

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.

**Moda Large Group Commercial Formulary
Alphabetical Index
Last Updated 6/1/2021**

Drug Name	Special Code	Tier	Category
8-MOP CAP	-	Non-Pref erred Brands	DERMATOLOGICALS
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Select	ANTIVIRALS
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
ABECMA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABILIFY MAINTENA INJ	AMSP	Non-Pref erred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Pref erred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABSORICA CAP (Step Therapy requires trial of amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, or zenatane cap)	ST	Non-Pref erred Brands	DERMATOLOGICALS
ABSORICA LD CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Pref erred Brands	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	Select	ANTIDIABETICS
ACCRUFER CAP	-	EXC	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	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC	NC	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
acebutolol cap (SECTRAL equiv)	-	Select	BETA BLOCKERS

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

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

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ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 10 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	Select	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Select	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Preferred Brands	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Select	MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	Non-Preferred Brands	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Select	DIURETICS
acetazolamide tab	-	Select	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	Select	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Select	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	Select	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	Select	COUGH/COLD/ALLERGY
ACIDIC VAGINAL JELLY	-	Preferred Brands	VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	EXC	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
ACIPHEX TAB	-	EXC	ULCER DRUGS
acitretin cap (SORIATANE equiv) (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	High Cost Generics	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ACTICLATE TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Preferred Brands	TETRACYCLINES
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTINEOPLASTICS
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
ACTINEL PEDIATRIC LIQUID (QL= 2400ml/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
ACTIQ LOZENGE (QL= 120 lozenges/30 days)	PA-QL	Non-Preferred Brands	ANALGESICS - OPIOID
ACTONEL TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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ACTONEL TAB 30MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTONEL TAB 35MG (QL= 4 tabs/28 days)	QL	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTONEL TAB 5MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	Non-Pref erred Brands	ANTIDIABETICS
ACTOPLUS MET XR TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred Brands	ANTIDIABETICS
ACULAR (LS) OPHTH SOLN	-	Preferre d Brands	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN	-	Preferre d Brands	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	Select	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	High Cost Generics	DERMATOLOGICALS
acyclovir oint (ZOVIRAX OINT equiv)	-	High Cost Generics	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	Select	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	Select	ANTIVIRALS
ACZONE GEL 5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Pref erred Brands	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	VAC	Preventi ve	TOXOIDS
adapalene cream (DIFFERIN equiv)	-	Select	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv)	-	Select	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	Select	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
ADDERALL TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADDERALL XR CAP	-	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADDYI TAB	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Generic Specialty	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty	CARDIOVASCULAR AGENTS - MISC.
ADENOCAINE INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
ADHANSIA XR, JORNAY PM (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADLYXIN INJ (QL= 6ml/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	PA-QL-ST	Non-Pref erred Brands	ANTIDIABETICS
ADMELOG INJ, INSULIN LISPRO INJ (QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
ADOXA PAK (QL= 2 tabs/day)	QL	Non-Pref erred Brands	TETRACYCLINES
ADOXA TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	TETRACYCLINES
ADRENACLICK INJ, EPINEPHRINE INJ	-	Non-Pref erred Brands	VASOPRESSORS
ADRENALIN SOLN	-	Non-Pref erred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADVAIR DISKUS INHALER (QL= 1 inhaler/30 days)	QL	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER (QL= 1 inhaler/30 days)	QL	Preferre d Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB 1000-20MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTIHYPERTENSIVES
ADVICOR TAB 500-20MG, 1000-40MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIHYPERTENSIVES
ADVICOR TAB 750-20MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTIHYPERTENSIVES
ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days)	QL	Select	COUGH/COLD/ALLERGY
ADVIL COLD/SINUS CAP	-	EXC	COUGH/COLD/ALLERGY
ADZENYS ER SUSP, AMPHETAMINE ER SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADZENYS XR TAB (QL= 1 tab/day; Step Therapy requires trial of 2: amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, or methylphenidate ER)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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Drug Name	Special Code	Tier	Category
AEMCOLO TAB (QL= 12 tabs/fill, 2 fills/month)	QL	Non-Pref erred Brands	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	-	Non-Pref erred Brands	MEDICAL DEVICES AND SUPPLIES
AFINITOR DISPERZ (QL= 1 tab/day)	AMSP-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB 10MG (QL= 1 tab/day)	AMSP-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB 2.5MG, 5MG, 7.5MG	AMSP-PA	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	Preventi ve	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	Preventi ve	VACCINES
AFREZZA INH POWDER (QL= 180 inhalations/28 days)	PA-QL	Non-Pref erred Brands	ANTIDIABETICS
AFREZZA INH POWDER (QL= 360 inhalations/28 days)	PA-QL	Non-Pref erred Brands	ANTIDIABETICS
AFREZZA INH POWDER (QL= 630 inhalations/30 days)	PA-QL	Non-Pref erred Brands	ANTIDIABETICS
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Preferre d Specialty	HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR (QL= 1 inhaler/30 days; Step Therapy requires trial of DULERA, BREO ELLIPTA or fluticasone/salmeterol, wixela inhaler)	QL-ST	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK (QL= 1 inhaler/30 days, Step Therapy requires trial of DULERA INHALER, BREO ELLIPTA INHALER or fluticasone/salmeterol inhaler wixela inhaler)	QL-ST	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferre d Specialty	MIGRAINE PRODUCTS
AJOVY INJ 225/1.5	-	NC	MIGRAINE PRODUCTS
AKLIEF CREAM (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel, tretinoin cream, or tretinoin gel)	ST	Non-Pref erred Brands	DERMATOLOGICALS
AKTEN OPHTH GEL	-	Non-Pref erred Brands	OPHTHALMIC AGENTS

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
AKYNZEO CAP (QL= 1 cap/28 days; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of aprepitant, granisetron, or ondansetron)	QL-RS-ST	Non-Pref erred Brands	ANTIEMETICS
ALAMAST OPHTH SOLN	-	Preferre d Brands	OPHTHALMIC AGENTS
ALA-SCALP LOTION	-	EXC	DERMATOLOGICALS
ALBUKED INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	Preferre d Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	Select	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	Select	DERMATOLOGICALS
ALCOHOL SWABS	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC	DERMATOLOGICALS
ALDARA CREAM 5% (QL= 24gm/30 days)	QL	Non-Pref erred Brands	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	Non-Pref erred Brands	DERMATOLOGICALS
ALFERON-N INJ	-	EXC	ANTINEOPLASTICS
alfuzosin SR tab (UROXATRAL equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP (QL= 60ml/fill, 2 fills/month)	QL	Non-Pref erred Brands	ANTI-INFECTIVE AGENTS - MISC.

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ALINIA TAB (QL= 6 tabs/fill, 2 fills/month)	QL	Non-Pref erred Brands	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	High Cost Generics	ANTIHYPERTENSIVES
ALKERAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKINDI SPRINKLE CAP	-	Non-Pref erred Brands	CORTICOSTEROIDS
ALLEGRA-D 24-HOUR TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	COUGH/COLD/ALLERGY
ALLEGRA-D TAB (QL= 1 tab/day)	QL	Preferre d Brands	COUGH/COLD/ALLERGY
ALLEGRA-D TAB 12 HOUR (QL= 60 tabs/30 days)	QL	Non-Pref erred Brands	COUGH/COLD/ALLERGY
ALLERGY TRAY	-	Non-Pref erred Brands	MEDICAL DEVICES AND SUPPLIES
allopurinol tab (ZYLOPRIM equiv)	-	Select	GOUT AGENTS
ALLZITAL TAB (QL= 12 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands	MIGRAINE PRODUCTS
almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	Preferre d Brands	OPHTHALMIC AGENTS
ALOGLIPTIN TAB, NESINA TAB (Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	ST	Non-Pref erred Brands	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB (QL= 2 tabs/day; Step Therap; requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin and pioglitazone tab)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
ALOQUIN GEL	-	Non-Pref erred Brands	DERMATOLOGICALS

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ALORA PATCH (QL= 8 patches/28 days)	QL	Non-Pref erred Brands	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.1% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Preferre d Brands	OPHTHALMIC AGENTS
ALPHAGAN P OPHTH SOLN 0.15% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Non-Pref erred Brands	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	Select	ANTIANKXIETY AGENTS
ALPRAZOLAM INTENSOL CONC	-	Non-Pref erred Brands	ANTIANKXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	High Cost Generics	ANTIANKXIETY AGENTS
alprazolam tab (XANAX equiv)	-	Select	ANTIANKXIETY AGENTS
ALREX OPHTH SUSP	-	Preferre d Brands	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ (QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands	MIGRAINE PRODUCTS
ALTABAX OINT	-	Non-Pref erred Brands	DERMATOLOGICALS
ALTOPREV TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIHYPERLIPIDEMICS
ALTRENO LOTION (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands	DERMATOLOGICALS
aluminum chloride soln (DRYSOL equiv)	-	NC	DERMATOLOGICALS
ALUNBRIG PAK (QL= 1 pack/365 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER (QL= 12.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA)	QL-ST	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALZAIR NASAL SPRAY	-	Non-Pref erred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	Select	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	Select	ANTIPARKINSON AGENTS
amantadine tab	-	Select	ANTIPARKINSON AGENTS

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

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Drug Name	Special Code	Tier	Category
AMBIEN CR TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
AMBIEN TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ambrisentan tab (LETAIRIS equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	Select	DERMATOLOGICALS
AMCINONIDE LOTION	-	Preferre d Brands	DERMATOLOGICALS
AMCINONIDE OINT	-	Preferre d Brands	DERMATOLOGICALS
AMERGE TAB (QL= 9 tabs/30 days)	QL	Non-Pref erred Brands	MIGRAINE PRODUCTS
amethyst tab (LYBREL equiv)	-	Preventi ve	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	Select	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Select	DIURETICS
aminocaproic acid soln (AMICAR equiv)	AMSP-PA	Generic Specialty	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	High Cost Generics	HEMOSTATICS
aminophylline tab	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	Select	ANTIARRHYTHMICS
AMITIZA CAP, LUBIPROSTONE CAP (Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC)	ST	Non-Pref erred Brands	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	Value	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	Value	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv) (QL= 1 tab/day)	QL	High Cost Generics	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	Select	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	Select	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Select	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Select	DERMATOLOGICALS
AMONDYS INJ	-	EXC	NEUROMUSCULAR AGENTS
AMOXAPINE TAB	-	Select	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	Select	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	Select	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	Select	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	Select	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	Select	PENICILLINS

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amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	Select	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	Non-Pref erred Brands	PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	Select	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Select	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Select	PENICILLINS
amphetamine tab (EVEKEO equiv)	-	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv) (QL= 2 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	Select	PENICILLINS
AMPICILLIN INJ	-	EXC	PENICILLINS
ampicillin susp	-	Select	PENICILLINS
AMPYRA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMRIX CAP (QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Pref erred Brands	MUSCULOSKELETAL THERAPY AGENTS
AMTURNIDE TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands	ANTIHYPERTENSIVES
AMZEEQ FOAM (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands	DERMATOLOGICALS
ANACAINE OINT	-	Non-Pref erred Brands	DERMATOLOGICALS
ANADROL TAB	PA	Non-Pref erred Brands	ANDROGENS-ANABOLIC
anagrelide cap (AGRYLIN equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM ADVANCED KIT	-	Non-Pref erred Brands	ANORECTAL AGENTS
ANALPRAM-E KIT	-	Non-Pref erred Brands	ANORECTAL AGENTS
ANASTIA LOTION	-	Non-Pref erred Brands	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	Preventi ve	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	Non-Pref erred Brands	ANDROGENS-ANABOLIC

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Drug Name	Special Code	Tier	Category
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 300gm/30 days)	QL	Non-Pref erred Brands	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1% (QL= 300gm/30 days)	QL	Non-Pref erred Brands	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	Non-Pref erred Brands	ESTROGENS
ANNOVERA RING	-	Preventi ve	CONTRACEPTIVES
ANORO ELLIPTA INHALER (QL= 60gm/30 days)	QL	Preferre d Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTARA CAP, LOFIBRA CAP	-	Non-Pref erred Brands	ANTIHYPERTENSIVES
ANTI-DIARRHEA LIQ	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Select	OTIC AGENTS
ANZEMET TAB (QL= 1 tab/30 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Pref erred Brands	ANTIEMETICS
APADAZ TAB (QL= 12 tabs/day)	PA-QL	Non-Pref erred Brands	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	Non-Pref erred Brands	DERMATOLOGICALS
APHTHASOL PASTE	-	Preferre d Brands	MOUTH/THROAT/DENTAL AGENTS
APIDRA INJ (QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
APIDRA SOLOSTAR INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
APLENZIN TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred Brands	ANTIDEPRESSANTS
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferre d Specialty	ANTIPARKINSON AGENTS
apraclonidine ophth soln 0.5% (IOPIDINE equiv)	-	High Cost Generics	OPHTHALMIC AGENTS
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS

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

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Drug Name	Special Code	Tier	Category
APRISO CAP (QL= 4 caps/day)	QL	Non-Pref erred Brands	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	Non-Pref erred Brands	DERMATOLOGICALS
APTENSIO XR CAP 10MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
APTENSIO XR CAP 15MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
APTENSIO XR CAP 20MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
APTENSIO XR CAP 30MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
APTENSIO XR CAP 40MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
APTENSIO XR CAP 50MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
APTENSIO XR CAP 60MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
APTIOM TAB (QL= 1 tab/day)	QL	Preferre d Brands	ANTICONVULSANTS
APTIVUS CAP (QL= 4 caps/day)	QL	Preferre d Brands	ANTIVIRALS
APTIVUS SOLN (QL= 380ml/30 days)	QL	Preferre d Brands	ANTIVIRALS
ARAKODA TAB	-	Non-Pref erred Brands	ANTIMALARIALS
ARANESP INJ	AMSP-PA	Preferre d Specialty	HEMATOPOIETIC AGENTS
ARAZLO LOTION (1 bottle/30 days; Step therapy requires trial of tretinoin AND adapalene)	QL-ST	Non-Pref erred Brands	DERMATOLOGICALS
ARCALYST INJ (QL= 4 vials/21 days)	PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
ARCAPTA NEOHALER (Step Therapy requires trial of SEREVENT DISKUS, ANORO ELLIPTA or STIOLTO INHALER)	ST	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARICEPT TAB 10MG	-	Non-Pref erred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation		Available through Specialty Pharmacy Program
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Drug Name	Special Code	Tier	Category
ARICEPT TAB 5MG	-	Non-Pref erred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARIKAYCE SUSP (QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Non-Pref erred Specialty	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Select	ANTIpsychOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Select	ANTIpsychOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv) (QL= 1 tab/day)	QL	Select	ANTIpsychOTICS/ANTIMANIC AGENTS
ARIXTRA INJ 10MG/0.8ML (QL= 8ml/30 days)	QL	Non-Pref erred Specialty	ANTICOAGULANTS
ARIXTRA INJ 2.5MG/0.5ML (QL= 5 ml/30 days)	QL	Non-Pref erred Specialty	ANTICOAGULANTS
ARIXTRA INJ 5MG/0.4ML (QL= 4ml/30 days)	QL	Non-Pref erred Specialty	ANTICOAGULANTS
ARIXTRA INJ 7.5MG/0.6ML (QL= 6 ml/30 days)	QL	Non-Pref erred Specialty	ANTICOAGULANTS
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
armodafinil tab 250mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ARMONAIR DIGITAL INHALER 113MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT, ARNUITY, or ASMANEX)	QL-ST	Non-Pref erred Brands	ANTIasthmatic AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT, ARNUITY, or ASMANEX)	QL-ST	Non-Pref erred Brands	ANTIasthmatic AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT, ARNUITY, or ASMANEX)	QL-ST	Non-Pref erred Brands	ANTIasthmatic AND BRONCHODILATOR AGENTS
ARMONAIR RESPICLICK (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA)	QL-ST	Non-Pref erred Brands	ANTIasthmatic AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	Preferre d Brands	THYROID AGENTS
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIasthmatic AND BRONCHODILATOR AGENTS
ARYMO ER TAB (QL= 3 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
ARZOL SILVER NITRATE APPLICATOR	-	Select	DERMATOLOGICALS
ASACOL HD TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Pref erred Brands	GASTROINTESTINAL AGENTS - MISC.

