab (VESICARE equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
tolterodine SR cap (DETROL LA equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
tolterodine tab (DETROL equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
tropium tab (SANCTURA equiv) (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
VESICARE TAB (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
OXYTROL PATCH (OTC)	OTC	EXC
GELNIQUE	-	NC
OXYBUTYNIN TAB	-	NC
VESICARE LS SUSP	-	NC
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
MYRBETRIQ SUSP (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
MYRBETRIQ TAB (Plan pays \$0.51 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans)	TA	5
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	NC
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ, HIBERIX INJ	VAC	\$0
BCG INJ	VAC	\$0
BEXSERO INJ	VAC	\$0
MENACTRA INJ	VAC	\$0
MENQUADFI INJ	VAC	\$0
MENVEO INJ	VAC	\$0
PEDVAXHIB INJ	VAC	\$0
PNEUMOVAX INJ	VAC	\$0
PREVNAR 13 INJ	VAC	\$0
PREVNAR 20 INJ (Covered for members age 19 years or older)	VAC	\$0
TRUMENBA INJ	VAC	\$0
VAXNEUVANCE INJ	VAC	\$0
VIRAL VACCINES		
ABRYSVO INJ (Covered for members 60 years of age and older)	VAC	\$0
AFLURIA INJ (QL= 1 inj/28 days)	QL-VAC	\$0

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DrugName	Special Code	Tier
VACCINES Cont.		
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0
AREXVY INJ (Covered at \$0 for members 60 years of age and older. Only covered at \$0 for women under 60. Not covered for men under 60.)	VAC	\$0
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	\$0
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL-VAC	\$0
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL-VAC	\$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	\$0
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0
DENGVAIXA SUSP	VAC	\$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUAD QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUCELVAX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE HD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
GARDASIL 9 INJ	VAC	\$0
HAVRIX INJ, VAQTA INJ	VAC	\$0
HEPLISAV-B INJ	VAC	\$0
IMOVAX INJ	VAC	\$0
IPOL INJ	VAC	\$0
M-M-R II INJ	VAC	\$0
PREHEVBRIO SUSP	VAC	\$0
PRIORIX INJ	VAC	\$0
PROQUAD INJ	VAC	\$0
RABAVERT INJ	VAC	\$0
ROTARIX SUSP	VAC	\$0
ROTATEQ INJ	VAC	\$0
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	\$0
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	\$0
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	\$0
TWINRIX INJ	VAC	\$0
VARIVAX INJ	VAC	\$0

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

XACIATO GEL	-	NC
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DrugName	Special Code	Tier
VAGINAL AND RELATED PRODUCTS Cont.		
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (QL= 1 box/fill)	QL	\$0
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC
SPERMICIDES		
CONCEPTROL GEL	OTC	EXC
CONTRACEPTIVE FILM	OTC	EXC
CONTRACEPTIVE FOAM	OTC	EXC
CONTRACEPTIVE GEL	OTC	EXC
CONTRACEPTIVE SUPP	OTC	EXC
TODAY SPONGE	OTC	EXC
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	3
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	3
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	1
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	2
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
FEMRING (3 copays per Rx)	-	3
IMVEXXY SUPP	-	NC
VAGINAL PROGESTINS		
CRINONE GEL	-	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1
SYMJEPI INJ (QL= 2 inj/fill)	QL	1
ADRENALICK 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)	-	1

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	Vaccine Program				

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DrugName	Special Code	Tier
VITAMINS		
OIL SOLUBLE VITAMINS		
Vitamin D2	-	1
phytonadione tab (MEPHYTON equiv)	-	2
ERGOCAL CAP	-	NC
Vitamin D2 Tab	-	NC
Vitamin D3	-	NC
WATER SOLUBLE VITAMINS		
POTABA POWDER PACKET	-	2
niacin cap	OTC	EXC
niacin CR tab (SLO-NIACIN equiv)	OTC	EXC
niacin tab	OTC	EXC
NIACIN TR TAB	OTC	EXC
niacinamide tab	OTC	EXC

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**State of Arkansas Premium Formulary
Prior Authorization Drug List
Last Updated* 11/1/2023**

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)
ABSTRAL SL TAB	3
ACTEMRA ACTPEN INJ	4
ACTEMRA SC INJ	4
ACTIMMUNE INJ	4
adapalene cream	2
adapalene gel	2
ADBRY INJ	4
ADEMPAS TAB	4
AIMOVIG INJ	2
AJOVY INJ	2
ALECENSA CAP	4
ALKINDI SPRINKLE CAP 0.5MG	3
ALKINDI SPRINKLE CAP 1MG	3
ambrisentan tab	4
ANDRODERM PATCH	2
ARIKAYCE SUSP	4
ATORVALIQ SUSP	3
AUSTEDO TAB	4
AYVAKIT TAB	4
BACLOFEN SUSP	3
BALVERSA TAB 3MG	4
BALVERSA TAB 4MG	4
BALVERSA TAB 5MG	4
BANZEL SUSP	3
BENLYSTA AUTO-INJECTOR	4
BENLYSTA INJ	4
BERINERT INJ	4
bexarotene cap	4
bexarotene gel	4
bosentan tab	4
BOSULIF TAB	4
BRAFTOVI CAP 75MG	4
BRUKINSA CAP	4
budesonide ER tab	3
budesonide rectal foam	3
BYLVAY CAP 1200MCG	4
BYLVAY CAP 400MCG	4
BYLVAY SPRINKLE CAP 200MCG	4
BYLVAY SPRINKLE CAP 600MCG	4
CABLIVI INJ KIT	4
CABOMETYX TAB	4
CALQUENCE CAP	4

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**State of Arkansas Premium Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2023**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
CALQUENCE TAB	4
CAMZYOS CAP	4
CAPRELSA TAB	4
carglumic acid tab	4
CAROSPIR SUSP	3
CHOLBAM CAP	4
CIBINQO TAB	4
CIMZIA INJ	4
CIMZIA STARTER INJ KIT	4
COMETRIQ KIT	4
COPIKTRA CAP	4
CORLANOR SOLN	3
CORLANOR TAB	2
COTELLIC TAB	4
DAYVIGO TAB	3
deferiprone tab	4
DEXCOM G6 RECEIVER	\$0
DEXCOM G6 SENSOR	3
DEXCOM G6 TRANSMITTER	\$0
DEXCOM G7 RECEIVER	\$0
DEXCOM G7 SENSOR	3
DIACOMIT CAP	4
DIACOMIT POWDER PACK	4
diclofenac gel	2
DOPTELET TAB	4
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	3
doxepin hcl cream	3
DUPIXENT INJ	4
DUPIXENT PEN INJ	4
EMGALITY INJ	2
EMGALITY INJ 100MG/ML	2
EMPAVELI INJ	4
enalapril maleate oral soln	3
ENBREL INJ 25MG	4
ENBREL INJ 50MG	4
ENBREL MINI INJ	4
ENBREL SURECLICK INJ 50MG	4
ENDARI POWDER PACK	4
ENDOMETRIN INSERT	2
ENSPRYNG INJ	4
EPIDIOLEX SOLN	4
EPRONTIA SOLN	3

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**State of Arkansas Premium Formulary cont.
 Prior Authorization Drug List
 Last Updated* 11/1/2023**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ERLEADA TAB	4
ERLEADA TAB 240MG	4
erlotinib tab	4
everolimus tab	2
EVRYSDI SOLN	4
EXKIVITY CAP	4
FANAPT TAB	3
FANAPT TITRATION PACK	3
FASENRA PEN INJ	4
FENTORA TAB, FENTANYL BUCCAL TAB	3
FERRIPROX SOLN	4
FINTEPLA SOLN	4
FIRDAPSE TAB	4
FLEQSUVY SUSP	3
FLOLIPID SUSP	3
GALAFOLD CAP	4
GAVRETO CAP	4
GENOTROPIN INJ 12mg	4
GLOPERBA SOLN	3
HAEGARDA INJ	4
HEMLIBRA INJ	4
HIZENTRA INJ	4
HUMIRA INJ 10MG	4
HUMIRA INJ 20MG	4
HUMIRA INJ 40MG	4
HUMIRA INJ 80MG	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	4
HUMIRA INJ PEDIATRIC UC STARTER PACK	4
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	4
HUMIRA PEN INJ 40MG	4
HYFTOR GEL	4
HYQVIA INJ	4
icatibant inj	4
ICLUSIG TAB	4
IMBRUVICA CAP 140MG	4
IMBRUVICA CAP 70MG	4
IMBRUVICA SUSP	4
IMBRUVICA TAB 420MG, 560MG	4
INBRIJA INH POWDER	3
INGREZZA CAP	4
INLYTA TAB	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.