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ASACOL HD TAB, MESALAMINE TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Pref erred Brands	GASTROINTESTINAL AGENTS - MISC.
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	High Cost Generics	ANTIpsychOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventi ve	CONTRACEPTIVES
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIastHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIastHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	Preventi ve	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg	OTC	EXC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	Preventi ve	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	EXC	ANALGESICS - NONNARCOTIC
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	Preventi ve	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	Select	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENEX equiv)	-	High Cost Generics	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ASTAGRAF XL CAP	-	Non-Pref erred Brands	MISCELLANEOUS THERAPEUTIC CLASSE
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY (QL= 60ml/30 days; Step Therapy requires trial of azelastine nasal spray)	QL-ST	Non-Pref erred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
ATACAND HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands	ANTIHYPERTENSIVES
ATACAND TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands	ANTIHYPERTENSIVES
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select	ANTIVIRALS
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select	ANTIVIRALS
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Select	ANTIVIRALS
ATELVIA TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	Value	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Select	ANTIHYPERTENSIVES
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 10mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atorvastatin tab 10mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
atorvastatin tab 20mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
atorvastatin tab 40mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
atorvastatin tab 80mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
atovaquone susp (MEPRON equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	Select	ANTIMALARIALS
ATRALIN GEL, RETIN-A GEL (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Preferred Brands	DERMATOLOGICALS
ATRIPLA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
atropine ophth oint	-	Select	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	Select	OPHTHALMIC AGENTS
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	QL	Preferred Brands	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AURYXIA TAB	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ	-	Non-Preferred Brands	VASOPRESSORS
AVANDAMET TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
AVANDARYL TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS

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

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Drug Name	Special Code	Tier	Category
AVANDIA TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred Brands	ANTIDIABETICS
AVAR AEROSOL FOAM	-	Non-Pref erred Brands	DERMATOLOGICALS
AVAR GEL	-	Preferre d Brands	DERMATOLOGICALS
AVAR PAD	-	Non-Pref erred Brands	DERMATOLOGICALS
AVC VAGINAL CREAM	-	Preferre d Brands	VAGINAL PRODUCTS
AVONEX INJ (QL= 1 kit/28 days)	AMSP-QL	Preferre d Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands	MIGRAINE PRODUCTS
AXERT TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands	MIGRAINE PRODUCTS
AXIRON SOLN (QL= 2 bottles/30 days)	QL	Non-Pref erred Brands	ANDROGENS-ANABOLIC
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASAN TAB	-	Non-Pref erred Brands	ASSORTED CLASSES
AZASITE SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	Select	ASSORTED CLASSES
azelaic acid gel (FINACEA equiv)	-	High Cost Generics	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 60ml/30 days)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 60ml/30 days; Step Therapy requires trial of azelastine nasal spray)	QL-ST	High Cost Generics	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	Select	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv) (QL= 23ml/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone)	QL-ST	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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

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AZESCHEW TAB 13-1MG	-	Non-Pref erred Brands	MULTIVITAMINS
AZESCO TAB	-	Non-Pref erred Brands	MULTIVITAMINS
AZILECT TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	Select	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	Select	MACROLIDES
AZOPT OPHTH SUSP	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
AZOPT OPHTH SUSP (Step Therapy requires trial of dorzolamide 2% ophth soln)	--ST	Non-Pref erred Brands	OPHTHALMIC AGENTS
AZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands	ANTIHYPERTENSIVES
BACITRACIN OPHTH OINT	-	Preferre d Brands	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Select	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Select	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Select	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen tab (BACLOFEN equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	Preferre d Brands	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	Non-Pref erred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	Preventi ve	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
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SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation		Available through Specialty Pharmacy Program
	Step Therapy		Vaccine Program		

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BANZEL SUSP	PA	Non-Preferred Brands	ANTICONVULSANTS
BANZEL TAB	PA	Preferred Brands	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Preferred Brands	ANTIDIABETICS
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
BARACLUDE TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty	ANTIVIRALS
BASAGLAR INJ (QL= 60ml/30 days; Step Therapy requires trial of LANTUS SOLOSTAR INJ, LANTUS INJ, TOUJEO SOLOSTAR INJ, or TOUJEO MAX SOLOSTAR INJ)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
BASE D PEG GRANULES	-	EXC	PHARMACEUTICAL ADJUVANTS
BAXDELA TAB (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands	FLUOROQUINOLONES
B-D INSULIN SYRINGE	--OTC	Select	MEDICAL DEVICES AND SUPPLIES
BD NEEDLES	OTC	Select	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	High Cost Generics	ULCER DRUGS
BEANO TAB	-	EXC	GASTROINTESTINAL AGENTS - MISC.
BECONASE AQ NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM (QL= 2 films/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	Preferred Brands	ULCER DRUGS
BELSOMRA TAB (QL= 1 tab/day; Step therapy requires trial of zolpidem AND eszopiclone AND zaleplon, temazepam, trazodone, or doxepin)	QL-ST	Non-Preferred Brands	HYPNOTICS
benazepril tab (LOTENSIN equiv)	-	Select	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Select	ANTIHYPERTENSIVES
BENICAR HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZACLIN GEL (Step Therapy requires trial of clindamycin or clindamycin/benzoyl peroxide)	ST	Non-Preferred Brands	DERMATOLOGICALS

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BENZNIDAZOLE TAB	PA	Preferred Brands	ANTHELMINTICS
benzocaine dental cream	-	EXC	MOUTH/THROAT/DENTAL AGENTS
benzonatate cap (TESSALON equiv)	-	Select	COUGH/COLD/ALLERGY
benzoyl peroxide foam	-	Select	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	High Cost Generics	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
BENZPHETAMINE TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
benztropine tab	-	Select	ANTIPARKINSON AGENTS
BEPREVE OPTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
BERINERT INJ (QL= 20 ml/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIVANCE OPTH SUSP (Step Therapy requires trial of 2: ciprofloxacin opth soln, levofloxacin opth soln, ofloxacin opth soln, or VIGAMOX OPTH SOLN)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
BETA CAROTENE CAP	-	EXC	VITAMINS
BETADINE OPTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
BETADINE SOLN	-	EXC	ANTISEPTICS & DISINFECTANTS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	Select	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	Select	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	Select	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Select	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	Select	DERMATOLOGICALS
betamethasone dipropionate lotion	-	Select	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	Select	DERMATOLOGICALS
betamethasone valerate cream	-	Select	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	High Cost Generics	DERMATOLOGICALS
betamethasone valerate lotion	-	Select	DERMATOLOGICALS
betamethasone valerate oint	-	Select	DERMATOLOGICALS
BETASERON INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
betaxolol opth soln (BETOPTIC-S equiv)	-	Select	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	Select	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	Select	URINARY ANTISPASMODICS
BETIMOL OPTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
BETOPTIC-S OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER (QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEG' ELLIPTA INHALER)	QL-ST	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP (QL= 43 caps/42 days)	PA-QL	Non-Pref erred Brands	ANTICOAGULANTS
bexarotene cap (TARGRETIN equiv)	AMSP-PA	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEXSERO INJ	VAC	Preventi ve	VACCINES
BEYAZ TAB	-	Non-Pref erred Brands	CONTRACEPTIVES
BIAFINE EMULSION	-	Non-Pref erred Brands	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	Non-Pref erred Brands	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	Non-Pref erred Brands	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	Non-Pref erred Brands	ESTROGENS
BIKTARVY TAB (QL= 1 tab/day)	QL	Preferre d Brands	ANTIVIRALS
BILTRICIDE TAB	-	Non-Pref erred Brands	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
bimatoprost ophth soln	QL-ST	NC	DERMATOLOGICALS
BINOSTO TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate)	QL-ST	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
bisoprolol tab (ZEBETA equiv)	-	Select	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value	ANTIHYPERTENSIVES
BLENREP INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLEPHAMIDE OPHTH SOLN	-	Preferre d Brands	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	Non-Pref erred Brands	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
bosentan tab (TRACLEER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ASTHMA AND BRONCHODILATOR AGENTS
BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ASTHMA AND BRONCHODILATOR AGENTS
BRILINTA TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	High Cost Generics	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Select	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	High Cost Generics	OPHTHALMIC AGENTS
BRISDELLE CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT SOLN 10MG/ML (QL= 600ml/30 days)	QL	Non-Preferred Brands	ANTICONVULSANTS
BRIVIACT TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
BROMFED DM SYRUP	-	Select	COUGH/COLD/ALLERGY
bromfenac ophth soln (BROMDAY equiv)	-	High Cost Generics	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	Select	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	Select	ANTIPARKINSON AGENTS
BRONCHITOL CAP	-	NC	RESPIRATORY AGENTS - MISC.
BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION, ULTRAVATE LOTION (Step Therapy requires trial of 1 topical corticosteroid lotion)	ST	Non-Preferred Brands	DERMATOLOGICALS
budesonide ER tab (UCERIS equiv)	-	High Cost Generics	CORTICOSTEROIDS
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value	ASTHMA AND BRONCHODILATOR AGENTS
budesonide inh susp 1mg/2ml (QL= 60 units/30 days)	QL	Value	ASTHMA AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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budesonide SR cap (ENTOCORT EC equiv)	-	Select	CORTICOSTEROIDS
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER (QL= 10.2gm/30 days; Step Therapy requires trial of fluticasone/salmeterol inhaler OR wixela inhaler)	QL-ST	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	Select	DIURETICS
BUMEX TAB	-	Non-Pref erred Brands	DIURETICS
BUNAVAIL FILM (QL= 1 film/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
BUPHENYL POWDER (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPHENYL TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	Select	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv) (QL= 3 tabs/day)	QL	Select	ANALGESICS - OPIOID
buprenorphine/naloxone sl film 12-3mg (SUBOXONE SL FILM equiv) (QL= 2 films/day)	QL	Select	ANALGESICS - OPIOID
buprenorphine/naloxone sl film 2-0.5MG (SUBOXONE equiv) (QL= 1 film/day)	QL	Select	ANALGESICS - OPIOID
buprenorphine/naloxone sl film 4-1MG (SUBOXONE equiv) (QL= 1 film/day)	QL	Select	ANALGESICS - OPIOID
buprenorphine/naloxone sl film 8-2mg (SUBOXONE SL FILM equiv) (QL= 2 films/day)	QL	Select	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv) (QL= 90 tabs/30 days)	QL	Select	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	Select	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	Select	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	Select	ANTIDEPRESSANTS
BURN RELIEF GEL	-	EXC	DERMATOLOGICALS
bupirone tab (BUSPAR equiv)	-	Select	ANTIANKXIETY AGENTS
butalbital/acetaminophen cap	-	High Cost Generics	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Select	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	Select	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	Non-Pref erred Brands	ANALGESICS - NONNARCOTIC
BUTISOL ELIXIR	-	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
BUTISOL TAB	-	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
butorphanol nasal spray	-	Select	ANALGESICS - OPIOID
BUTRANS PATCH (QL= 4 patches/28 days)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID

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

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Drug Name	Special Code	Tier	Category
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
BYNFEZIA PEN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BYSTOLIC TAB	-	Preferre d Brands	BETA BLOCKERS
BYVALSON TAB	-	Non-Pref erred Brands	ANTIHYPERTENSIVES
CABENUVA IM SUSP cabergoline tab (DOSTINEX equiv)	- -	NC Select	ANTIVIRALS ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CADUET TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	CARDIOVASCULAR AGENTS - MISC.
CAFCIT INJ	-	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
CAFERGOT TAB (QL= 40 tabs/28 days)	QL	Non-Pref erred Brands	MIGRAINE PRODUCTS
caffeine citrate soln (CAFCIT equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	Select	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM (QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln)	QL-ST	Non-Pref erred Brands	DERMATOLOGICALS
calcipotriene oint	-	Select	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	Select	DERMATOLOGICALS
CALCIPOTRIENE/ BETAMETHASONE SUSP (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	Non-Pref erred Brands	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	High Cost Generics	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	High Cost Generics	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	High Cost Generics	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	Non-Preferred Brands	DERMATOLOGICALS
calcitriol soln (CALCITRIOL equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCIUM 1200 CHEW	-	EXC	MINERALS & ELECTROLYTES
calcium acetate cap (PHOSLO equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
CALOMIST NASAL SPRAY	-	Non-Preferred Brands	HEMATOPOIETIC AGENTS
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET (QL= 9 packets/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
CANASA SUPP (QL= 1 tab/day)	QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
candesartan tab (ATACAND equiv) (Step Therapy requires trial of 2: irbesartan, losartan, or valsartan)	ST	Select	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Select	ANTIHYPERTENSIVES
CANTIL TAB	-	Non-Preferred Brands	ULCER DRUGS
CAPASTAT INJ	-	NC	ANTIMYCOBACTERIAL AGENTS
capecitabine tab (XELODA equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	Non-Preferred Brands	DERMATOLOGICALS
CAPITAL/CODEINE SUSP	-	Non-Preferred Brands	ANALGESICS - OPIOID
CAPLYTA CAP (Step Therapy requires trial of aripiprazole)	ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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Drug Name	Special Code	Tier	Category
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Preferred Brands	COUGH/COLD/ALLERGY
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	High Cost Generics	DERMATOLOGICALS
captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors)	ST	High Cost Generics	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	Preferred Brands	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	ST--	Select	ANTIHYPERTENSIVES
CARAC CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	Select	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	Select	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	Select	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Select	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	Select	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	Select	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	Non-Preferred Brands	ANTIPARKINSON AGENTS
CARBINOXAMINE SOLN	-	Select	ANTIHISTAMINES
carbinoxamine soln (PALGIC equiv)	-	Select	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Select	ANTIHISTAMINES
CARDENE SR CAP	-	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
CARDURA XL TAB	-	Non-Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Select	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	Select	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Select	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
CARMOL LOTION	-	Non-Pref erred Brands	DERMATOLOGICALS
CAROSPIR SUSP	PA	Non-Pref erred Brands	DIURETICS
CARTEOLOL OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	Select	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	High Cost Generics	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	Value	BETA BLOCKERS
CATAPRES-TTS PATCH	-	Non-Pref erred Brands	ANTIHYPERTENSIVES
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Preferre d Specialty	ANTI-INFECTIVE AGENTS - MISC.
CEDAX CAP	-	Non-Pref erred Brands	CEPHALOSPORINS
CEDAX SUSP	-	Non-Pref erred Brands	CEPHALOSPORINS
CEFACLOR CAP	-	Non-Pref erred Brands	CEPHALOSPORINS
cefaclor cap (CECLOR equiv)	-	Select	CEPHALOSPORINS
CEFACLOR ER TAB	-	Non-Pref erred Brands	CEPHALOSPORINS
cefaclor susp (CEFACLOR equiv)	-	High Cost Generics	CEPHALOSPORINS
CEFACLOR SUSP	-	Non-Pref erred Brands	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	Select	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	Select	CEPHALOSPORINS
CEFADROXIL TAB	-	Non-Pref erred Brands	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	Select	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	Select	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	Select	CEPHALOSPORINS
CEFDITOREN TAB	-	Non-Pref erred Brands	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	Select	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	Select	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	Select	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	Select	CEPHALOSPORINS

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

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Drug Name	Special Code	Tier	Category
cefprozil susp (CEFZIL equiv)	-	Select	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	Select	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	Select	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	Select	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	Non-Preferred Brands	ANTICONVULSANTS
CENESTIN TAB	-	Non-Preferred Brands	ESTROGENS
CENTANY OINT	-	Non-Preferred Brands	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	Select	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	Select	CEPHALOSPORINS
CEPHALEXIN TAB	-	Select	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN (Step Therapy requires trial of RESTASIS OPHTH EMULSION)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
CERDELGA CAP	LMSP-PA	Preferred Specialty	HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	Preventive	VACCINES
CERVICAL CAP	-	Preventive	MEDICAL DEVICES AND SUPPLIES
CERVIDIL INSERTS	-	Non-Preferred Brands	OXYTOCICS
CESAMET CAP (Step Therapy requires trial of ondansetron)	ST	Non-Preferred Brands	ANTIEMETICS
cetirizine/pseudoephedrine tab 5-120mg (QL= 2 tabs/day)	QL	Select	COUGH/COLD/ALLERGY
CETYLEV TAB	-	Non-Preferred Brands	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	Non-Preferred Brands	ANTIDOTES
CHENODAL TAB	PA	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
chlordiazepoxide cap (LIBRIUM equiv)	-	Select	ANTI-ANXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Select	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	Select	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	Select	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	Select	DIURETICS
chlorpheniramine ER cap	-	Select	ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpropamide tab (DIABINESE equiv)	-	Select	ANTIDIABETICS
CHLORTHALIDONE TAB	-	Select	DIURETICS
chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG (QL= 4 tabs/day)	QL	Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	Select	ANTIHYPERLIPIDEMICS
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	Select	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	Select	ANALGESICS - NONNARCOTIC
CIALIS TAB (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
cicatrace kit (REXASIL equiv)	-	High Cost	DERMATOLOGICALS
CICLODAN KIT	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	Select	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	Select	DERMATOLOGICALS
ciclopirox nail soln (PENLAC SOLN equiv)	-	Select	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Select	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	Select	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPTH OINT	-	Non-Preferred Brands	OPHTHALMIC AGENTS
CIMDUO TAB	-	Preferred Brands	ANTIVIRALS
CIMETIDINE SOLN	-	Select	ULCER DRUGS

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
cimetidine soln (CIMETIDINE equiv)	-	Select	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	Select	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	AMSP-PA-QL	Non-Pref erred Specialty	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINQAIR INJ (QL= 4 vials/28 days; Only available through Walgreens 888-347-3416)	LD-M-PA-QL	Non-Pref erred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Preferre d Specialty	HEMATOLOGICAL AGENTS - MISC.
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Select	OTIC AGENTS
CIPRO HC OTIC SUSP	-	Non-Pref erred Brands	OTIC AGENTS
CIPRO SUSP 5%	-	Non-Pref erred Brands	FLUOROQUINOLONES
CIPRODEX	-	Non-Pref erred Brands	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	Non-Pref erred Brands	FLUOROQUINOLONES
CIPROFLOXACIN ER TAB	-	Non-Pref erred Brands	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	Select	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	Preferre d Brands	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	Select	FLUOROQUINOLONES
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Select	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	Select	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	Value	ANTIDEPRESSANTS
CITRULLINE EASY TAB	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIHISTAMINES
CLARINEX-D TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	COUGH/COLD/ALLERGY