**State of Arkansas Premium Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2023**

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)
ISTURISA TAB 10MG	4
ISTURISA TAB 1MG	4
ISTURISA TAB 5MG	4
itraconazole soln	3
JAKAFI TAB	4
JYNARQUE PAK	4
JYNARQUE TAB	4
KALYDECO PAK	4
KALYDECO TAB	4
KERENDIA TAB	3
KEVZARA INJ	4
KINERET INJ	4
KISQALI TAB	4
KORLYM TAB	4
KOSELUGO CAP	4
KOSELUGO CAP 10MG	4
lapatinib ditosylate tab	4
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	4
LENVIMA CAP	4
LIVMARLI SOLN	4
LIVTENCITY TAB	4
LONSURF TAB	4
lubiprostone cap	2
LUCEMYRA TAB	3
LUMAKRAS TAB	4
LUMAKRAS TAB 320MG	4
LUPKYNIS CAP	4
LYNPARZA TAB	4
LYTGOBI THERAPY PACK	4
LYVISPAH GRANULE PACKET	3
MAVYRET PAK	4
MEKINIST TAB 0.5MG	4
MEKINIST TAB 2MG	4
MEKTOVI TAB	4
METHITEST TAB	3
miglustat cap	4
MOTEGRITY TAB	3
MOVANTIK TAB	2
MYFEMBREE TAB	2
NATPARA INJ	4
NERLYNX TAB	4

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**State of Arkansas Premium Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2023**

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)
NEXLETOL TAB	2
NINLARO CAP	4
nitazoxanide tab	2
NORLIQVA ORAL SOLN	3
NUBEQA TAB	4
NUCALA INJ	4
NUDEXTA CAP	2
NURTEC ODT	3
ODACTRA SL TAB	3
ODOMZO CAP	4
OFEV CAP	4
OLUMIANT TAB	4
ONFI SUSP	3
ONGENTYS CAP	3
OPSUMIT TAB	4
OPZELURA CREAM	3
ORENCIA CLICK INJ	4
ORENCIA SC INJ 125MG/ML	4
ORENCIA SC INJ 50MG/0.4ML	4
ORENCIA SC INJ 87.5MG/0.7ML	4
ORIAHNN CAP	2
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2
ORKAMBI GRANULES PACKET	4
ORKAMBI TAB	4
OTEZLA STARTER PACK	4
OTEZLA TAB	4
OXBRYTA TAB	4
OXBRYTA TAB FOR ORAL SUSP	4
OXERVATE OPHTH SOLN	4
OZOBAX SOLN, BACLOFEN SOLN	3
PALFORZIA POWDER PACK	4
PALFORZIA SPRINKLE CAP	4
PALYNZIQ INJ	4
PEMAZYRE TAB	4
PIQRAY TAB	4
pirfenidone cap	4
pirfenidone tab 267mg	4
pirfenidone tab 801mg	4
POMALYST CAP	4
PREVYMIS TAB	4
PROGESTERONE SUPP	3

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**State of Arkansas Premium Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2023**

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)
PROMACTA TAB	4
PYRUKYND TAB	4
PYRUKYND TAPER PACK	4
QBRELIS SOLN	3
QINLOCK TAB	4
RADICAVA ORS STARTER KIT	4
RADICAVA ORS SUSP	4
RELYVRIO PAK	4
REPATHA INJ	2
REPATHA PUSHTRONEX INJ	2
REYVOW TAB	2
REZLIDHIA CAP	2
REZUROCK TAB	4
RINVOQ ER TAB	4
ROZLYTREK CAP	4
RUBRACA TAB	4
RUCONEST INJ	4
rufinamide susp	2
RYDAPT CAP	4
sapropterin dihydrochloride powder packet	4
sapropterin dihydrochloride soluble tab	4
SIGNIFOR INJ	4
sildenafil susp	2
SIMPONI AUTO-INJECTOR 100MG	4
SIMPONI INJ 100MG	4
SKYRIZI INJ 150MG/ML	4
SKYRIZI INJ 360MG/2.4ML	4
SKYRIZI INJ 75MG/0.83ML	4
SKYTROFA INJ	4
SOFOSBUVIR/VELPATASVIR TAB	4
SOLOSEC GRANULES PACKET	3
SOMAVERT INJ	4
sorafenib tosylate tab	4
SOTYLIZE SOLN 5MG/ML	3
SPORANOX SOLN	3
SPRYCEL TAB	4
STELARA INJ	4
STIVARGA TAB	4
STRENSIQ INJ	4
sunitinib malate cap	4
SUNOSI TAB	2
SYMDEKO TAB	4

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**State of Arkansas Premium Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2023**