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

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Drug Name	Special Code	Tier	Category
CLARINEX-D TAB 12 HOUR (QL= 2 tabs/day)	QL	Non-Pref erred Brands	COUGH/COLD/ALLERGY
CLARITHROMYC SUSP	-	Preferre d Brands	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	Select	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	Select	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	Select	MACROLIDES
CLARITIN CAP	OTC	EXC	ANTIHISTAMINES
CLARITIN-D TAB 10-240MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	COUGH/COLD/ALLERGY
CLARITIN-D TAB 5-120MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	COUGH/COLD/ALLERGY
clemastine tab	OTC	Select	ANTIHISTAMINES
CLENIA PLUS SUSP	-	EXC	DERMATOLOGICALS
CLENPIQ SOLN	-	Preferre d Brands	LAXATIVES
CLEOCIN VAGINAL SUPP	-	Non-Pref erred Brands	VAGINAL PRODUCTS
CLIMARA PATCH (QL= 4 patches/28 days)	QL	Non-Pref erred Brands	ESTROGENS
CLIMARA PRO PATCH	-	Non-Pref erred Brands	ESTROGENS
CLINDACIN KIT (Step Therapy requires trial of clindamycin or clindamycin/benzoyl peroxide)	ST	Non-Pref erred Brands	DERMATOLOGICALS
CLINDAGEL (Step Therapy requires trial of clindamycin or clindamycin/benzoyl peroxide)	ST	Non-Pref erred Brands	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	High Cost Generics	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	Select	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	Select	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	Select	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	Select	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	Select	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv) (Step Therapy requires trial of clindamycin)	ST	Select	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	ST--	Select	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv) (Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or tretinoin)	ST	High Cost Generics	DERMATOLOGICALS
CLINDAVIX KIT	-	EXC	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
CLINDESSE VAGINAL CREAM	-	Non-Pref erred Brands	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Select	ANTICONVULSANTS
clobazam tab (ONFI equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	High Cost Generics	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	Select	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	Select	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	Select	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	Select	DERMATOLOGICALS
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
CLODERM CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
clomipramine cap (ANAFRANIL equiv)	-	Select	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	Select	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	Select	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	High Cost Generics	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	Select	ANTIHYPERTENSIVES
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Select	HEMATOLOGICAL AGENTS - MISC.
clopidogrel tab 75mg (PLAVIX equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	Select	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	Select	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Select	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv)	-	Select	DERMATOLOGICALS
CLOZAPINE ODT (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT (QL= 3 tabs/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZARIL TAB (QL= 3 tabs/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
coal tar shampoo (IONIL-T equiv)	-	EXC	DERMATOLOGICALS

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
COARTEM TAB	-	Non-Pref erred Brands	ANTIMALARIALS
CODEINE SULFATE SOLN	-	Non-Pref erred Brands	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	High Cost Generics	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	Non-Pref erred Brands	ANALGESICS - OPIOID
codeine sulfate tab	-	Select	ANALGESICS - OPIOID
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Preferre d Brands	COUGH/COLD/ALLERGY
COLCHICINE CAP (QL= 2 caps/day)	QL	Preferre d Brands	GOUT AGENTS
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Select	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	Select	GOUT AGENTS
COLCRYS TAB (QL= 4 tabs/day)	QL	Non-Pref erred Brands	GOUT AGENTS
cold/allergy elx children (QL= 2400ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	High Cost Generics	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	Select	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	Select	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	Select	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	Select	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLY-MYCIN S OTIC SUSP	-	Non-Pref erred Brands	OTIC AGENTS
COLY-MYCIN-S SUSP OTIC	-	Non-Pref erred Brands	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
COMBIPATCH	-	Non-Pref erred Brands	ESTROGENS
COMBIVENT INHALER	-	Preferre d Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	Preferre d Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTIVIRALS

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

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Drug Name	Special Code	Tier	Category
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
CONCEPT DHA CAP	-	Preferred Brands	MULTIVITAMINS
CONCERTA TAB 18MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
CONCERTA TAB 27MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
CONCERTA TAB 36MG (QL= 1 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
CONCERTA TAB 54MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
CONDYLOX GEL	-	Non-Preferred Brands	DERMATOLOGICALS
CONJUPRI TAB	-	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB (QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib)	QL-ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Preferred Brands	DIAGNOSTIC PRODUCTS
CONTOUR METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS
CONTRACEPTIVE FILM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	Preventive	VAGINAL PRODUCTS
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDRAN CREAM 0.025%	-	Non-Preferred Brands	DERMATOLOGICALS
CORDRAN TAPE	-	Non-Preferred Brands	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
CORLANOR SOLN	PA	Non-Pref erred Brands	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	PA	Non-Pref erred Brands	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B OTIC SOLN	-	Non-Pref erred Brands	OTIC AGENTS
CORTIC-ND DROPS	-	EXC	OTIC AGENTS
CORTIFOAM	-	Non-Pref erred Brands	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	Preferre d Brands	CORTICOSTEROIDS
CORTISPORIN CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
CORTISPORIN OINT	-	Non-Pref erred Brands	DERMATOLOGICALS
CORVITE 150 TAB	-	NC	HEMATOPOIETIC AGENTS
CORZIDE TAB 80-5MG	-	Non-Pref erred Brands	ANTIHYPERTENSIVES
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Preferre d Specialty	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	AMSP-PA-QL	Preferre d Specialty	DERMATOLOGICALS
COSOPT (PF) OPHTH SOLN (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Non-Pref erred Brands	OPHTHALMIC AGENTS
COSOPT OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
COTELLIC TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT 17.3MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
COTEMPLA XR ODT 25.9MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
COTEMPLA XR ODT 8.6MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
COVERA-HS TAB	-	Non-Pref erred Brands	CALCIUM CHANNEL BLOCKERS

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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Drug Name	Special Code	Tier	Category
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/365 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days; limit 2 fills/12 months)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days; limit 2 fills/12 months)	QL	Preventive	VACCINES
CREON CAP	-	Preferred Brands	DIGESTIVE AIDS
CRESEMBA CAP (QL= 34 caps/30 days)	QL	Non-Preferred Brands	ANTIFUNGALS
CRESTOR TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
CRINONE GEL	-	Non-Preferred Brands	VAGINAL PRODUCTS
CRIVIVAN CAP	-	Preferred Brands	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	Select	OPHTHALMIC AGENTS
CROTAN LOTION	-	Preferred Brands	DERMATOLOGICALS
cryselle tab	-	Preventive	CONTRACEPTIVES
CUPRIMINE CAP	-	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG INJ (QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUVITRU INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AGENTS
CUVPOSA SOLN	-	Non-Preferred Brands	ULCER DRUGS
cyanocobalamin inj	-	Select	HEMATOPOIETIC AGENTS
cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg	-	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
CYCLOMYDRIL OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Select	OPHTHALMIC AGENTS

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ST	Step Therapy	VAC	Vaccine Program		

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Drug Name	Special Code	Tier	Category
cyclophosphamide cap	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	Specialty Non-Pref erred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	Select	ANTINEOPLASTICS
CYCLOSERINE CAP	-	Non-Pref erred Brands	ANTIMYCOBACTERIAL AGENTS
cycloserine cap (CYCLOSERINE equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred Brands	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	High Cost Generics	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	Select	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	Select	ASSORTED CLASSES
CYCLOSPORINE OPHTH EMULSION	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
CYMBALTA CAP 20MG (QL= 6 caps/day)	QL	Non-Pref erred Brands	ANTIDEPRESSANTS
CYMBALTA CAP 30MG (QL= 4 caps/day)	QL	Non-Pref erred Brands	ANTIDEPRESSANTS
CYMBALTA CAP 60MG (QL= 2 caps/day)	QL	Non-Pref erred Brands	ANTIDEPRESSANTS
cyproheptadine syrup	-	Select	ANTIHISTAMINES
cyproheptadine tab	-	Select	ANTIHISTAMINES
CYSTADANE POWDER	PA	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADROPS SOLN (QL= 4 bottles/30 days)	PA-QL	Non-Pref erred Specialty	OPHTHALMIC AGENTS
CYSTAGON CAP (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferre d Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ (QL= 24ml/28 days)	QL	Non-Pref erred Brands	MIGRAINE PRODUCTS
D2.5W/NACL INJ	-	EXC	MINERALS & ELECTROLYTES

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Drug Name	Special Code	Tier	Category
D5W/NAACL INJ	-	EXC	MINERALS & ELECTROLYTES
DAKLINZA TAB (Only available through Lumicera 855-847-3553)	LMSP-PA	Non-Pref erred Specialty	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	Select	ANDROGENS-ANABOLIC
DANTRIUM CAP (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Pref erred Brands	MUSCULOSKELETAL THERAPY AGENTS
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv) (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	High Cost Generics	DERMATOLOGICALS
dapsone tab	-	Select	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	High Cost Generics	URINARY ANTISPASMODICS
DARZALEX FASPRO SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB 25MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAXBIA CAP	-	Non-Pref erred Brands	CEPHALOSPORINS
DAYTRANA PATCH (QL= 1 patch/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DAYVIGO TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DDAVP NASAL SOLN	-	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
DECON-A LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
deferasirox granules packet (JADENU equiv)	AMSP-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	AMSP-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS

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

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Drug Name	Special Code	Tier	Category
deferiprone tab (FERRIPROX equiv) (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
DELESTROGEN INJ	-	Non-Preferred Brands	ESTROGENS
DELSTRIGO TAB	-	Preferred Brands	ANTIVIRALS
DELZICOL CAP (QL= 6 caps/day)	QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	Select	TETRACYCLINES
DEMEROL TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
DEMSER CAP (QL= 448 caps/28 days)	QL	Non-Preferred Brands	ANTIHYPERTENSIVES
DENAVIR CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPEN TITRATAB (QL= 16 tabs/day)	QL	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
DEPO-PROVERA INJ (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
DERMACINRX CREAM	-	NC	DERMATOLOGICALS
DERMACINRX KIT (QL= 1 kit/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Select	DERMATOLOGICALS
DESCOVY TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	Select	ANTIDEPRESSANTS
DESLORATADINE ODT	-	EXC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv) (QL= 1 tab/day)	QL	Select	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate nasal spray (DDAVP equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonate gel	-	High Cost Generics	DERMATOLOGICALS

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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
DESONATE GEL	-	Non-Pref erred Brands	DERMATOLOGICALS
desonide cream	-	Select	DERMATOLOGICALS
desonide lotion	-	Select	DERMATOLOGICALS
desonide oint	-	Select	DERMATOLOGICALS
DESOWEN CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
DESOWEN CREAM KIT	-	Non-Pref erred Brands	DERMATOLOGICALS
DESOWEN LOTION	-	Non-Pref erred Brands	DERMATOLOGICALS
DESOWEN LOTION KIT	-	Non-Pref erred Brands	DERMATOLOGICALS
DESOWEN OINT KIT	-	Non-Pref erred Brands	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	Select	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	Select	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	Select	DERMATOLOGICALS
desoximetasone spray 0.25% (TOPICORT equiv)	-	High Cost Generics	DERMATOLOGICALS
DESOXYN TAB (QL= 5 tabs/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred Brands	ANTIDEPRESSANTS
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL-ST	Select	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	Preferre d Brands	CORTICOSTEROIDS
dexamethasone elixir	-	Select	CORTICOSTEROIDS
dexamethasone ophth soln	-	Select	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	Select	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	Preferre d Brands	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	Select	CORTICOSTEROIDS
DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
DEXCOM G5 MIS TRANSMIT	PA	Non-Pref erred Brands	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	Preferre d Brands	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	Preferre d Brands	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	Preferre d Brands	MEDICAL DEVICES AND SUPPLIES

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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
DEXEDRINE CAP 10MG (QL= 2 caps/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXEDRINE CAP 15MG (QL= 4 caps/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXEDRINE CAP 5MG (QL= 2 caps/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXILANT CAP	-	EXC	ULCER DRUGS
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv) (QL= 2 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Preferre d Brands	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
dextroamphetamine 5mg tab (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextrose w/ sodium chloride inj 2.5%-0.45% (D2.5W/NAACL equiv)	-	EXC	MINERALS & ELECTROLYTES
dextrose w/ sodium chloride inj 5%-0.225% (DW5-NAACL equiv)	-	EXC	MINERALS & ELECTROLYTES
dextrose w/ sodium chloride inj 5%-0.3% (D5W/NAACL equiv)	-	EXC	MINERALS & ELECTROLYTES
DIABETIC METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	Non-Pref erred Specialty	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	Non-Pref erred Specialty	ANTICONVULSANTS
DIALYVITE TAB	-	Select	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	Select	MULTIVITAMINS
DIAPHRAGM	-	Preventi ve	MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 1 kit/30 days)	QL	Non-Pref erred Brands	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	Select	ANTI-ANXIETY AGENTS

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PA	Prior Authorization	QL	Quantity Limit	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
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Drug Name	Special Code	Tier	Category
diazepam oral soln (QL= 360ml/30 days)	QL	Select	ANTI-ANXIETY AGENTS
diazepam tab (VALIUM equiv)	-	Select	ANTI-ANXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	Select	ANTI-DIABETICS
DICLEGIS TAB (QL= 120 tabs/30 days)	QL	Non-Pref erred Brands	ANTIEMETICS
diclofenac gel (SOLARAZE equiv)	-	EXC	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv)	-	Select	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH (QL= 60 patches/30 days)	QL	Non-Pref erred Brands	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Select	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	High Cost Generics	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacin cap (DYNAPEN equiv)	-	Select	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	Select	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	Select	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	Select	ULCER DRUGS
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Preferre d Brands	ANTIVIRALS
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Select	ANTIVIRALS
DIETHYLPROPION ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIFFERIN CREAM (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel)	ST	Non-Pref erred Brands	DERMATOLOGICALS
DIFFERIN GEL (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel)	ST	Non-Pref erred Brands	DERMATOLOGICALS
DIFFERIN LOTION (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin cream)	ST	Non-Pref erred Brands	DERMATOLOGICALS
DIFFERIN OTC GEL 0.1%	OTC	Non-Pref erred Brands	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/30 days; Step Therapy requires trial of vancomycin cap or VANCOMYCIN SOLN)	QL-ST	Non-Pref erred Brands	MACROLIDES
DIFICID TAB (QL= 20 tabs/30 days; Step Therapy requires trial of vancomycin cap or VANCOMYCIN SOLN)	QL-ST	Preferre d Brands	MACROLIDES
DIFLORASONE CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
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Drug Name	Special Code	Tier	Category
diflorasone oint	-	High Cost Generics	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	Select	ANALGESICS - NONNARCOTIC
digoxin soln (LANOXIN equiv)	-	High Cost Generics	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	Select	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	Preferred Brands	ANTICONVULSANTS
DILAUDID LIQUID	-	Non-Preferred Brands	ANALGESICS - OPIOID
diltiazem ER cap (CARDIZEM CD equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv)	AMSP	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIPENTUM CAP	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Select	ANTIHISTAMINES
diphenhydramine inj	-	Select	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	Preferred Brands	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Select	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	Select	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	Select	ANTIARRHYTHMICS
DISULFIRAM TAB	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
disulfiram tab (ANTABUSE equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	Preferred Brands	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	Select	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	Select	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	Select	ANTICONVULSANTS

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Drug Name	Special Code	Tier	Category
DIVIGEL GEL, ELESTRIN GEL	-	Non-Pref erred Brands	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	High Cost Generics	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Pref erred Specialty	NUTRIENTS
DOLOPHINE TAB 10MG (QL= 4 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
DOLOPHINE TAB 5MG (QL= 8 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
donepezil ODT (ARICEPT equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 10mg (ARICEPT equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 5mg (ARICEPT equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR (QL= 1200ml/30 days)	QL	Non-Pref erred Brands	ULCER DRUGS
DONNATAL EXTENTABS	-	NC	ULCER DRUGS
DONNATAL TAB (QL= 8 tabs/day)	QL	Non-Pref erred Brands	ULCER DRUGS
DOPTELET TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferre d Specialty	HEMATOPOIETIC AGENTS
DORAL TAB	-	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DORYX MPC TAB (Step Therapy requires trial of doxycycline monohydrate)	ST	Non-Pref erred Brands	TETRACYCLINES
DORYX TAB 50MG (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Pref erred Brands	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	Select	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Select	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Preferre d Brands	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Select	OPHTHALMIC AGENTS
DOVATO TAB	-	Non-Pref erred Brands	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	Select	ANTIHYPERTENSIVES

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DOXEPIIN CAP	-	Non-Pref erred Brands	ANTIDEPRESSANTS
doxepin cap (SINEQUAN equiv)	-	Select	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	Select	ANTIDEPRESSANTS
DOXEPIIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (Step Therapy requires trial of 1 topical corticosteroid and topical tacrolimus)	ST	Non-Pref erred Brands	DERMATOLOGICALS
doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
doxercalciferol cap (HECTOROL equiv)	-	High Cost Generics	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE CAP, ORACEA CAP (QL= 1 cap/day; Step Therapy requires trial of doxycycline hyclate, doxycycline hyclate DR, or doxycycline monohydrate)	QL-ST	Non-Pref erred Brands	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	High Cost Generics	TETRACYCLINES
doxycycline hyclate cap (QL= 2 caps/day)	QL	Select	TETRACYCLINES
DOXYCYCLINE HYCLATE DR CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Select	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Select	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	High Cost Generics	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Select	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	Select	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Select	ANTIEMETICS
D-PENAMINE TAB	-	Preferre d Brands	ASSORTED CLASSES
DRIZALMA DR CAP	-	Non-Pref erred Brands	ANTIDEPRESSANTS

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

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Drug Name	Special Code	Tier	Category
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	High Cost Generics	ANTIEMETICS
drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive	CONTRACEPTIVES
DROXIA CAP	-	Preferred Brands	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty	VASOPRESSORS
DRYSOL SOLN	-	Preferred Brands	DERMATOLOGICALS
DST PLUS PAK KIT	-	Non-Preferred Brands	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAKLIR INHALER (Step Therapy requires trial of ANORO ELLIPTA INHALEF or STIOLTO INHALER)	ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUETACT TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
DUEXIS TAB (QL= 3 tabs/day)	PA-QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	High Cost Generics	ANTIDEPRESSANTS
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Select	ANTIDEPRESSANTS
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Select	ANTIDEPRESSANTS
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Select	ANTIDEPRESSANTS
DUOBRII LOTION (Step Therapy requires trial of 2: high potency corticosteroids, tazarotene cream)	ST	Non-Preferred Brands	DERMATOLOGICALS
DUPIXENT INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DURAGESIC PATCH (QL=15 patches/30 days)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
DUREZOL OPHTH EMULSION	-	Preferred Brands	OPHTHALMIC AGENTS
DURLAZA CAP	-	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
dutasteride cap (AVODART equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride and tamsulosin)	ST	High Cost Generics	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB (QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers)	QL-ST	Non-Pref erred Brands	ANTIHYPERTENSIVES
DUZALLO TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands	GOUT AGENTS
DW5-NAACL INJ	-	EXC	MINERALS & ELECTROLYTES
DXEVO 11-DAY PAK (Step Therapy requires trial of prednisone)	ST	Non-Pref erred Brands	CORTICOSTEROIDS
DYANAVEL XR SUSP (QL= 240ml/30 days; Step Therapy requires trial of 2: amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, or methylphenidate ER)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DYMISTA SPRAY (QL= 23ml/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone)	QL-ST	Non-Pref erred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIRC CR TAB	-	Non-Pref erred Brands	CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP (Step Therapy requires trial of amiloride or spironolactone)	ST	Non-Pref erred Brands	DIURETICS
EASY TOUCH PEN NEEDLE	-	NC	MEDICAL DEVICES AND SUPPLIES
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	Select	DERMATOLOGICALS
ECOZA FOAM	-	Non-Pref erred Brands	DERMATOLOGICALS
EDARBI TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands	ANTIHYPERTENSIVES
EDARBYCLOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands	ANTIHYPERTENSIVES
EDLUAR SL TAB (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	ST	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
EDURANT TAB (QL= 1 tab/day)	QL	Preferre d Brands	ANTIVIRALS
efavirenz cap (SUSTIVA equiv)	-	Select	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	Select	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Select	ANTIVIRALS
EFFIENT TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands	HEMATOLOGICAL AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
EGATEN TAB	-	Non-Pref erred Brands	ANTHELMINTICS
EGRIFTA INJ	-	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELEPSIA XR TAB 1000MG (QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Pref erred Brands	ANTICONVULSANTS
ELEPSIA XR TAB 1500MG (QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Pref erred Brands	ANTICONVULSANTS
eletriptan tab (RELPAQ equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
ELIDEL CREAM (Step Therapy requires trial of tacrolimus oint)	ST	Non-Pref erred Brands	DERMATOLOGICALS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	Preferre d Brands	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	Preferre d Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	Preventi ve	CONTRACEPTIVES
ELMIRON CAP	-	Preferre d Brands	GENITOURINARY AGENTS - MISCELLANEOUS
eluryng vaginal ring (NUVARING equiv)	-	Preventi ve	CONTRACEPTIVES
EMADINE OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
EMCYT CAP	PA	Non-Pref erred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND CAP 125MG (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Pref erred Brands	ANTIEMETICS
EMEND CAP 40MG (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Pref erred Brands	ANTIEMETICS
EMEND CAP 80MG (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Pref erred Brands	ANTIEMETICS
EMEND PAK (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Non-Pref erred Brands	ANTIEMETICS
EMEND SUSP (QL= 3 doses/fill, 2 fills/month; Restricted to Oncology or Hematology Specialist)	QL-RS	Non-Pref erred Brands	ANTIEMETICS
EMFLAZA SUSP (Only available through US Bioservices 888-518-7246)	LD-PA	Non-Pref erred Specialty	CORTICOSTEROIDS

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

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Drug Name	Special Code	Tier	Category
EMFLAZA TAB (Only available through US Bioservices 888-518-7246)	LD-PA	Non-Pref erred Specialty	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	AMSP-PA-QL	Non-Pref erred Specialty	MIGRAINE PRODUCTS
EMPAVELI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
EMSAM PATCH	-	Non-Pref erred Brands	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day)	QL	Select	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Select	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Preventi ve	ANTIVIRALS
EMTRIVA CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands	ANTIVIRALS
EMTRIVA SOLN (QL= 850ml/30 days)	QL	Preferre d Brands	ANTIVIRALS
EMVERM TAB	-	Non-Pref erred Brands	ANTHELMINTICS
ENABLEX TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Pref erred Brands	URINARY ANTISPASMODICS
enalapril tab (VASOTEC equiv)	-	Value	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value	ANTIHYPERTENSIVES
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK (Only available through Lumicera 855-847-3553)	LMSP-PA	Preferre d Specialty	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	Preferre d Brands	VAGINAL PRODUCTS

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

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Drug Name	Special Code	Tier	Category
ENGERIX-B INJ	VAC	Preventive	VACCINES
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive	VACCINES
ENLITE GLUCO MIS SENSOR	PA	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
enoxaparin inj 100mg (LOVENOX equiv) (QL= 20ml/30 days)	QL	Select	ANTICOAGULANTS
enoxaparin inj 120mg (LOVENOX equiv) (QL= 16ml/30 days)	QL	Select	ANTICOAGULANTS
enoxaparin inj 150mg (LOVENOX equiv) (QL= 20ml/30 days)	QL	Select	ANTICOAGULANTS
enoxaparin inj 300mg (LOVENOX equiv) (QL= 30ml/30 days)	QL	Select	ANTICOAGULANTS
enoxaparin inj 30mg (LOVENOX equiv) (QL= 6ml/30 days)	QL	Select	ANTICOAGULANTS
enoxaparin inj 40mg (LOVENOX equiv) (QL= 8ml/30 days)	QL	Select	ANTICOAGULANTS
enoxaparin inj 60mg (LOVENOX equiv) (QL= 12ml/30 days)	QL	Select	ANTICOAGULANTS
enoxaparin inj 80mg (LOVENOX equiv) (QL= 16ml/30 days)	QL	Select	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	Preventive	CONTRACEPTIVES
ENSPRYNG INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	Select	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	AMSP-QL	Generic Specialty	ANTIVIRALS
ENTEREG CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENTRESTO TAB (QL= 2 tabs/day)	QL	Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
ENVARUSUS XR TAB	-	Non-Preferred Brands	ASSORTED CLASSES
EPANED PREMIXED SOLN	PA	Non-Preferred Brands	ANTIHYPERTENSIVES
EPANED SOLN	PA	Non-Preferred Brands	ANTIHYPERTENSIVES
EPCLUSA TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ANTICONVULSANTS
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization; Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Preferred Brands	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	Non-Preferred Brands	DERMATOLOGICALS

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SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
EPIFOAM AEROSOL	-	Non-Pref erred Brands	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	High Cost Generics	NASAL AGENTS - SYSTEMIC AND TOPICAL
epinephrine inj	-	High Cost Generics	VASOPRESSORS
EPINEPHRINE INJ	-	Preferre d Brands	VASOPRESSORS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv)	-	Select	VASOPRESSORS
EPIPEN (JR) INJ	-	Non-Pref erred Brands	VASOPRESSORS
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-PA-QL	Preferre d Specialty	ANTIVIRALS
EPIVIR HBV TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Pref erred Specialty	ANTIVIRALS
EPIVIR SOLN (QL= 960ml/30 days)	QL	Non-Pref erred Brands	ANTIVIRALS
EPIVIR TAB 150MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTIVIRALS
EPIVIR TAB 300MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	Select	ANTIHYPERTENSIVES
EPOGEN INJ	AMSP-PA	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS
EPROSARTAN TAB	-	Non-Pref erred Brands	ANTIHYPERTENSIVES
EPZICOM TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIVIRALS
EQUETRO CAP	-	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOLOID MESYLATES TAB	-	Non-Pref erred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
ERGOMAR SL TAB	-	Non-Preferred Brands	MIGRAINE PRODUCTS
ergotamine/cafeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
ERY PAD	-	Select	DERMATOLOGICALS
ERYGEL GEL	-	Non-Preferred Brands	DERMATOLOGICALS
ERYTHROCIN TAB	-	Non-Preferred Brands	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	Select	MACROLIDES
ERYTHROMYCIN EC CAP	-	Preferred Brands	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Select	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	Non-Preferred Brands	MACROLIDES
erythromycin gel	-	Select	DERMATOLOGICALS
erythromycin ophth oint	-	Select	OPHTHALMIC AGENTS
erythromycin pad	-	Select	DERMATOLOGICALS
erythromycin soln	-	Select	DERMATOLOGICALS
erythromycin stearate tab	-	Select	MACROLIDES
erythromycin tab (ERY-TAB equiv)	-	Select	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Select	MACROLIDES
erythromycin/benzoyl peroxide gel	-	Select	DERMATOLOGICALS
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 caps/day)	AMSP-PA-QL-SF	Preferred Specialty	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	RESPIRATORY AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
ESBRIET TAB 801MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	Select	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	Value	ANTIDEPRESSANTS
ESGIC TAB	-	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	Non-Preferred Brands	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv)	-	EXC	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
ESOMEPRAZOLE STRONTIUM CAP	-	EXC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Select	ESTROGENS
ESTRACE VAGINAL CREAM	-	Non-Preferred Brands	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	Select	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Select	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Select	ESTROGENS
estradiol tab (ESTRACE equiv)	-	Select	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Select	VAGINAL PRODUCTS
estradiol valerate inj	-	High Cost Generics	ESTROGENS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	Select	ESTROGENS
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Preferred Brands	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	Select	ESTROGENS
estropipate tab (OGEN equiv)	-	Select	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ethacrynic tab (EDECRIN equiv)	-	High Cost Generics	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	Select	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	Select	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	-	Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide cap (VEPESID equiv)	-	Select	ANTINEOPLASTICS

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

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Drug Name	Special Code	Tier	Category
EUCRISA OINT (Step Therapy requires trial of 2: High potency corticosteroids, tacrolimus oint, pimecrolimus cream)	ST	Non-Pref erred Brands	DERMATOLOGICALS
EURAX CREAM	-	Preferre d Brands	DERMATOLOGICALS
EVAMIST SPRAY	-	Non-Pref erred Brands	ESTROGENS
EVEKEO ODT (QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
EVEKEO TAB	-	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
everolimus tab (AFINITOR equiv)	AMSP-PA	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv)	-	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSE
EVERSENSE MIS TRANSMTR	PA	Non-Pref erred Brands	MEDICAL DEVICES AND SUPPLIES
EVISTA TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOTAZ TAB (QL= 1 tab/day)	QL	Preferre d Brands	ANTIVIRALS
EVRYSDI SOLN (QL= 240 ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty	NEUROMUSCULAR AGENTS
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Pref erred Brands	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Pref erred Brands	ANTIDOTES
EXALGO TAB 12MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
EXALGO TAB 16MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
EXALGO TAB 32MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
EXALGO TAB 8MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
EXELDERM SOLN, SULCONAZOLE SOLN	-	Non-Pref erred Brands	DERMATOLOGICALS
EXELON PATCH (QL= 1 patch/day)	QL	Non-Pref erred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	Preventi ve	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM (QL= 60 films/30 days)	PA-QL	Preferre d Specialty	NEUROMUSCULAR AGENTS
EXTAVIA INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXTINA FOAM	-	Non-Pref erred Brands	DERMATOLOGICALS
EYSUVIS OPHTH SUSP	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP (QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, fluvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin)	QL-ST	Non-Pref erred Brands	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Select	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANTIHYPERLIPIDEMICS
FABIOR AEROSOL FOAM (Step Therapy requires trial of tazarotene cream)	ST	Non-Pref erred Brands	DERMATOLOGICALS
FACTIVE TAB	-	Non-Pref erred Brands	FLUROQUINOLONES
FALESSA KIT	-	Non-Pref erred Brands	CONTRACEPTIVES
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/fill, 2 fills/month)	QL	Select	ANTIVIRALS
famotidine susp (PEPCID equiv) (Step Therapy requires trial of cimetidine or nizatidine)	ST	High Cost Generics	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	Select	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANSIDAR TAB	-	Non-Pref erred Brands	ANTIMALARIALS

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

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Drug Name	Special Code	Tier	Category
FARESTON TAB (Only available through Walgreens 888-347-3416; Step Therapy requires trial of tamoxifen)	LD-ST	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	Preferre d Brands	ANTIDIABETICS
FARYDAK CAP (QL= 6 caps/21 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FASENRA INJ (QL= 1 syringe/56 days; Only available through Walgreens 888-347-3416)	LD-M-PA-QL	Non-Pref erred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA PEN INJ (QL= 1 pen/56 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FAZACLO ODT 12.5MG, 25MG, 100MG (QL= 3 tabs/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	High Cost Generics	GOUT AGENTS
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Select	ANTICONVULSANTS
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Select	ANTICONVULSANTS
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
FELBATOL SUSP (QL= 30ml/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
FELBATOL TAB 400MG (QL= 9 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
FELBATOL TAB 600MG (QL= 6 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	Non-Pref erred Brands	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	Preventi ve	MEDICAL DEVICES AND SUPPLIES
FEMRING (3 copays per Rx)	-	Non-Pref erred Brands	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Select	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Select	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Preferre d Brands	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	High Cost Generics	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Select	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	Select	ANTIHYPERLIPIDEMICS

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

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Drug Name	Special Code	Tier	Category
FENOFIBRIC TAB, FIBRICOR TAB	-	Non-Pref erred Brands	ANTIHYPERLIPIDEMICS
fenoprofen calcium tab (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
FENSOLVI INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	High Cost Generics	ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days)	QL	High Cost Generics	ANALGESICS - OPIOID
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Pref erred Brands	ANALGESICS - OPIOID
FEONYX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	Select	HEMATOPOIETIC AGENTS
FERRIPROX 2 DAY TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Pref erred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Pref erred Specialty	ANTIDOTES
FERRIPROX TAB 500MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Pref erred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
ferrous sulfate syrup (FERROUS SULFATE equiv)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
FETZIMA CAP (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred Brands	ANTIDEPRESSANTS
FETZIMA TITRATION PACK (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred Brands	ANTIDEPRESSANTS
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv) (QL= 1 tab/day)	QL	Select	COUGH/COLD/ALLERGY
fexofenadine/pseudoephedrine tab 60-120mg (QL= 60 tabs/30 days)	QL	Select	COUGH/COLD/ALLERGY
FIASP FLEXTOUCH INJ (QL= 30ml/28 days)	QL	Preferre d Brands	ANTIDIABETICS

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
FIASP INJ (QL= 40ml/28 days)	QL	Preferred Brands	ANTIDIABETICS
FIASP PENFILL INJ (QL= 60ml/30 days)	QL	Preferred Brands	ANTIDIABETICS
FINACEA FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
FINACEA PLUS KIT	-	Preferred Brands	DERMATOLOGICALS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
FIORICET CAP	-	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
FIORINAL CAP	-	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	Non-Preferred Brands	ANALGESICS - OPIOID
FIRAZYR INJ (QL= 36ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB (QL= 8 tabs/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRMAGON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRST ATENOLOL SOLN	-	Non-Preferred Brands	BETA BLOCKERS
FIRST METOPROLOL ORAL SOLN	-	Non-Preferred Brands	BETA BLOCKERS
FIRST METRONIDAZOLE SUSP	-	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	Non-Preferred Brands	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	EXC	ULCER DRUGS
FIRST-VANCOMYCIN SOLN, VANCOMYCIN INJ	-	Select	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days)	QL	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML (QL= 280ml/28 days)	QL	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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Drug Name	Special Code	Tier	Category
FLAGYL ER TAB	-	Non-Pref erred Brands	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	Preferre d Brands	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	Select	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	Select	ANTIARRHYTHMICS
FLOLIPID SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Non-Pref erred Brands	ANTIHYPERLIPIDEMICS
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	Non-Pref erred Brands	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	Non-Pref erred Brands	MULTIVITAMINS
FLORIVA DROPS	-	Preferre d Brands	MINERALS & ELECTROLYTES
FLORIVA PLUS DROPS	-	Non-Pref erred Brands	MULTIVITAMINS
FLOVENT DISKUS INHALER 250MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT DISKUS INHALER 50MCG, 100MCG (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 110MCG (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ	VAC	Preventi ve	VACCINES
FLUAD QUAD INJ	VAC	Preventi ve	VACCINES
FLUBLOK INJ	VAC	Preventi ve	VACCINES
FLUBLOK QUAD PF INJ	VAC	Preventi ve	VACCINES
FLUCELVAX INJ	VAC	Preventi ve	VACCINES
FLUCELVAX QUAD INJ	VAC	Preventi ve	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	Select	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	Select	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	Select	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	Select	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventi ve	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventi ve	VACCINES

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Drug Name	Special Code	Tier	Category
FLUNISOLIDE NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	Select	DERMATOLOGICALS
fluocinolone acetonide oil	-	Select	DERMATOLOGICALS
fluocinolone acetonide oint	-	Select	DERMATOLOGICALS
fluocinolone acetonide soln	-	Select	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	Select	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	Select	DERMATOLOGICALS
fluocinonide cream 0.1%	-	High Cost Generics	DERMATOLOGICALS
fluocinonide emollient cream	-	Select	DERMATOLOGICALS
fluocinonide gel	-	Select	DERMATOLOGICALS
fluocinonide oint	-	Select	DERMATOLOGICALS
fluocinonide soln	-	Select	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUOR-A-DAY CHEW TAB	-	Select	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Select	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	Select	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	Preferred Brands	DERMATOLOGICALS
FLUOROURACIL SOLN	-	Preferred Brands	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	Value	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE TAB	-	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG (Step Therapy requires trial of fluoxetine cap, fluoxetine tab or fluoxetine weekly cap)	ST	Non-Preferred Brands	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG (Step Therapy requires trial of fluoxetine cap, fluoxetine tab, or fluoxetine weekly cap)	ST	Non-Preferred Brands	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	Select	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	High Cost Generics	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	High Cost Generics	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
flurandrenolide oint (CORDRAN equiv)	-	High Cost Generics	DERMATOLOGICALS
FLURAZEPAM CAP	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Preferred Brands	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	Select	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 16gm/30 days)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	Select	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	High Cost Generics	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	Select	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive	ANTIHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	Preventive	VACCINES
FLUVIRIN PF INJ	VAC	Preventive	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)	QL	High Cost Generics	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	Select	ANTIDEPRESSANTS
FLUZONE HD PF INJ	VAC	Preventive	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	Preventive	VACCINES
FLUZONE INTRADERMAL INJ	VAC	Preventive	VACCINES
FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	Preventive	VACCINES

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

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Drug Name	Special Code	Tier	Category
FML FORTE OPHTH SUSP	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
FOAM ANTACID CHEW	-	EXC	ANTACIDS
FOCALIN TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
FOCALIN XR CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
FOLBEE PLUS CZ TAB	-	Select	MULTIVITAMINS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	Preventi ve	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv) (QL= 8ml/30 days)	QL	Select	ANTICOAGULANTS
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv) (QL= 5ml/30 days)	QL	Select	ANTICOAGULANTS
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv) (QL= 4ml/30 days)	QL	Select	ANTICOAGULANTS
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv) (QL= 6 ml/30 days)	QL	Select	ANTICOAGULANTS
FORFIVO XL TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Pref erred Brands	ANTIDEPRESSANTS
FORTAMET TAB	-	Non-Pref erred Brands	ANTIDIABETICS
FORTEO INJ (QL= 2.4 units/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTICAL NASAL SPRAY	-	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB (Step Therapy requires trial of alendronate and ibandronate)	ST	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Select	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	Select	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Select	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	Non-Pref erred Brands	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	Non-Pref erred Brands	GASTROINTESTINAL AGENTS - MISC.