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)
SYMPROIC TAB	2
tadalafil tab (PAH)	4
TADLIQ SUSP	4
TAFINLAR CAP	4
TAGRISSO TAB	4
TAKHZYRO INJ	4
TAKHZYRO INJ 150MG/ML	4
TALTZ INJ	4
TALZENNA CAP 0.25MG	4
TALZENNA CAP 0.5MG, 0.75MG, 1MG	4
TASIGNA CAP	4
TAVALISSE TAB	4
TAVNEOS CAP	4
TEGSEDI INJ	4
TERIPARATIDE INJ	4
TESTOSTERONE GEL 1% 25MG	2
testosterone gel 1% 50mg	2
testosterone gel 1% pump	2
testosterone gel 1.62% 1.25gm	3
testosterone gel 1.62% 2.5gm	3
TESTOSTERONE GEL PUMP	2
testosterone gel pump 1.62%	2
testosterone soln	2
TEZSPIRE INJ	2
TIBSOVO TAB	4
tiopronin tab	4
TIROSINT-SOL	3
TOBI PODHALER	4
TRACLEER TAB 32MG	4
TREMFYA INJ	4
tretinoin cream	2
tretinoin gel	2
trientine cap	4
TRIKAFTA TAB	4
TRIKAFTA THERAPY PACK	4
TRINTELLIX TAB	3
TRULANCE TAB	2
TUKYSA TAB	4
TURALIO CAP	4
TYVASO DPI POWDER	4
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	4
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	4

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**State of Arkansas Premium Formulary cont.
 Prior Authorization Drug List
 Last Updated* 11/1/2023**

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 TITRATION KIT 16-32MCG	4
TYVASO INH SOLN	4
UBRELVY TAB	2
UCERIS RECTAL FOAM	3
UPTRAVI TAB	4
VALCHLOR GEL	4
VELTASSA POWDER	2
VENCLEXTA STARTER PACK	4
VENCLEXTA TAB	4
VENTAVIS INH SOLN	4
VERZENIO TAB	4
vigabatrin powder pack	4
vigabatrin tab	4
vigadrone powder pack	4
VIJOICE TAB	4
VIJOICE TAB 250MG	4
VITRAKVI CAP 100MG	4
VITRAKVI CAP 25MG	4
VITRAKVI SOLN	4
VIZIMPRO TAB	4
VONJO CAP	4
VOSEVI TAB	4
VOTRIENT TAB	4
VOXZOGO INJ	4
VYNDAMAX CAP	4
VYNDAQEL CAP	4
WAKIX TAB	4
WELIREG TAB	4
XADAGO TAB	3
XALKORI CAP	4
XATMEP SOLN	3
XELJANZ SOLN	4
XELJANZ TAB	4
XELJANZ XR TAB	4
XEMBIFY INJ	4
XOLAIR SYRINGE	4
XOSPATA TAB	4
XPOVIO PAK	4
ZELBORAF TAB	4
ZEPOSIA CAP	4
ZEPOSIA STARTER PACK	4
ZOKINVY CAP	4

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**State of Arkansas Premium Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2023**

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)
ZOLINZA CAP	4
ZONISADE SUSP	3
ZORYVE CREAM	2
ZTALMY SUSP	4
ZYDELIG TAB	4
ZYKADIA CAP	4

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State of Arkansas Premium Formulary
Last Updated* 11/1/2023
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

ACCU-CHEK GUIDE TEST STRIP	aspirin chew tab 81mg	aspirin ec tab 81mg	CARETOUCH MIS
esomeprazole cap	esomeprazole magnesium DR tab	folic acid tab 400mcg	folic acid tab 800mcg
HUMULIN MIX INJ	HUMULIN MIX PEN INJ	HUMULIN N INJ	HUMULIN N PEN INJ
HUMULIN R INJ	LANCETS	lansoprazole cap	NARCAN NASAL SPRAY
NEXIUM 24HR TAB	NEXIUM CAP	NICOTINE KIT	nicotine patch
NOVOLIN 70/30 FLEXPEN INJ	NOVOLIN N FLEXPEN INJ	ONETOUCH DELICA LANCETS	ONETOUCH DELICA PLUS LANCETS
ONETOUCH DELICA ULTRASOFT LANCETS	PREVACID OTC CAP		

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State of Arkansas Premium Formulary
Last Updated* 11/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
DIFICID SUSP	QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol HFA
LIVALO TAB	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin

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**State of Arkansas Premium Formulary
Smoking Cessation Agents
Last Updated* 11/1/2023**

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	\$0
NICOTINE GUM	NC
NICOTINE KIT	\$0
NICOTINE LOZENGE	NC
nicotine patch(Limited to 180 days/plan year)	\$0
NICOTROL INHALER	NC
NICOTROL NASAL SPRAY	NC
VARENICLINE TAB(Limited to 180 days/plan year)	\$0
varenicline tartrate tab(Limited to 180 days/plan year)	\$0
varenicline tartrate tab starter pack(Limited to 180 days/plan year)	\$0