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	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
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Drug Name	Special Code	Tier	Category
FOTIVDA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ 10000 (QL= 10ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 12500 (QL= 5ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 15000 (QL= 6ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 18000 (QL= 7.2ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 2500 (QL= 2ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 5000 (QL= 2ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 7500 (QL= 3ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 95000 (QL= 7.6ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 3 sensors/30 days)	PA-QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (QL= 300 strips/30 days)	QL	Preferred Brands	DIAGNOSTIC PRODUCTS
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	QL-OTC	Preferred Brands	DIAGNOSTIC PRODUCTS
FREESTYLE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS

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

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Drug Name	Special Code	Tier	Category
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Preferred Brands	DIAGNOSTIC PRODUCTS
FROVA TAB (QL= 10 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 10 tabs/30 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
FULPHILA INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	Value	DIURETICS
furosemide soln (LASIX equiv)	-	Value	DIURETICS
furosemide tab (LASIX equiv)	-	Value	DIURETICS
FUZEON INJ	AMSP	Preferred Specialty	ANTIVIRALS
FYCOMPA TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
FYCOMPA SUSP	-	Non-Preferred Brands	ANTICONVULSANTS
G4 PLATINUM MIS TRANSMIT	PA	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
G5/G4 MIS SENSOR	PA	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
gabapentin cap (NEURONTIN equiv)	-	Select	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	Select	ANTICONVULSANTS
GABITRIL TAB 12MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
GABITRIL TAB 16MG (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
GABITRIL TAB 2mg (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
GABITRIL TAB 4MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
GALAFOLD CAP (QL= 15 caps/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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ST	Step Therapy	VAC	Vaccine Program		

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Drug Name	Special Code	Tier	Category
GALZIN CAP	-	Non-Preferred Brands	MINERALS & ELECTROLYTES
GANCICLOVIR CAP	-	Preferred Brands	ANTIVIRALS
GANIRELIX AC INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GARDASIL 9 INJ	VAC	Preventive	VACCINES
GARDASIL INJ	VAC	Preventive	VACCINES
gatifloxacin ophth soln (ZYMAXID equiv)	-	High Cost Generics	OPHTHALMIC AGENTS
GATTEX KIT (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
gavilyte-h kit	-	High Cost Generics	LAXATIVES
GAVRETO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	EXC	DERMATOLOGICALS
GELCLAIR GEL	-	Non-Preferred Brands	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Preferred Brands	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	Select	ANTIHYPERTENSIVES
GEMTESA TAB	-	NC	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	Non-Preferred Brands	DERMATOLOGICALS
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	Select	OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv)	-	Select	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	Select	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	Select	DERMATOLOGICALS
gentamicin sulfate oint	-	Select	DERMATOLOGICALS
GENVOYA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
GEODON CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
GIALAX KIT	-	Non-Preferred Brands	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive	CONTRACEPTIVES
GILENYA CAP (QL= 30 caps/30 days)	AMSP-QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY	-	NC	GASTROINTESTINAL AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	AMSP	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB 100 MG (QL= 3 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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GLEEVEC TAB 400MG (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLENTUSS LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
GLEOSTINE/LOMUSTINE CAP	-	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	Value	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	Value	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	Value	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	Select	ANTIDIABETICS
GLOPERBA SOLN (QL= 300ml/30 days; Step Therapy requires trial of colchicine)	QL-ST	Non-Preferred Brands	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands	ANTIDIABETICS
GLUCAGEN INJ	-	Preferred Brands	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill, 2 fills/month)	QL	High Cost Generics	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Preferred Brands	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	Non-Preferred Brands	ANTIDIABETICS
GLUMETZA TAB 1000MG (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
GLUMETZA TAB 500MG (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	Select	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	Value	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value	ANTIDIABETICS
GLYCATE TAB, GLYCOPYRROLATE TAB (Step Therapy requires trial of glycopyrrolate)	ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
glycopyrrolate tab (ROBINUL equiv)	-	Select	ULCER DRUGS
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Preferred Brands	ANTIDIABETICS
GOCOVRI CAP (Step Therapy requires trial of amantadine)	ST	Non-Preferred Brands	ANTIPARKINSON AGENTS
GOLYTELY SOLN	-	Non-Preferred Brands	LAXATIVES
GONITRO POWDER	-	Non-Preferred Brands	ANTIANGINAL AGENTS

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GOPRELTO SOLN	-	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
GRALISE STARTER PACK	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB (QL= 3 tabs/day)	PA-QL	Non-Pref erred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Select	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/30 days)	QL	Non-Pref erred Brands	ANTIEMETICS
GRANIX INJ	AMSP-PA	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	PA	Non-Pref erred Brands	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	High Cost Generics	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	Select	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	High Cost Generics	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Preferre d Brands	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Select	COUGH/COLD/ALLERGY
GUANABENZ TAB	-	Non-Pref erred Brands	ANTIHYPERTENSIVES
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	Select	ANTIHYPERTENSIVES
GUANIDINE TAB	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GUARDIAN CON MIS TRANSMIT	PA	Non-Pref erred Brands	MEDICAL DEVICES AND SUPPLIES
GUARDIAN MIS LINK 3	PA	Non-Pref erred Brands	MEDICAL DEVICES AND SUPPLIES
GUARDIAN RT MIS REPLACE	PA	Non-Pref erred Brands	MEDICAL DEVICES AND SUPPLIES
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferre d Brands	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferre d Brands	ANTIDIABETICS
GYNAZOLE CREAM	-	Non-Pref erred Brands	VAGINAL PRODUCTS

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

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**Moda Large Group Commercial Formulary Cont.
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Drug Name	Special Code	Tier	Category
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	ST	High Cost Generics	DERMATOLOGICALS
HALFLYTELY BOWEL PREP KIT	-	NC	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	Select	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	Select	DERMATOLOGICALS
HALOG CREAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Preferred Brands	DERMATOLOGICALS
HALOG OINT	-	Non-Preferred Brands	DERMATOLOGICALS
HALOG SOLN	-	Non-Preferred Brands	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	Select	DERMATOLOGICALS
haloperidol decanoate inj	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol lactate conc (HALDOL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HALUCORT GEL	-	Non-Preferred Brands	DERMATOLOGICALS
HARVONI PELLETT PAK (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
HARVONI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	Preventive	VACCINES
HC BUTYRATE CREAM	-	EXC	DERMATOLOGICALS
HC BUTYRATE SOLN	-	Preferred Brands	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HEALON DUET INJ	-	EXC	OPHTHALMIC AGENTS
HEALON GV INJ	-	EXC	OPHTHALMIC AGENTS
HELIDAC PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
HEMADY TAB	-	NC	CORTICOSTEROIDS
HEMANGEOL SOLN	-	Non-Preferred Brands	BETA BLOCKERS

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

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Drug Name	Special Code	Tier	Category
HEMLIBRA INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	-	Select	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	Preventive	VACCINES
HEPSERA TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty	ANTIVIRALS
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Preferred Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
HETLIOZ SUSP (QL= 158ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS
HIXDEFRIMA SOLN	-	EXC	DERMATOLOGICALS
HIZENTRA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HOMATROPINE OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	Select	OPHTHALMIC AGENTS
HORIZANT TAB (QL= 1 tab/30 days)	PA-QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ (QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG MIX INJ (QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG PEN INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMATROPE INJ, ZOMACTON INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG (QL = 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, fill/plan year)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (QL= 40ml/28 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN MIX PEN INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN N INJ (QL= 40ml/28 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN N PEN INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN R INJ (QL= 40ml/28days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN R INJ U-500 (QL= 40ml/28 days)	QL	Select	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/28 days)	QL	Select	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYALURONIC CAP	-	EXC	ALTERNATIVE MEDICINES
HYCAMTIN CAP	LMSP-PA	Preferred Specialty	ANTINEOPLASTICS
HYCET SOLN (QL= 180ml/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
HYCLODEX SOLN	-	Non-Pref erred Brands	DERMATOLOGICALS
HYCODAN SYRUP	-	Non-Pref erred Brands	COUGH/COLD/ALLERGY
HYCOFENIX SOLN (QL= 473ml/30 days)	QL	Non-Pref erred Brands	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	Select	ANTIHYPERTENSIVES
HYDRO 40 FOAM	-	Non-Pref erred Brands	DERMATOLOGICALS
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value	DIURETICS
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER or hydrocodone ER)	QL-ST	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	High Cost Generics	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Select	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Select	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB (QL= 16 tabs/30 days)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	QL--	Select	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	Select	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	Select	ANORECTAL AGENTS

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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Drug Name	Special Code	Tier	Category
hydrocortisone lotion	-	EXC	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	High Cost Generics	DERMATOLOGICALS
hydrocortisone lotion (HYTONE equiv)	-	Select	DERMATOLOGICALS
hydrocortisone oint	-	Select	DERMATOLOGICALS
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	NC	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	Select	CORTICOSTEROIDS
hydrocortisone valerate cream	-	Select	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	Select	DERMATOLOGICALS
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydromorphone liquid (DILAUDID equiv)	-	Select	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	Select	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	Select	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	NC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	Select	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	AMSP-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	Select	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	Select	ANTIANKXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	Select	ANTIANKXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	Select	ANTIANKXIETY AGENTS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYOPHEN TAB	-	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
hyoscyamine inj (LEVSIN equiv)	-	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	Select	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	Select	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	Select	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	Select	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	Select	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	Select	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	Select	URINARY ANTISPASMODICS
HYPODERMIC NEEDLES	OTC	Preferred Brands	MEDICAL DEVICES

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Drug Name	Special Code	Tier	Category
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AGENTS
HYSINGLA ER TAB (QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER or hydrocodone ER)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
ibandronate tab 150mg (BONIVA equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB (QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Select	COUGH/COLD/ALLERGY
icatibant inj (FIRAZYR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Generic Specialty	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	High Cost Generics	ANTHYPERLIPIDEMICS
IDHIFA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILARIS INJ	PA	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA INJ	PA	Non-Preferred Specialty	DERMATOLOGICALS
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	AMSP-PA-QL	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	High Cost Generics	ANTIDEPRESSANTS

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Drug Name	Special Code	Tier	Category
imipramine tab (TOFRANIL equiv)	-	Select	ANTIDEPRESSANTS
imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	High Cost Generics	DERMATOLOGICALS
IMIQUIMOD CREAM 3.75% (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Select	DERMATOLOGICALS
IMITREX INJ (QL= 1 inj/7 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
IMITREX INJ (QL= 8 inj/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
IMITREX TAB (QL= 9 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
IMITREX VIAL INJ (QL= 1 inj/7 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
IMPAVIDO CAP (QL= 3 caps/day; Restricted to Infectious Disease Specialist)	AMSP-QL-RS	Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	Non-Preferred Brands	DERMATOLOGICALS
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
IMPOYZ CREAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Preferred Brands	DERMATOLOGICALS
IMVEXXY SUPP	-	Non-Preferred Brands	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 4 units/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCIVEK TAB	-	NC	ANTIVIRALS
INCRELEX INJ (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	Select	DIURETICS
INDERAL XL CAP, INNOPRAN XL CAP	-	Non-Preferred Brands	BETA BLOCKERS

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Drug Name	Special Code	Tier	Category
INDOCIN SUPP	-	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP (Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs))	ST	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INQOVI TAB (QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 30ml/28 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60ml/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 30ml/28 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 40ml/28 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 30ml/28 days)	QL	Select	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB 100MG (QL= 4 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
INTELENCE TAB 200MG (QL= 2 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
INTERMEZZO SL TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
INTRAROSA SUPP	-	Non-Pref erred Brands	VAGINAL PRODUCTS
INTRON-A INJ	AMSP	Preferre d Specialty	ANTINEOPLASTICS
INTUNIV TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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

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Drug Name	Special Code	Tier	Category
INVEGA INJ	AMSP-PA	Non-Pref erred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPHTH SUSP	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
INVIRASE CAP (QL= 10 caps/day)	QL	Preferre d Brands	ANTIVIRALS
INVIRASE TAB (QL= 4 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
INVOKAMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
INVOKAMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
INVOKANA TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
IODOFLEX PAD	-	Non-Pref erred Brands	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Select	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	High Cost Generics	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IONIL-T SHAMPOO	-	EXC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN 1% (Step Therapy requires trial of apraclonidine soln)	ST	Non-Pref erred Brands	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	Select	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Select	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON SUSP (Covered for members 1 year or younger)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
iron w/ vitamin tab	-	EXC	MULTIVITAMINS
ISENTRESS (HD) TAB (QL= 2 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
ISENTRESS CHEW TAB (QL= 6 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
ISENTRESS POWDER PACK (QL= 2 packets/day)	QL	Preferre d Brands	ANTIVIRALS

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

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Drug Name	Special Code	Tier	Category
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Preferred Brands	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Select	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	Select	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	Select	ANTIMYCOBACTERIAL AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
ISORDIL TITRADOSE TAB 40MG (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Non-Preferred Brands	ANTIANGINAL AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	Select	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	Select	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	High Cost Generics	ANTIANGINAL AGENTS
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Select	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	Select	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	Select	ANTIANGINAL AGENTS
ISOXSUPRINE TAB	-	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
ISTALOL OPHTH SOLN 0.5% (Step Therapy requires trial of timolol maleate ophth soln)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
ISTURISA TAB 1MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
itraconazole cap (SPORANOX equiv)	-	Select	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	-	High Cost Generics	ANTIFUNGALS
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	High Cost Generics	DERMATOLOGICALS
IVERMECTIN CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
IVERMECTIN LOTION (QL= 117 grams/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
ivermectin tab (STROMEKTOL equiv)	-	Select	ANTHELMINTICS
JADENU SPRINKLE	AMSP-PA	Non-Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS

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

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Drug Name	Special Code	Tier	Category
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JALYN CAP (Step Therapy requires trial of finasteride and tamsulosin)	ST	Non-Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIDIABETICS
JATENZO CAP 158MG (QL= 4 caps/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
JATENZO CAP 198MG (QL= 4 caps/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
JATENZO CAP 237MG (QL= 2 caps/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
JELMYTO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENTADUETO TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferred Brands	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferred Brands	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	Select	ESTROGENS
JUBLIA SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Preferred Brands	DERMATOLOGICALS
JULUCA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	Preventive	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	Preventive	CONTRACEPTIVES
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	ANTHYPERLIPIDEMICS
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
KADIAN CAP 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 10MG (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 200MG (QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 40mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KALETRA SOLN (QL= 480ml/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIVIRALS
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Preferred Brands	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	Non-Preferred Brands	BETA BLOCKERS
KAPVAY TAB (QL= 4 tabs/day)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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

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Drug Name	Special Code	Tier	Category
KARBINAL ER SUSP (QL= 960ml/30 days)	QL	Non-Pref erred Brands	ANTIHISTAMINES
KATERZIA SUSP (Step Therapy requires trial of amlodipine)	ST	Non-Pref erred Brands	CALCIUM CHANNEL BLOCKERS
kelnor tab (DEMULEN equiv)	-	Preventi ve	CONTRACEPTIVES
KERAFOAM	-	Non-Pref erred Brands	DERMATOLOGICALS
KERALAC CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
KERALYT GEL	-	Non-Pref erred Brands	DERMATOLOGICALS
KERYDIN SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Pref erred Brands	DERMATOLOGICALS
KESIMPTA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL TROCHES	-	NC	GENERAL ANESTHETICS
KETEK TAB	-	Non-Pref erred Brands	ANTI-INFECTIVE AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	Select	DERMATOLOGICALS
ketoconazole foam 2% (EXTINA equiv)	-	High Cost Generics	DERMATOLOGICALS
ketoconazole shampoo	-	Select	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	Select	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	Preferre d Brands	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Select	OPHTHALMIC AGENTS
ketorolac ophth soln .4% (ACULAR (LS) equiv)	-	High Cost Generics	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	EXC	DIAGNOSTIC PRODUCTS

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

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KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
KHEDEZLA ER TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands	ANTIDEPRESSANTS
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLISYRI OINT	-	NC	DERMATOLOGICALS
KLOR-CON M15 TAB	-	Preferred Brands	MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET 25MEQ	-	Non-Preferred Brands	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	Preferred Specialty	ANTIDIABETICS
KOSELUGO CAP (QL= 120 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	Non-Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
K-PHOS TAB	-	Preferred Brands	MINERALS & ELECTROLYTES
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Preferred Brands	ANTIMALARIALS
KRISTALOSE PACK	-	Non-Preferred Brands	LAXATIVES
KRISTALOSE PACKET	-	Non-Preferred Brands	LAXATIVES
K-TAB	-	Select	MINERALS & ELECTROLYTES

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

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Drug Name	Special Code	Tier	Category
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	AMSP-PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYLEENA IUD	-	Preventi ve	CONTRACEPTIVES
KYNAMRO INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ANTHYPERLIPIDEMICS
KYNMOBI FILM (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYTRIL TAB (QL= 8 tabs/30 days)	QL	Non-Pref erred Brands	ANTIEMETICS
L.E.T. GEL	-	Non-Pref erred Brands	DERMATOLOGICALS
labetalol tab (NORMODYNE equiv)	-	Select	BETA BLOCKERS
LACTIC ACID E CREAM	-	EXC	DERMATOLOGICALS
LACTIC ACID LOTION	-	EXC	DERMATOLOGICALS
LACTULOSE PACK (Step Therapy requires trial of lactulose)	ST	Non-Pref erred Brands	LAXATIVES
lactulose soln	-	Select	GASTROINTESTINAL AGENTS - MISC.
LAMICTAL CHEW TAB 2MG	-	Non-Pref erred Brands	ANTICONVULSANTS
LAMICTAL ODT 100MG (QL= 3 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
LAMICTAL ODT 200MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
LAMICTAL ODT 25MG (QL= 6 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
LAMICTAL ODT 50MG (QL= 6 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	Non-Pref erred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 100MG (QL= 3 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS

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

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Drug Name	Special Code	Tier	Category
LAMICTAL XR TAB 200MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 250MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 25MG (QL= 6 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 300MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 50MG (QL= 6 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Select	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty	ANTIVIRALS
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	Select	ANTICONVULSANTS
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT 100mg (LAMICTAL equiv) (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT 200mg (LAMICTAL equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT 25mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT 50mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	Select	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	Select	ANTICONVULSANTS
LAMPIT TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
LANCET KIT	OTC	Preferre d Brands	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	Preferre d Brands	MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ	-	NC	CARDIOTONICS
LANOXIN INJ 0.1MG/ML	-	Non-Pref erred Brands	CARDIOTONICS
LANOXIN TAB 0.0625MG, 0.1875MG	-	Non-Pref erred Brands	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	EXC	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE SUSP	-	EXC	ULCER DRUGS

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

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Drug Name	Special Code	Tier	Category
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	EXC	ULCER DRUGS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	High Cost Generics	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ (QL= 40ml/28 days)	QL	Preferred Brands	ANTIDIABETICS
LANTUS SOLOSTAR INJ (QL= 30ml/28 days)	QL	Preferred Brands	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	AMSP-PA	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASTACRAFT OPHTH SOLN (QL= 3ml/30 days)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
LATANOPROST OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv)	-	Select	OPHTHALMIC AGENTS
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine or quetiapine XR)	QL-ST	Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive	CONTRACEPTIVES
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	Non-Preferred Brands	ANALGESICS - OPIOID
L-CARNITINE CAP	-	EXC	NUTRIENTS
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (QL= 3 caps/day; Only available through Accredited 800-803-2523)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL CAP (QL= 2 caps/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.)	QL-ST	Non-Preferred Brands	ANTIHYPERTENSIVES
LESCOL XL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.)	QL-ST	Non-Preferred Brands	ANTIHYPERTENSIVES
LETAIRIS TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	Select	ANTINEOPLASTICS
LEUKERAN TAB	-	Non-Preferred Brands	ANTINEOPLASTICS
LEUKINE INJ	AMSP-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS

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

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Drug Name	Special Code	Tier	Category
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVAQUIN SOLN	-	Non-Pref erred Brands	FLUOROQUINOLONES
LEVATOL TAB	-	Non-Pref erred Brands	BETA BLOCKERS
LEVEMIR FLEXTOUCH INJ (QL= 30ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO)	QL-ST	Preferre d Brands	ANTIDIABETICS
LEVEMIR INJ (QL= 40ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO)	QL-ST	Preferre d Brands	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	Select	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	Select	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	Select	ANTICONVULSANTS
LEVOBUNOLOL OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	Select	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv) (QL= 10ml/day)	QL	Select	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	Select	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	Select	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	Select	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	Select	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	Preventi ve	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	Preventi ve	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Step Therapy requires trial of 2 short acting opioids)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	EXC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	Select	THYROID AGENTS
LEVULAN SOLN	PA	Preferre d Specialty	DERMATOLOGICALS
LEXETTE FOAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Pref erred Brands	DERMATOLOGICALS
LEXIVA SUSP (QL= 1800ml/30 days)	QL	Non-Pref erred Brands	ANTIVIRALS
LEXIVA TAB (QL= 4 tabs/day)	QL	Non-Pref erred Brands	ANTIVIRALS

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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Drug Name	Special Code	Tier	Category
LIALDA TAB (QL= 4 tabs/day)	QL	Non-Pref erred Brands	GASTROINTESTINAL AGENTS - MISC.
LICART PATCH	-	Non-Pref erred Brands	DERMATOLOGICALS
LIDOCAINE CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	High Cost Generics	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	High Cost Generics	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	High Cost Generics	DERMATOLOGICALS
LIDOCAINE GEL	-	Select	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	Select	DERMATOLOGICALS
LIDOCAINE HC CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
lidocaine lotion	-	High Cost Generics	DERMATOLOGICALS
lidocaine oint (QL= 8gm/day)	QL	Select	DERMATOLOGICALS
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	Preferre d Brands	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch	-	EXC	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	Select	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln 2%	-	Select	MOUTH/THROAT/DENTAL AGENTS
LIDOCAINE/EPINEPHRINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	Select	ANORECTAL AGENTS
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Select	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	Select	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	Select	DERMATOLOGICALS
lidocaine-menthol gel (LIDOZENGEL equiv)	-	EXC	DERMATOLOGICALS
LIDOCIN GEL	-	Non-Pref erred Brands	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	Non-Pref erred Brands	DERMATOLOGICALS
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	Non-Pref erred Brands	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
LIDOVEX CREAM	-	NC	DERMATOLOGICALS
LIDOZENDEL GEL/LIDO-MENTHOL GEL	-	EXC	DERMATOLOGICALS
LINDANE LOTION	-	Non-Pref erred Brands	DERMATOLOGICALS
lindane lotion	-	Select	DERMATOLOGICALS
LINDANE SHAMPOO	-	Preferre d Brands	DERMATOLOGICALS
lindane shampoo	-	Select	DERMATOLOGICALS
linezolid susp	-	Select	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (Step Therapy requires trial of TRULANCE)	ST	Non-Pref erred Brands	GASTROINTESTINAL AGENTS - MISC.
lithyronine tab (CYTOMEL equiv)	-	Select	THYROID AGENTS
LIPITOR TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTHYPERLIPIDEMICS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value	ANTHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value	ANTHYPERTENSIVES
LITHIUM CARBONATE CAP	-	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate cap (ESKALITH ER equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHIUM CITRATE SOLN	-	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate soln	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	Non-Pref erred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, or simvastatin)	QL-ST	Non-Pref erred Brands	ANTHYPERLIPIDEMICS
LO LOESTRIN TAB	-	Preventi ve	CONTRACEPTIVES
LODINE TAB	-	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
LOESTRIN 24 FE TAB	-	Non-Pref erred Brands	CONTRACEPTIVES
LOKELMA PAK (QL= 1 pak/day; Step Therapy requires trial of bumetanide, ethacrynic acid, furosemide, torsemide, metolazone, methyclothiazide, indapamide, hydrochlorothiazide, chlorthalidone, or chlorothiazide)	QL-ST	Non-Pref erred Brands	MISCELLANEOUS THERAPEUTIC CLASSE
LOMAIRA TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
LONHALA MAGNAIR SOLN (QL= 60ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT)	QL-ST	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	Select	ANTIDIARRHEALS
LOPERAMIDE SOLN	-	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days)	QL	Select	ANTIVIRALS
LOPROX CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
LOPROX SUSP	-	Non-Preferred Brands	DERMATOLOGICALS
loratadine cap (CLARITIN equiv)	OTC	EXC	ANTIHISTAMINES
loratadine/pseudoephedrine tab 10-240mg (QL= 1 tab/day)	QL	Select	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine tab 5-120mg (QL= 2 tabs/day)	QL	Select	COUGH/COLD/ALLERGY
lorazepam conc (ATIVAN equiv)	-	Select	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	Select	ANTIANKXIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORTAB ELIXIR	-	Non-Preferred Brands	ANALGESICS - OPIOID
LORTUSS DM LIQUID (QL= 1200ml/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
losartan tab (COZAAR equiv)	-	Value	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value	ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL (QL= 5 grams/28 days; Step therapy requires trial of prednisolone 1% ophth soln or susp)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
LOTEMAX OPHTH GEL	QL-ST	Preferred Brands	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	Preferred Brands	OPHTHALMIC AGENTS
LOTEMAX OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
LOTEMAX SM GEL	-	Preferred Brands	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5 grams/28 days; Step therapy requires trial of prednisolone 1% ophth soln or susp)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	Select	OPHTHALMIC AGENTS
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS

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Drug Name	Special Code	Tier	Category
LOVAZA CAP (QL= 4 caps/day)	QL	Non-Pref erred Brands	ANTIHYPERLIPIDEMICS
LOVENOX INJ 100MG (QL= 20ml/30 days)	QL	Non-Pref erred Specialty	ANTICOAGULANTS
LOVENOX INJ 120MG (QL= 16ml/30 days)	QL	Non-Pref erred Specialty	ANTICOAGULANTS
LOVENOX INJ 150MG (QL= 20ml/30 days)	QL	Non-Pref erred Specialty	ANTICOAGULANTS
LOVENOX INJ 300MG (QL= 30ml/30 days)	QL	Non-Pref erred Specialty	ANTICOAGULANTS
LOVENOX INJ 30MG (QL= 6ml/30 days)	QL	Non-Pref erred Specialty	ANTICOAGULANTS
LOVENOX INJ 40MG (QL= 8ml/30 days)	QL	Non-Pref erred Specialty	ANTICOAGULANTS
LOVENOX INJ 60MG (QL= 12ml/30 days)	QL	Non-Pref erred Specialty	ANTICOAGULANTS
LOVENOX INJ 80MG (QL= 16ml/30 days)	QL	Non-Pref erred Specialty	ANTICOAGULANTS
loxapine cap (LOXITANE equiv)	-	Select	ANTI PSYCHOTICS/ANTIMANIC AGENTS
LUCEMYRA TAB (QL= 224 tabs/fill, 1 fill/month)	PA-QL	Preferre d Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUCENTIS INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferre d Specialty	OPHTHALMIC AGENTS
LUFYLLIN TAB	-	Non-Pref erred Brands	ANTI ASTHMATIC AND BRONCHODILATOR AGENTS
LULICONAZOLE CREAM, LUZU CREAM (QL= 60gm/28 days)	QL	Non-Pref erred Brands	DERMATOLOGICALS
LUMIFY OPHTH SOLN 0.25% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Preferre d Brands	OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days;; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Pref erred Brands	OPHTHALMIC AGENTS
LUNESTA TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
LUPKYNIS CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
LUPRON DEPOT INJ	AMSP-PA	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation		Available through Specialty Pharmacy Program
	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
LUPRON INJ	AMSP-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUVOX CR CAP (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands	ANTIDEPRESSANTS
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP 100MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
LYRICA CAP 150MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
LYRICA CAP 200MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
LYRICA CAP 225MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
LYRICA CAP 25MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
LYRICA CAP 300MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
LYRICA CAP 50MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
LYRICA CAP 75MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
LYRICA CR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN (QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSTEDA TAB (QL= 180 tabs/30 days)	QL	Non-Preferred Brands	HEMOSTATICS
LYUMJEV INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	Non-Preferred Brands	ANTIDIABETICS

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

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LYUMJEV KWIKPEN INJ (Step Therapy requires trial of NOVOLOG or INSULII ASPART)	ST	Non-Pref erred Brands	ANTI-DIABETICS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MAKENA INJ (QL= 4.4 ml/28 days)	QL	Preferre d Specialty	PROGESTINS
malathion lotion (OVIDE equiv)	-	Select	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	Select	ANTIEMETICS
MAPROTILINE TAB	-	Select	ANTIDEPRESSANTS
MARGENZA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARINOL CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands	ANTIEMETICS
MARPLAN TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Pref erred Brands	ANTIDEPRESSANTS
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Preferre d Specialty	ANTINEOPLASTICS
MAVENCLAD PAK (QL= 10 tabs/fill, 2 fills/year; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET TAB (QL= 3 tabs/day)	AMSP-PA-QL	Preferre d Specialty	ANTIVIRALS
MAXALT MLT TAB (QL= 12 tabs/30 days)	QL	Non-Pref erred Brands	MIGRAINE PRODUCTS
MAXALT TAB (QL= 12 tabs/30 days)	QL	Non-Pref erred Brands	MIGRAINE PRODUCTS
MAXIDEX OPHTH SOLN	-	Preferre d Brands	OPHTHALMIC AGENTS
MAYZENT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB 0.25MG (QL= 112 tabs/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK (QL= 12 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MECLIZINE 50MG TAB	-	NC	ANTIEMETICS
meclizine chew tab (BONINE equiv)	OTC	Select	ANTIEMETICS
meclizine tab (ANTIVERT equiv) (Rx Only)	-	Select	ANTIEMETICS
MECLOFENAMATE CAP	-	Preferre d Brands	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventi ve	CONTRACEPTIVES

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

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Drug Name	Special Code	Tier	Category
medroxyprogesterone tab (PROVERA equiv)	-	Select	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	High Cost	ANALGESICS - ANTI-INFLAMMATORY
MEFLOQUINE TAB	-	Preferred Brands	ANTIMALARIALS
mefloquine tab (LARIAM equiv)	-	Select	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	Select	PROGESTINS
megestrol susp (MEGACE equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	High Cost	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
melphalan tab (ALKERAN equiv)	AMSP-PA	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	High Cost	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (QL= 2 tabs/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	Preventive	VACCINES
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
MENEST TAB	-	Preferred Brands	ESTROGENS
MENHIBRIX INJ	VAC	Preventive	VACCINES
MENOMUNE INJ	VAC	Preventive	VACCINES
MENOSTAR PATCH	-	Non-Preferred Brands	ESTROGENS

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SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
MENTAX CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
MENVEO INJ	VAC	Preventive	VACCINES
MEPERIDINE SOLN	-	Preferred Brands	ANALGESICS - OPIOID
MEPERIDINE TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Select	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	High Cost Generics	ANTIANKXIETY AGENTS
mercaptopurine tab (PURINETHOL equiv)	-	Select	ANTINEOPLASTICS
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv) (QL= 4 caps/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine kit (Step Therapy requires trial of mesalamine enema)	ST	High Cost Generics	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	High Cost Generics	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	AMSP	Preferred Specialty	ANTINEOPLASTICS
METADATE CD CAP 30MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
METAFOLBIC PLUS TAB	-	Non-Preferred Brands	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	High Cost Generics	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv) (Step Therapy requires trial of metformin or metformin ER)	--ST	High Cost Generics	ANTIDIABETICS

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	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
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Drug Name	Special Code	Tier	Category
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	High Cost Generics	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	Value	ANTIDIABETICS
METHADONE SOLN	-	Non-Pref erred Brands	ANALGESICS - OPIOID
methadone soln (QL= 20ml/day)	--QL	Select	ANALGESICS - OPIOID
methadone soln (QL= 4 ml/day)	--QL	Select	ANALGESICS - OPIOID
methadone soln (QL= 40ml/day)	--QL	Select	ANALGESICS - OPIOID
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Select	ANALGESICS - OPIOID
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Select	ANALGESICS - OPIOID
METHADOSE CONC (QL= 4 ml/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
methadose tab (QL= 1 tab/day)	QL	Select	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv) (QL= 5 tabs/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	High Cost Generics	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	Select	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	Select	THYROID AGENTS
METHITEST TAB	PA	Non-Pref erred Brands	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
METHOTREXATE INJ	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (Trexall equiv)	-	Select	ANTINEOPLASTICS
METHOXSALEN CAP	-	Non-Pref erred Brands	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Select	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	Select	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	Select	DIURETICS
methylidopa tab (ALDOMET equiv)	-	Select	ANTIHYPERTENSIVES
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	Preferre d Brands	ANTIHYPERTENSIVES
methylidopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Select	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv)	-	Select	OXYTOCICS
METHYLIN CHEW TAB (QL= 3 tabs/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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Drug Name	Special Code	Tier	Category
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv) (QL= 1 cap/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap 10mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap 15mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap 20mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap 30mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap 40mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap 50mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap 60mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab (QL= 1 tab/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL	Preferre d Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 18mg (QL= 1 tab/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 27mg (QL= 1 tab/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 36mg (QL= 1 tabs/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 54mg (QL= 1 tab/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB 72MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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methylphenidate soln (METHYLIN equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv) (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	Select	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	Select	CORTICOSTEROIDS
METHYLTESTOSTERONE CAP	PA	Non-Pref erred Brands	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN	-	Preferre d Brands	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	Select	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	Value	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	Value	BETA BLOCKERS
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	Preferre d Brands	ANTIHYPERTENSIVES
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	Select	ANTIHYPERTENSIVES
METZOZLV ODT (Step Therapy requires trial of metoclopramide)	ST	Non-Pref erred Brands	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	Select	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	High Cost Generics	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	Select	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	High Cost Generics	VAGINAL PRODUCTS
metyrosine cap (DEMSEER equiv) (QL= 448 caps/28 days)	QL	High Cost Generics	ANTIHYPERTENSIVES
MEVACOR TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTIHYPERSLIPIDEMICS
mexiletine hcl cap	-	Select	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MIACALCIN INJ	-	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	-	Preventi ve	CONTRACEPTIVES
MICARDIS HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
MICARDIS TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands	ANTIHYPERTENSIVES
MICLARA LIQUID	-	Non-Pref erred Brands	ANTIHISTAMINES
MICORT-HC CREAM	-	Preferre d Brands	DERMATOLOGICALS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midazolam hcl syrup	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
midazolam inj (MIDAZOLAM equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
midodrine tab (PROAMATINE equiv)	-	Select	VASOPRESSORS
MIFEPREX TAB	-	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
mifepristone tab (MIFEPREX equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Preferre d Brands	MIGRAINE PRODUCTS
miglitol tab (MIGLITOL equiv)	-	High Cost Generics	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	Generic Specialty	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY (QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	Non-Pref erred Brands	CORTICOSTEROIDS
MILLIPRED TAB	-	Non-Pref erred Brands	CORTICOSTEROIDS
MINIMED MIS SENSOR	PA	Non-Pref erred Brands	MEDICAL DEVICES AND SUPPLIES
minocycline cap (MINOCIN equiv)	-	Select	TETRACYCLINES
MINOCYCLINE ER CAP (QL= 1 cap/day; Step Therapy requires trial of minocycline)	QL-ST	Non-Pref erred Brands	TETRACYCLINES
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	High Cost Generics	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	High Cost Generics	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	Select	ANTIHYPERTENSIVES
MIOSTAT INJ	-	Non-Pref erred Brands	OPHTHALMIC AGENTS