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**State of Arkansas Premium Formulary
Infertility Drug List
Last Updated* 11/1/2023**

Drug Name	Tier # for Drug Copay
cetorelix acetate for inj kit	EXC
CLOMID TAB	EXC
CLOMIPHENE TAB	EXC
OVIDREL INJ	EXC

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State of Arkansas Premium Formulary
Last Updated* 11/1/2023
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
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACCU-CHEK GUIDE TEST STRIP	QL= 153 strips/30 days
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTIQ LOZENGE	
ADBRY INJ	QL= 4 inj/28 days
ADEMPAS TAB	QL= 3 tabs/day
AFLURIA INJ	QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ	QL= 1 inj/28 days
AIMOVIK INJ	QL= 1 pack/28 days
AJOVY INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
albuterol HFA inhaler	QL= 2 inhalers/30 days
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/3 days
ALINIA TAB	
ALKINDI SPRINKLE CAP 0.5MG	QL= 3 caps/day; Members age 9 or older require Prior Authorization
ALKINDI SPRINKLE CAP 1MG	QL= 3 caps/day; Members age 9 or older require Prior Authorization
AMBIEN CR TAB	Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Class & Basic Plans
AMBIEN TAB	Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Class & Basic Plans
ambrisentan tab	QL= 1 tab/day
AMERGE TAB	Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
ANDRODERM PATCH	QL= 1 patch/day
ANNOVERA RING	QL= 1 ring/year
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill
aprepitant pak	QL= 3 caps/fill
ARIKAYCE SUSP	QL= 1 vial/day
armodafinil tab	QL= 1 tab/day
asenapine maleate SL tab	QL= 2 tabs/day
AUSTEDO TAB	QL= 4 tabs/day
AYVAKIT TAB	QL= 1 tab/day
BALVERSA TAB 3MG	QL= 3 tabs/day
BALVERSA TAB 4MG	QL= 2 tabs/day
BALVERSA TAB 5MG	QL= 1 tab/day
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BAXDELA TAB	QL= 2 tabs/day; Restricted to Infectious Disease Specialist
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day

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State of Arkansas Premium Formulary Cont.
Last Updated* 11/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
bimatoprost ophth soln	QL= 2.5ml/30 days
bosentan tab	QL= 2 tabs/day
BRAFTOVI CAP 75MG	QL= 6 caps/day
BRUKINSA CAP	QL= 4 caps/day
budesonide ER tab	QL=1 tab/day
buprenorphine patch	QL= 4 patches/28 days
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ	QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
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
CABLIVI INJ KIT	QL= 1 vial/day
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE CAP	QL= 2 caps/day
CALQUENCE TAB	QL= 2 tabs/day
CAMZYOS CAP	QL= 1 cap/day
CAVERJECT INJ	QL= 6 inj/30 days
CIBINQO TAB	QL= 1 tab/day
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
CLEOCIN VAGINAL SUPP	QL= 3 suppositories/fill
CLINDESSE VAGINAL CREAM	QL= 1 applicator/fill
COMIRNATY INJ	QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML	QL= 1 dose/17 days
COPIKTRA CAP	QL= 2 caps/day
COTELLIC TAB	QL= 3 tabs/day
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days

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State of Arkansas Premium Formulary Cont.
Last Updated* 11/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
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
DAYVIGO TAB	QL= 1 tab/day
DEPO-PROVERA INJ	
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Physicians may call EBRx PA at (866)564-8258 for review. Dexcom sensors have an \$80 copay with an approved prior authorization. Applies to plans
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER	QL= 1 receiver/year
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Physicians may call EBRx PA at (866)564-8258 for review. Dexcom sensors have an \$80 copay with an approved prior authorization. Applies to plans
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 2 packs/fill
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH	QL= 30 patches/fill
diclofenac soln 1.5%	QL= 3 bottles/fill
DIFICID SUSP	QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day
DOPTELET TAB	QL= 2 tabs/day
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
EDEX INJ	QL= 6 inj/30 days
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
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

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State of Arkansas Premium Formulary Cont.
Last Updated* 11/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ENDARI POWDER PACK	QL= 6 packets/day
ENSPRYNG INJ	QL= 1 inj/28 days
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days, 18 tabs on first fill
estradiol valerate inj	QL= 5ml/fill
eszopiclone tab	Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Class & Basic Plans
everolimus tab	QL= 1 tab/day
EVRYSDI SOLN	QL= 6.67ml/day
EXKIVITY CAP	QL= 4 caps/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
FARXIGA TAB	QL= 1 tab/day
FASENRA PEN INJ	QL= 1 inj/56 days
fentanyl citrate lollipop	QL= 120 lozenges/30 days
FENTORA TAB, FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
FINTEPLA SOLN	QL= 12ml/day
FLUAD INJ	QL= 1 inj/28 days
FLUAD QUAD INJ	QL= 1 inj/28 days
FLUBLOK QUAD PF INJ	QL= 1 inj/28 days
FLUCELVAX QUAD INJ	QL= 1 inj/28 days
FLULAVAL QUAD INJ, FLUZONE QUAD IN	QL= 1 inj/28 days
FLUMIST QUADRIVALENT NASAL SUSP	QL= 1 inj/28 days
flunisolide nasal soln	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
FLUZONE HD PF INJ	QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ	QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ	QL= 1 inj/28 days
FUROSCIX KIT	QL= 8 inj/fill
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	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GAVRETO CAP	QL= 4 caps/day
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill

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State of Arkansas Premium Formulary Cont.
Last Updated* 11/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
glucagon (rdna) for inj kit	QL= 2 inj/fill
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day
GOLYTELY SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill
HUMIRA INJ 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days
HUMIRA INJ 40MG	QL= 2 syringes/28 days
HUMIRA INJ 80MG	QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
HYD POL/CPM SUSP	QL= 120ml/fill; 2 fills/30 days
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day
hydrocodone bitartrate er tab	QL= 1 tab/day
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid	QL= 120ml/fill, 2 fills/month
HYFTOR GEL	QL= 10 grams/30 days
ibandronate tab 150mg	QL= 1 tab/30 days
ICLUSIG TAB	QL= 1 tab/day
icosapent ethyl cap	QL= 4 cap/day
IMBRUVICA CAP 140MG	QL= 3 caps/day
IMBRUVICA CAP 70MG	QL= 1 cap/day
IMBRUVICA SUSP	QL= 6ml/day
IMBRUVICA TAB 420MG, 560MG	QL= 1 tab/day
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days
IMITREX NASAL SPRAY	Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
IMITREX TAB	Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans

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State of Arkansas Premium Formulary Cont.
Last Updated* 11/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
INBRIJA INH POWDER	QL= 10 caps/day
INGREZZA CAP	QL= 1 cap/day
INLYTA TAB	QL= 8 tabs/day
ISTURISA TAB 10MG	QL= 6 tabs/day
ISTURISA TAB 1MG	QL= 8 tabs/day
ISTURISA TAB 5MG	QL= 2 tabs/day
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JYNARQUE PAK	QL= 2 tabs/day
JYNARQUE 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
KINERET INJ	QL= 1 inj/day
KISQALI TAB	QL= 63 tabs/28 days
KORLYM TAB	QL= 4 tabs/day
KOSELUGO CAP	QL= 4 caps/day
KOSELUGO CAP 10MG	QL= 8 caps/day
LAGEVRIO CAP	QL= 40 caps/fill
LASTACAFT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
lenalidomide cap	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist
LENVIMA CAP	QL= 3 caps/day
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol HFA
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
lidocaine patch 5%	QL= 3 patches/day
LINZESS CAP	QL= 1 cap/day
LIVMARLI SOLN	QL= 90ml/30 days
LIVTENCITY TAB	QL= 4 tabs/day

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State of Arkansas Premium Formulary Cont.
Last Updated* 11/1/2023
Quantity Limit (QL)

• 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 320MG	QL= 3 tabs/day
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LUNESTA TAB	Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Class & Basic Plans
LUPKYNIS CAP	QL= 6 caps/day
LYNPARZA TAB	QL= 4 tabs/day
LYTGOBI THERAPY PACK	QL= 5 tabs/day
malathion lotion	QL= 2 bottles/fill
MAVYRET PAK	QL= 5 packs/day
MAVYRET TAB	QL= 3 tabs/day
MAXALT MLT TAB	Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
MAXALT TAB	Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
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
modafinil tab	QL= 2 tabs/day
MUSE SUPP	QL= 6 supp/30 days
MYFEMBREE TAB	QL= 1 tab/day
NALOXONE PREFILLED INJ	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days; Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
NATACYN OPHTH SUSP	QL= 15ml/fill
NATROBA SUSP	QL= 1 bottle/fill
NAYZILAM SPRAY	QL= 2 packs/fill; Restricted to Neurology Specialist
NERLYNX TAB	QL= 6 tabs/day
NEXLETOL TAB	QL= 1 tab/day
NICOTINE KIT	
nicotine patch	Limited to 180 days/plan year
nitazoxanide tab	QL= 6 tabs/3 days
NUBEQA TAB	QL= 4 tabs/day
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA ER TAB	QL= 2 tabs/day
NUDEXTA CAP	QL= 2 caps/day
NULYTELY SOLN	Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
NURTEC ODT	QL= 8 tabs/30 days