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

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Drug Name	Special Code	Tier	Category
MIRALAX PACKET	-	Non-Pref erred Brands	LAXATIVES
MIRALAX POWDER	-	Non-Pref erred Brands	LAXATIVES
MIRAPEX ER TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIPARKINSON AGENTS
MIRCERA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS
MIRENA IUD	-	Preventi ve	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	Select	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	Select	ANTIDEPRESSANTS
MIRVASO GEL	-	NC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	Select	ULCER DRUGS
MITIGARE CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands	GOUT AGENTS
M-M-R II INJ	VAC	Preventi ve	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MODERIBA TAB	AMSP-PA	Non-Pref erred Specialty	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	Select	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	Select	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	Select	ANTIHYPERTENSIVES
MOLINDONE TAB	-	Preferre d Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
mometasone cream (ELOCON equiv)	-	Select	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv) (QL= 17ml/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone)	QL-ST	High Cost Generics	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	Select	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	Select	DERMATOLOGICALS
MONODOX CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands	TETRACYCLINES
montelukast chew tab (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	Non-Pref erred Brands	ANTI-INFECTIVE AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
MORGIDOX KIT (QL= 1 kit/30 days)	QL	Non-Pref erred Brands	TETRACYCLINES
MORPHABOND TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial o morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands	ANALGESICS - OPIOID
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select	ANALGESICS - OPIOID
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select	ANALGESICS - OPIOID
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	Select	ANALGESICS - OPIOID
morphine sulfate soln	-	Select	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	Preferre d Brands	ANALGESICS - OPIOID
morphine sulfate tab	-	High Cost Generics	ANALGESICS - OPIOID
MORPHINE SULFATE TAB	-	Non-Pref erred Brands	ANALGESICS - OPIOID
MOTEGRITY TAB	PA	Non-Pref erred Brands	GASTROINTESTINAL AGENTS - MISC.
MOTOFEN TAB	-	Non-Pref erred Brands	ANTIDIARRHEALS
MOVANTIK TAB	PA	Preferre d Brands	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	Non-Pref erred Brands	LAXATIVES

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

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Drug Name	Special Code	Tier	Category
MOXATAG TAB (Step Therapy requires trial of amoxicillin)	ST	Non-Pref erred Brands	PENICILLINS
MOXEZA OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Select	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	Select	FLUOROQUINOLONES
MS CONTIN TAB (QL= 3 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
MUCINEX LIQUID	-	Non-Pref erred Brands	COUGH/COLD/ALLERGY
MUCINEX TAB	-	Non-Pref erred Brands	COUGH/COLD/ALLERGY
mucus D max tab	-	Select	COUGH/COLD/ALLERGY
MULPLETA TAB (QL= 7 tabs/fill, 3 fills/365 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	Non-Pref erred Brands	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	Select	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	Select	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	Select	HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventi ve	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventi ve	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Non-Pref erred Brands	MULTIVITAMINS
MULTIVITAMIN/MINERALS TAB	-	NC	MULTIVITAMINS
mupirocin cream (BACTROBAN CREAM equiv)	-	Select	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	Select	DERMATOLOGICALS
MYALEPT INJ (QL= 1 inj/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCAPSSA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	Select	ASSORTED CLASSES
MYDAYIS CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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

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Drug Name	Special Code	Tier	Category
MYLERAN TAB	AMSP	Preferred Specialty	ANTINEOPLASTICS
MYNATAL-Z TAB	-	Non-Preferred Brands	MULTIVITAMINS
MYRBETRIQ TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Preferred Brands	URINARY ANTISPASMODICS
MYTESI TAB	-	Non-Preferred Brands	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	Select	BETA BLOCKERS
naftifine cream (NAFTIN equiv)	-	High Cost Generics	DERMATOLOGICALS
NAFTIFINE CREAM 1%	-	Preferred Brands	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	High Cost Generics	DERMATOLOGICALS
NAFTIN GEL	-	Non-Preferred Brands	DERMATOLOGICALS
nalbuphine inj	-	Select	ANALGESICS - OPIOID
naloxone inj	-	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month)	--QL	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	Select	ANTIDOTES
NAMENDA SOLN (Step Therapy requires trial of memantine tab)	ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA TAB (QL= 2 tabs/day; Step Therapy requires trial of memantine tab)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA TITRAPAK (QL= 49 tabs/28 days)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR CAP (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK (QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB 750MG	PA	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY

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

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Drug Name	Special Code	Tier	Category
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	PA	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	-	Preferred Brands	ANTIDOTES
NASACORT OTC NASAL SPRAY	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	Non-Preferred Brands	HEMATOPOIETIC AGENTS
NASONEX NASAL SPRAY (QL= 17gm/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone)	QL-ST	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
NATACYN OPHTH SUSP	-	Preferred Brands	OPHTHALMIC AGENTS
NATAZIA TAB	-	Preventive	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	Select	ANTIDIABETICS
NATESTO NASAL GEL (QL= 3 bottles/30 days)	QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Non-Preferred Brands	DERMATOLOGICALS
NAYZILAM SPRAY (QL= 2 packs/fill, 5 fills/month; Step Therapy requires trial of midazolam syrup; Restricted to Neurology Specialist)	QL-RS-ST	Non-Preferred Brands	ANTICONVULSANTS
NEBUSAL NEB SOLN	-	Non-Preferred Brands	COUGH/COLD/ALLERGY
NEFAZODONE TAB	-	Select	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	Select	ANTIDEPRESSANTS
neomycin tab	-	Select	AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	Select	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	Select	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Select	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Select	OPHTHALMIC AGENTS

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	High Cost Generics	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	Non-Preferred Brands	MULTIVITAMINS
NEONATAL FE TAB	-	Non-Preferred Brands	MULTIVITAMINS
NEOSALUS FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
NEO-SYNALAR KIT	-	Non-Preferred Brands	DERMATOLOGICALS
NEPHRON FA TAB	-	Preferred Brands	HEMATOPOIETIC AGENTS
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
NEUMEGA INJ	AMSP	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	AMSP-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
NEUPRO PATCH (QL= 1 patch/day)	QL	Non-Preferred Brands	ANTIPARKINSON AGENTS
NEVANAC OPHTH SUSP, ILEVRO OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Preferred Brands	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
NEVIRAPINE SUSP (VIRAMUNE equiv) (QL= 1200ml/30 days)	QL	Preferred Brands	ANTIVIRALS
nevirapine susp (VIRAMUNE equiv) (QL= 1200ml/30 days)	QL	Select	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
NEXAVAR TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Preferred Specialty	ANTINEOPLASTICS

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

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Drug Name	Special Code	Tier	Category
NEXICLON XR SUSP	-	Non-Pref erred Brands	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	Non-Pref erred Brands	ANTIHYPERTENSIVES
NEXIUM CAP	-	EXC	ULCER DRUGS
NEXIUM GRANULE PACK	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands	ANTIHYPERSLIPIDEMICS
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands	ANTIHYPERSLIPIDEMICS
NEXTSTELLIS TAB	-	NC	CONTRACEPTIVES
niacin ER tab (NIASPAN equiv)	-	High Cost Generics	ANTIHYPERSLIPIDEMICS
NIACOR TAB	-	Non-Pref erred Brands	ANTIHYPERSLIPIDEMICS
NIASPAN ER TAB	-	Non-Pref erred Brands	ANTIHYPERSLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
NICAZELDOXY KIT	-	Preferre d Brands	TETRACYCLINES
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
NILANDRON TAB (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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Drug Name	Special Code	Tier	Category
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	High Cost Generics	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	AMSP-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	High Cost Generics	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/fill, 2 fills/month)	QL	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	LMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	Preferred Brands	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	Non-Preferred Brands	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	Select	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	High Cost Generics	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	Select	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	Select	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	Non-Preferred Brands	ANTIANGINAL AGENTS
NITYR TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	AMSP	Preferred Specialty	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
nizatidine cap (AXID equiv)	-	Select	ULCER DRUGS
nizoral a-d shampoo (NIZORAL equiv)	OTC	Select	DERMATOLOGICALS
NIZORAL SHAMPOO	-	Non-Preferred Brands	DERMATOLOGICALS
NOCDURNA SL TAB	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
NOCTIVA EMULSION SPRAY (QL= 3.8gm/30 days)	QL	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORCO 10-325mg (QL= 12 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
NORCO 5-325mg (QL= 12 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
NORCO TAB 7.5MG-325MG (QL= 12 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
NORDITROPIN INJ, NUTROPIN AQ INJ	AMSP-PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventi ve	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	Preventi ve	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	Select	PROGESTINS
norethindrone/ethinyl estradiol 21 tab (LOESTRIN 21 equiv)	-	Non-Pref erred Brands	CONTRACEPTIVES
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventi ve	CONTRACEPTIVES
norethindrone/ethinyl estradiol tab (LOESTRIN equiv)	-	Preventi ve	CONTRACEPTIVES
NORGESIC TAB FORTE	-	Non-Pref erred Brands	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM (Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT)	ST	Non-Pref erred Brands	DERMATOLOGICALS
NOROXIN TAB	-	Non-Pref erred Brands	FLUOROQUINOLONES
NORPACE CR CAP	-	Preferre d Brands	ANTIARRHYTHMICS
NORTHERA CAP (NORTHERA equiv) (QL= 180 caps/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	VASOPRESSORS
NORTHERA CAP 100MG (QL= 90 caps/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	VASOPRESSORS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventi ve	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	Preventi ve	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	Select	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Select	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	Select	ANTIDEPRESSANTS

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

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Drug Name	Special Code	Tier	Category
NORVIR CAP (QL= 12 caps/day)	QL	Preferred Brands	ANTIVIRALS
NORVIR POWDER PACK (QL= 12 packets/day)	QL	Preferred Brands	ANTIVIRALS
NORVIR SOLN (QL= 480ml/30 days)	QL	Preferred Brands	ANTIVIRALS
NORVIR TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
NOURIANZ TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	Non-Preferred Brands	DERMATOLOGICALS
NOVAMV PED DROPS	OTC	EXC	MULTIVITAMINS
NOVAVAX VAC INJ COVID-19	-	EXC	VACCINES
NOVOFINE PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ (QL= 30ml/28 days)	OTC-QL	Select	ANTIDIABETICS
NOVOLIN 70/30 INJ (QL= 40ml/28 days)	QL	Select	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ (QL= 30ml/28 days)	QL	Select	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ (QL= 30ml/28days)	QL	Select	ANTIDIABETICS
NOVOLIN N INJ (QL= 40ml/28 days)	QL	Select	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ (QL= 60ml/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN R INJ (QL= 40ml/28 days)	QL	Select	ANTIDIABETICS
NOVOLOG FLEXPEN INJ (QL= 30ml/28 days)	QL	Select	ANTIDIABETICS
NOVOLOG INJ (QL= 60ml/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ (QL= 30ml/28 days)	QL	Select	ANTIDIABETICS
NOVOLOG MIX INJ (QL= 40ml/28 days)	QL	Select	ANTIDIABETICS
NOVOLOG PENFILL INJ (QL= 30ml/28 days)	QL	Select	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOXAFIL SUSP (Step Therapy requires trial of fluconazole, itraconazole or VFEND)	ST	Preferred Brands	ANTIFUNGALS
NOXAFIL TAB (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	Preferred Brands	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	Select	THYROID AGENTS
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARARXPAK KIT	-	Non-Preferred Brands	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID

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

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Drug Name	Special Code	Tier	Category
NUCYNTA TAB (QL= 6 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
NUDEXTA CAP (QL= 2 caps/day)	PA-QL	Preferre d Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NULIBRY INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
nulido pad (NULIDO equiv)	-	NC	DERMATOLOGICALS
NULYTELY SOLN	-	Non-Pref erred Brands	LAXATIVES
NUMOISYN LOZENGE	-	Non-Pref erred Brands	MOUTH/THROAT/DENTAL AGENTS
NUPLAZID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NURTEC ODT (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands	MIGRAINE PRODUCTS
NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUVARING	-	Preventi ve	CONTRACEPTIVES
NUVIGIL TAB 150MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
NUVIGIL TAB 200G (QL= 1 tab/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
NUVIGIL TAB 250MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
NUVIGIL TAB 50MG (QL= 3 tabs/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
NUZYRA TAB (QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	TETRACYCLINES
NYMALIZE SOLN	-	Non-Pref erred Brands	CALCIUM CHANNEL BLOCKERS
nystatin cream (MYCOSTATIN CREAM equiv)	-	Select	DERMATOLOGICALS
nystatin oint	-	Select	DERMATOLOGICALS
nystatin powder	-	Select	ANTIFUNGALS
nystatin susp	-	Select	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	Select	ANTIFUNGALS
nystatin topical powder	-	Select	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	Select	VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	Select	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
nystatin/triamcinolone oint	-	Select	DERMATOLOGICALS
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS
OBREDON SOLN (QL= 1800ml/30 days)	QL	Non-Pref erred Brands	COUGH/COLD/ALLERGY
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	GASTROINTESTINAL AGENTS - MISC.
OCREVUS INJ (QL= 60ml/365 days)	AMSP-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUDOX KIT	-	Non-Pref erred Brands	TETRACYCLINES
ODACTRA SL TAB	PA	Non-Pref erred Brands	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	QL	Preferre d Brands	ANTIVIRALS
ODOMZO CAP	AMSP-PA-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferre d Specialty	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	Select	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	Select	OTIC AGENTS
OFLOXACIN TAB	-	Non-Pref erred Brands	FLUOROQUINOLONES
ofloxacin tab (FLOXIN equiv)	-	Select	FLUOROQUINOLONES
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB	-	Non-Pref erred Brands	ANTIDEPRESSANTS
olmesartan tab (BENICAR equiv)	-	Select	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	High Cost Generics	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Select	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days, Step Therapy requires trial of budesonide, fluniosolide, fluticasone, or triamcinolone)	QL-ST	High Cost Generics	NASAL AGENTS - SYSTEMIC AND TOPICAL

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Drug Name	Special Code	Tier	Category
olopatadine ophth soln 0.1% (PATANOL equiv)	-	Select	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv)	-	High Cost Generics	OPHTHALMIC AGENTS
OLUMIANT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
OLYSIO CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTIVIRALS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Select	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	EXC	ULCER DRUGS
omeprazole magnesium delayed release tab (PRILOSEC OTC equiv)	OTC	EXC	ULCER DRUGS
omeprazole tab	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	EXC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	EXC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 PACK PODS (QL= 10 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 10 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron ODT (ZOFTRAN equiv)	-	Select	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Select	ANTIEMETICS
ONDANSETRON TAB	-	Select	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	Select	ANTIEMETICS
ONEXTON GEL (Step Therapy requires trial of clindamycin or clindamycin/benzoyl peroxide)	ST	Non-Preferred Brands	DERMATOLOGICALS
ONFI SUSP (QL= 480ml/30 days)	QL	Non-Preferred Brands	ANTICONVULSANTS
ONFI TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
ONGENTYS CAP (Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline)	ST	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
ONGLYZA TAB (Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	ST	Non-Preferred Brands	ANTIDIABETICS
ONUREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONZETRA XSAIL (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	ST	Non-Preferred Brands	MIGRAINE PRODUCTS
opium tincture	-	High Cost Generics	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
ORACIT SOLN	-	Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	PA	Non-Preferred Brands	BIOLOGICALS MISC
ORAVIG TAB	-	Non-Preferred Brands	MOUTH/THROAT/DENTAL AGENTS
ORAXYL CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	TETRACYCLINES
ORENCIA CLICK INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	AMSP-PA-QL	Non-Preferred Specialty	ESTROGENS
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
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SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
ORTHO-EVRA PATCH (QL= 3 patches/28 days)	QL	Non-Pref erred Brands	CONTRACEPTIVES
ORTIKOS ER CAP	-	Non-Pref erred Brands	CORTICOSTEROIDS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Select	ANTIVIRALS
OSMOLEX ER TAB (QL= 1 tab/day; Step Therapy requires trial of amantadine)	QL-ST	Non-Pref erred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOLEX ER TAB (Step Therapy requires trial of amantadine)	QL-ST	Non-Pref erred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	Non-Pref erred Brands	LAXATIVES
OSPHENA TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Non-Pref erred Specialty	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	Select	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocortisone otic)	QL-ST	Non-Pref erred Brands	OTIC AGENTS
OTOZIN OTIC DROPS	-	Non-Pref erred Brands	OTIC AGENTS
OTREXUP INJ 10MG (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY