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State of Arkansas Premium Formulary Cont.
Last Updated* 11/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NUZYRA TAB	QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist
OFEV CAP	QL= 2 caps/day
OLUMIANT TAB	QL= 1 tab/day
OMNIPOD 5 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH INTRO KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 10 pods/month
OMNIPOD GO KIT	QL= 10 pods/month
OMNIPOD STARTER KIT	QL= 1 kit/year
ONGENTYS CAP	QL= 1 tab/day, 30 tabs per fill
OPSUMIT TAB	QL= 1 tab/day
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
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
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OXBRYTA TAB	QL= 3 tabs/day
OXBRYTA TAB FOR ORAL SUSP	QL= 5 tabs/day
OXERVATE OPHTH SOLN	QL= 8 kits/affected eye/lifetime
OXYCODONE ER TAB	QL= 2 tabs/day
OZEMPIC INJ	QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
PALYNZIQ INJ	QL= 1 inj/day
PAXLOVID TAB	QL= 20 tabs/fill
peg 3350 soln (100 gram Moviprep equiv)	QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay
peg 3350/electrolytes soln	Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
PEMAZYRE TAB	QL= 1 tab/day
PHEXXI GEL	QL= 1 box/fill
PICATO GEL	QL= 1 box/fill
pirfenidone cap	QL= 9 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day

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State of Arkansas Premium Formulary Cont.
Last Updated* 11/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
POMALYST CAP	QL= 21 caps/28 days
POTIGA TAB	QL= 3 tabs/day
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; Plan pays \$0.35 per unit. Member responsible for remaining cost. Excluded for Classic and Basic Plans.
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
PREVYMIS TAB	QL= 1 tab/day; Limit 100 tabs/6 months
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	Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Class & Basic Plans
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
RELPAK TAB	Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
RELYVRIO PAK	QL= 2 packets/day
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
REVLIMID CAP	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
REZLIDHIA CAP	QL= 2 caps/day
REZUROCK TAB	QL= 1 tab/day
RINVOQ ER TAB	QL= 1 tab/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
ROZEREM TAB	Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Class & Basic Plans
ROZLYTREK CAP	QL= 3 caps/day
RUBRACA TAB	QL= 4 tabs/day
RYBELSUS TAB	QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
RYDAPT CAP	QL= 56 caps/28 days
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days
SAVELLA TAB	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day
sildenafil tab	QL= 6 tabs/30 days
SIMPONI AUTO-INJECTOR 100MG	QL=1 inj/28 days

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State of Arkansas Premium Formulary Cont.
Last Updated* 11/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SIMPONI INJ 100MG	QL=1 inj/28 days
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYRIZI INJ 360MG/2.4ML	QL= 1 inj/56 days
SKYRIZI INJ 75MG/0.83ML	QL= 2 inj/84 days
sodium/magnesium/potassium soln	QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
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
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
STELARA INJ	QL= 1 inj/84 days
STENDRA TAB	QL= 6 tabs/30 days
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
SUNOSI TAB	QL= 1 tab/day
SYMDEKO TAB	QL= 2 tabs/day
SYMJEPI INJ	QL= 2 inj/fill
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
tadalafil tab	QL= 6 tabs/30 days
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day
TAFINLAR CAP	QL= 4 caps/day
TAGRISSE TAB	QL= 1 tab/day
TAKHZYRO INJ	QL= 2 inj/28 days
TAKHZYRO INJ 150MG/ML	QL= 2 inj/28 days
TALTZ INJ	QL= 1 inj/28 days
TALZENNA CAP 0.25MG	QL= 3 caps/day

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State of Arkansas Premium Formulary Cont.
Last Updated* 11/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TALZENNA CAP 0.5MG, 0.75MG, 1MG	QL= 1 cap/day
TAVALISSE TAB	QL= 2 tabs/day
TAVNEOS CAP	QL= 6 caps/day
TEGSEDI INJ	QL= 4 inj/28 days
TESTOSTERONE ENANTHATE INJ 200MG/ML	QL= 5ml/fill
testosterone gel 1% 25mg	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days
testosterone soln	QL= 2 bottles/30 days
TEZSPIRE INJ	QL= 1 pen/28 days
TIBSOVO TAB	QL= 2 tabs/day
TIROSINT-SOL	QL=1 ml/day; Prior Authorization required for members age 9 or older
TRACLEER TAB 32MG	QL= 4 tabs/day
TRADJENTA TAB	QL= 1 tab/day
travoprost ophth soln	QL= 2.5ml/30 days
TREMFYA INJ	QL= 1 inj/56 days
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG	QL= 1 tab/day
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG	QL= 2 tabs/day
TRIKAFTA TAB	QL= 84 tabs/28 days
TRIKAFTA THERAPY PACK	QL= 2 packets/day
TRINTELLIX TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
TUKYSA TAB	QL= 4 tabs/day
TURALIO CAP	QL= 4 caps/day
TYVASO DPI POWDER	QL= 4 cartridges/day
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	QL= 224 cartridges/28 days
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	QL= 252 cartridges/28 days
TYVASO DPI POWDER TITRATION KIT 16-32MCG	QL= 196 cartridges/28 days
TYVASO INH SOLN	QL= 1 ampule/day
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
UCERIS TAB	
UPTRAVI TAB	QL= 2 tabs/day
VALCHLOR GEL	QL= 4 tubes/30 days

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State of Arkansas Premium Formulary Cont.
Last Updated* 11/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VALTOCO NASAL SPRAY	QL= 2 packs/fill; Restricted to Neurology Specialist
VANCOCIN CAP	QL= 56 caps/fill
vancomycin cap	QL= 56 caps/fill
varденаfil ODT	QL= 6 tabs/30 days
varденаfil tab	QL= 6 tabs/30 days
VARENICLINE TAB	Limited to 180 days/plan year
varenicline tartrate tab	Limited to 180 days/plan year
varenicline tartrate tab starter pack	Limited to 180 days/plan year
VASCEPA CAP	
VENTAVIS INH SOLN	QL= 9 ampules/day
VERQUVO TAB	QL= 1 tab/day; Restricted to Cardiology Specialist
VERZENIO TAB	QL= 2 tabs/day
VICTOZA INJ	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
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
VIZIMPRO TAB	QL= 1 tab/day
VONJO CAP	QL= 4 caps/day
VOSEVI TAB	QL= 1 tab/day
VOXZOGO INJ	QL= 1 vial/day
VYNDAMAX CAP	QL= 1 cap/day
VYNDAQEL CAP	QL= 4 caps/day
WAKIX TAB	QL= 2 tabs/day
WELIREG TAB	QL= 3 tabs/day
XADAGO TAB	QL= 1 tab/day
XALKORI CAP	QL= 2 caps/day
XCOPRI PAK 100-150MG	QL= 2 tabs/day
XCOPRI PAK 150-200MG	QL= 2 tabs/day
XCOPRI PAK 50-200MG	QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG	QL= 2 tabs/day
XCOPRI TAB 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
XELJANZ SOLN	QL= 10 ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XENLETA TAB	QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 60 tabs/30 days
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day

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State of Arkansas Premium Formulary Cont.
Last Updated* 11/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XOFLUZA TAB	QL= 2 tabs/fill
XOFLUZA TAB THERAPY PACK 40MG	QL= 1 tab/fill
XOFLUZA TAB THERAPY PACK 80MG	QL= 1 tab/fill
XOSPATA TAB	QL= 3 tabs/day
XPOVIO PAK	QL= 32 tabs/28 days
XTAMPZA ER CAP	QL= 120 caps/30 days
XULTOPHY INJ	QL= 15ml/30 days
zaleplon cap	QL= 1 cap/day
ZEGALOGUE INJ	QL= 2 inj/fill
ZELBORAF TAB	QL= 8 tabs/day
ZEPOSIA CAP	QL= 1 cap/day
ZEPOSIA STARTER PACK	QL= 1 cap/day
ZOKINVY CAP	QL= 4 caps/day
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days; Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
ZOLMITRIPTAN SPRAY	QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days; Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
zolpidem ER tab	Plan pays \$0.15 per unit. Member responsible for remaining cost. Excluded for Classic & Basic Plans
zolpidem tab	QL= 1 tab/day
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days; Plan pays \$6.00 per prescription. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
ZOMIG TAB	Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
ZOMIG ZMT	Plan pays \$0.50 per unit. Member is responsible for remaining cost. Excluded for Classic & Basic Plans
ZORYVE CREAM	QL= 60 grams/30 days
ZTALMY SUSP	QL= 1100ml/30 days
ZYKADIA CAP	QL= 3 caps/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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