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

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Drug Name	Special Code	Tier	Category
OTREXUP INJ 12.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 15MG (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 17.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 22.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ, RASUVO INJ 20MG (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ, RASUVO INJ 25MG (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
OVACE PLUS CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
OVACE PLUS LOTION	-	Non-Pref erred Brands	DERMATOLOGICALS
OVACE PLUS FOAM	-	Non-Pref erred Brands	DERMATOLOGICALS
oxandrolone tab (OXANDRIN equiv)	PA	Select	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	High Cost Generics	ANTI-ANXIETY AGENTS
OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	Select	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	Select	ANTICONVULSANTS
OXERVATE OPHTH SOLN (QL= 28ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty	OPHTHALMIC AGENTS
OXIANUJO CREAM	-	EXC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	High Cost Generics	DERMATOLOGICALS
OXISTAT LOTION	-	Non-Pref erred Brands	DERMATOLOGICALS
OXTELLAR XR TAB 150MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS

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

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Drug Name	Special Code	Tier	Category
OXTELLAR XR TAB 300MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
OXTELLAR XR TAB 600MG (QL= 4 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	Select	URINARY ANTISPASMODICS
oxybutynin syrup	-	Select	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	Select	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	Select	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	High Cost Generics	ANALGESICS - OPIOID
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d Brands	ANALGESICS - OPIOID
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d Brands	ANALGESICS - OPIOID
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d Brands	ANALGESICS - OPIOID
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d Brands	ANALGESICS - OPIOID
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d Brands	ANALGESICS - OPIOID
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d Brands	ANALGESICS - OPIOID
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d Brands	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	Select	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	Select	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	Non-Pref erred Brands	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG (QL=12 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	Select	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	Select	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	Select	ANALGESICS - OPIOID
OXYCONTIN CR TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands	ANALGESICS - OPIOID

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

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Drug Name	Special Code	Tier	Category
OXYCONTIN TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	QL	Preferre d Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	QL	Preferre d Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	QL	Preferre d Brands	ANALGESICS - OPIOID
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	QL	Preferre d Brands	ANALGESICS - OPIOID
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Preferre d Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	QL	Preferre d Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	QL	Preferre d Brands	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	Select	ANALGESICS - OPIOID
OXYTROL PATCH (OTC) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	OTC-ST	Non-Pref erred Brands	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferre d Brands	ANTIDIABETICS
OZEMPIC INJ (QL= 3 ml/28 days; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferre d Brands	ANTIDIABETICS
OZOBAX SOLN	-	Non-Pref erred Brands	MUSCULOSKELETAL THERAPY AGENTS
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ALLERGENIC EXTRACTS/BIOLOGICALS MISC

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

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Drug Name	Special Code	Tier	Category
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	Non-Pref erred Brands	DIGESTIVE AIDS
PANCRELIPASE CAP	-	Non-Pref erred Brands	DIGESTIVE AIDS
PANDEL CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
PANRETIN GEL	-	Non-Pref erred Brands	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	EXC	ULCER DRUGS
PARAGARD IUD	-	Preventi ve	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	Select	DERMATOLOGICALS
PAREGORIC TINCTURE	-	Non-Pref erred Brands	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	Select	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	High Cost Generics	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	Select	ANTIDEPRESSANTS
PASER GRANULE	-	Non-Pref erred Brands	ANTIMYCOBACTERIAL AGENTS
PATADAY OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
PATANASE NASAL SPRAY (QL= 30.5ml/30 days; Step Therapy requires trial of budesonide, fluniosolide, fluticasone, or triamcinolone)	QL-ST	Non-Pref erred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
PATANOL OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
PAZEO OPHTH SOLN 0.7%	PA	Non-Pref erred Brands	OPHTHALMIC AGENTS

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

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Drug Name	Special Code	Tier	Category
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	High Cost Generics	ULCER DRUGS
PCE TAB	-	Preferred Brands	MACROLIDES
PEAK FLOW METER	-	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
pediatric multiple vitamins/fluoride soln	-	Preventive	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	High Cost Generics	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (QL= 2 fills/calendar year)	QL	Preventive	LAXATIVES
PEGANONE TAB	-	Non-Preferred Brands	ANTICONVULSANTS
PEGASYS INJ	AMSP	Preferred Specialty	ANTIVIRALS
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP	Preferred Specialty	ANTIVIRALS
PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
penicillamine cap (CUPRIMINE equiv)	-	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Select	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk soln (VEETIDS equiv)	-	Select	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	Select	PENICILLINS
PENNSAID SOLN (Step Therapy requires trial of oral nonsteroidal anti-inflammatory agents (NSAIDs) and topical diclofenac)	ST	Non-Preferred Brands	DERMATOLOGICALS
pentamidine neb soln (NEBUPENT equiv)	-	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	Select	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	Select	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
PEPAXTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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Drug Name	Special Code	Tier	Category
PEPCID SUSP (Step Therapy requires trial of cimetidine or nizatidine)	ST	Non-Pref erred Brands	ULCER DRUGS
PERCOCET TAB 10-325MG (QL= 12 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
PERCOCET TAB 2.5-325mg (QL= 12 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
PERCOCET TAB 5-325MG (QL= 12 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
PERCOCET TAB 7.5-325MG (QL= 12 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
PERFOROMIST NEB SOLN (Step Therapy requires trial of albuterol neb soln)	ST	Non-Pref erred Brands	ASTHMA AND BRONCHODILATOR AGENTS
perindopril tab (ACEON equiv)	-	Select	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	Select	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSERIS INJ	PA	Preferre d Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PEXEVA TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred Brands	ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIUM equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phenelzine tab (NARDIL equiv)	-	Select	ANTIDEPRESSANTS
phenobarbital elixir	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenobarbital tab	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	High Cost Generics	ANTIHYPERTENSIVES
phenylephrine ophth soln (MYDFRIN equiv)	-	Select	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	Select	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	Select	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	Select	ANTICONVULSANTS
PHEXXI GEL (QL= 180gm/30 days)	QL	Non-Pref erred Brands	VAGINAL AND RELATED PRODUCTS

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

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Drug Name	Special Code	Tier	Category
PHISOHEX LIQUID	-	Non-Pref erred Brands	ANTISEPTICS & DISINFECTANTS
PHOSLYRA SOLN	-	Preferre d Brands	GASTROINTESTINAL AGENTS - MISC.
PHOSPHOLINE OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	Select	VITAMINS
PICATO GEL (QL= 2 tubes/60 days)	QL	Non-Pref erred Brands	DERMATOLOGICALS
PICATO GEL (QL= 3 tubes/60 days)	QL	Non-Pref erred Brands	DERMATOLOGICALS
PIFELTRO TAB	-	Preferre d Brands	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Select	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
PILOPINE HS OPHTH GEL	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	High Cost Generics	DERMATOLOGICALS
PIMOZIDE TAB	-	Preferre d Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	Select	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	Select	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	High Cost Generics	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Select	ANTIDIABETICS
PIQRAY TAB	AMSP-PA-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piroxicam cap (FELDENE equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	Preventi ve	CONTRACEPTIVES
PLAVIX TAB 300MG (QL= 4 tabs/30 days)	QL	Non-Pref erred Brands	HEMATOLOGICAL AGENTS - MISC.
PLAVIX TAB 75MG	-	Non-Pref erred Brands	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
PLEGRIDY PEN INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENVU SOLN	-	Non-Pref erred Brands	LAXATIVES
PLIAGLIS CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	Preventi ve	VACCINES
PODOCON SOLN	-	Preferre d Brands	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	Select	DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	-	Select	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	Preferre d Brands	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Select	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	Non-Pref erred Brands	COUGH/COLD/ALLERGY
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONVORY TAB (QL= 30 tabs/30 days)	PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK (QL= 14 tabs/14 days)	PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	High Cost Generics	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	Select	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	Preferre d Brands	VITAMINS
POTABA TAB	-	Preferre d Brands	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	High Cost Generics	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	High Cost Generics	MINERALS & ELECTROLYTES
potassium chloride soln	-	High Cost Generics	MINERALS & ELECTROLYTES

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

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Drug Name	Special Code	Tier	Category
potassium citrate CR tab (UROKIT-K TAB equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
POTASSIUM GLUCONATE TAB	-	EXC	MINERALS & ELECTROLYTES
PRADAXA CAP (QL= 2 caps/day; Step Therapy requires trial of ELIQUIS and XARELTO)	QL-ST	Non-Preferred Brands	ANTICOAGULANTS
PRALUENT INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIHYPERTENSIVES
PRALUENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIHYPERTENSIVES
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	Select	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	Preferred Brands	DERMATOLOGICALS
PRAMOSONE E CREAM	-	Preferred Brands	DERMATOLOGICALS
PRAMOSONE LOTION	-	Non-Preferred Brands	DERMATOLOGICALS
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	NC	ANORECTAL AGENTS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	Select	ANORECTAL AGENTS
PRANDIMET TAB	-	Non-Preferred Brands	ANTIDIABETICS
PRASCION RA CREAM	-	Preferred Brands	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day; Step Therapy requires trial of clopidogrel)	QL-ST	Select	HEMATOLOGICAL AGENTS - MISC.
PRAVACHOL TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERTENSIVES
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
praziquantel tab (BILTRICIDE equiv)	-	Select	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	Select	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
PRED MILD OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
PRED-G S.O.P OPHTH OINTMENT	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	Preferred Brands	DERMATOLOGICALS
prednicarbate cream (DERMATOP equiv)	-	Select	DERMATOLOGICALS
PREDNICARBATE OIN	-	Preferred Brands	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	High Cost Generics	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	Select	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	High Cost Generics	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	Preferred Brands	CORTICOSTEROIDS
PREDNISOLONE SYRUP	-	Select	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	Select	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
prednisone pack	-	Select	CORTICOSTEROIDS
PREDNISONE SOLN	-	Select	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	Select	CORTICOSTEROIDS
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	Non-Preferred Brands	ESTROGENS

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

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Drug Name	Special Code	Tier	Category
pregabalin cap 100mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin cap 150mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin cap 200mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin cap 25mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv) (QL= 3 caps/day)	QL	High Cost Generics	ANTICONVULSANTS
pregabalin cap 50mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin cap 75mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Select	ANTICONVULSANTS
PREGEN DHA CAP	-	NC	MULTIVITAMINS
PREMARIN TAB	-	Preferred Brands	ESTROGENS
PREMARIN VAGINAL CREAM	-	Preferred Brands	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	Preferred Brands	ESTROGENS
PRENARA CAP	-	Non-Preferred Brands	MULTIVITAMINS
PRENATABS RX TAB	-	Preferred Brands	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	Preferred Brands	MULTIVITAMINS
PRENATAL 19 TAB	-	Preferred Brands	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	Non-Preferred Brands	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Preferred Brands	MULTIVITAMINS
PRENATRIX TAB	-	NC	MULTIVITAMINS
PREPIDIL GEL	-	Non-Preferred Brands	OXYTOCICS
PRESTALIA TAB (Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty	ANTIMYCOBACTERIAL AGENTS
PREVACID CAP	-	EXC	ULCER DRUGS
PREVACID SOLUTAB	-	EXC	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)	-	Preventive	MOUTH/THROAT/DENTAL AGENTS

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Drug Name	Special Code	Tier	Category
PREVIDENT PASTE	-	Non-Pref erred Brands	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT SOLN	-	Non-Pref erred Brands	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	Preventi ve	VACCINES
PREVPAC KIT	-	EXC	ULCER DRUGS
PREVMIS TAB	AMSP-PA	Non-Pref erred Specialty	ANTIVIRALS
PREZCOBIX TAB (QL= 1 tab/day)	QL	Preferre d Brands	ANTIVIRALS
PREZISTA SUSP (QL= 400ml/30 days)	QL	Preferre d Brands	ANTIVIRALS
PREZISTA TAB 150MG (QL= 8 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
PREZISTA TAB 300MG (QL= 2 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
PREZISTA TAB 400MG (QL= 2 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
PREZISTA TAB 75MG (QL= 16 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
PREZISTA TAB 800MG (QL= 1 tab/day)	QL	Preferre d Brands	ANTIVIRALS
PRIFTIN TAB	-	Non-Pref erred Brands	ANTIMYCOBACTERIAL AGENTS
PRILOSEC OTC TAB	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PRILOSEC POWDER PACKET (Covered for members age 17 or younger.)	-	EXC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	High Cost Generics	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	Select	ANTICONVULSANTS
PRIMLEV TAB (QL= 13 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
PRIMLEV TAB 10-300MG (QL= 13 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG (QL= 13 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
PRIMLEV TAB 7.5-300MG (QL= 13 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
PRIMSOL SOLN	-	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
PRISTIQ TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
PROAIR HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROAIR RESPICLICK INHALER (Step Therapy requires trial of VENTOLIN HF INHALER and albuterol hfa inhaler)	ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	Select	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRIT INJ	AMSP-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	Preferred Brands	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	Select	ANORECTAL AGENTS
PROCYSBI CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
PROCYSBI GRANULES PACKET (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	Select	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	Select	PROGESTINS
progesterone oil inj	-	Select	PROGESTINS
PROGESTERONE SUPP	PA	Non-Preferred Brands	VAGINAL PRODUCTS
PROGRAF PACKET	-	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB (QL= 13 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN, BROMSITE OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTINEOPLASTICS
PROLIA INJ	PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER	AMSP-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
PROMACTA TAB	AMSP-PA	Preferred Specialty	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	Select	COUGH/COLD/ALLERGY
promethazine inj (PHENERGAN equiv)	-	Select	ANTIHISTAMINES

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promethazine supp (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
promethazine syrup	-	Select	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
promethazine VC syrup (PHENERGAN VC equiv)	-	Select	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Select	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Select	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	Select	ANTIHISTAMINES
propafenone ER cap (RYTHMOL SR equiv)	-	High Cost Generics	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	Select	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	Preferre d Brands	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	Select	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	Select	BETA BLOCKERS
PROPRANOLOL SOLN	-	Select	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	Select	BETA BLOCKERS
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	Preferre d Brands	ANTIHYPERTENSIVES
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Select	ANTIHYPERTENSIVES
propylthiouracil tab	-	Select	THYROID AGENTS
PROQUAD INJ	-	Preventi ve	VACCINES
PROQUIN XR TAB	-	Non-Pref erred Brands	FLUOROQUINOLONES
PROSTIN E2 SUPP	-	Non-Pref erred Brands	OXYTOCICS
PROTHELIAL PASTE	-	Non-Pref erred Brands	MOUTH/THROAT/DENTAL AGENTS
protriptyline tab (VIVACTIL equiv)	-	Select	ANTIDEPRESSANTS
PROVENTIL AERO HFA (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler)	QL-ST	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROVENTIL HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROVIGIL TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
PROZAC WEEKLY CAP	-	Preferre d Brands	ANTIDEPRESSANTS
PROZENA PAD	-	Non-Pref erred Brands	DERMATOLOGICALS
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL

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pseudoephedrine-ibuprofen cap	-	EXC	COUGH/COLD/ALLERGY
PULMICORT FLEXHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA)	QL-ST	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP 0.25MG/2ML, 0.5MG/2ML (QL= 120 units/30 days)	QL	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP 1MG/2ML (QL= 60 units/30 days)	QL	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	AMSP-PA	Preferre d Specialty	RESPIRATORY AGENTS - MISC.
PURE AND GENTLE DROPS	-	EXC	OPHTHALMIC AGENTS
PURIXAN SUSP	AMSP-PA	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	Non-Pref erred Brands	ULCER DRUGS
PYRAZINAMIDE TAB	-	Preferre d Brands	ANTIMYCOBACTERIAL AGENTS
pyrazinamide tab	-	Select	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	Non-Pref erred Brands	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridstigmine soln (MESTINON equiv)	-	High Cost Generics	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ANTIMALARIALS
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC	ANTIMALARIALS
QBRELIS SOLN	-	Non-Pref erred Brands	ANTIHYPERTENSIVES
QBREXZA PAD (QL= 1 pad/day)	PA-QL	Non-Pref erred Brands	DERMATOLOGICALS
QDOLO SOLN	-	Non-Pref erred Brands	ANALGESICS - OPIOID
QELBREE ER CAP 100MG (QL= 30 caps/30 days; Step Therapy requires trial of atomoxetine AND clonidine OR guanfacine)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QELBREE ER CAP 150MG (QL= 60 caps/30 days; Step Therapy requires trial of atomoxetine AND clonidine OR guanfacine)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QELBREE ER CAP 200MG (QL= 60 caps/30 days; Step Therapy requires trial of atomoxetine AND clonidine OR guanfacine)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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

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Drug Name	Special Code	Tier	Category
QINLOCK TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QMIIZ ODT TAB (Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	ST	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	Non-Pref erred Brands	ANTIDIABETICS
QUALAQUIN CAP	-	Non-Pref erred Brands	ANTIMALARIALS
QUDEXY XR CAP 100MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Pref erred Brands	ANTICONVULSANTS
QUDEXY XR CAP 150MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Pref erred Brands	ANTICONVULSANTS
QUDEXY XR CAP 200MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Pref erred Brands	ANTICONVULSANTS
QUDEXY XR CAP 25MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Pref erred Brands	ANTICONVULSANTS
QUDEXY XR CAP 50MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Pref erred Brands	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	Non-Pref erred Brands	MULTIVITAMINS
QUILLICHEW ER TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QUILLIVANT XR SUSP (QL= 2ml/day)	PA-QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	Select	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Select	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	High Cost Generics	ANTIARRHYTHMICS
QUINIDINE SULFATE ER TAB	-	Non-Pref erred Brands	ANTIARRHYTHMICS
quinidine sulfate tab	-	Select	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	Select	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QVAR INHALER (QL= 17.4gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA)	QL-ST	Preferre d Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

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Drug Name	Special Code	Tier	Category
QVAR REDIHALER (QL= 21.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA)	QL-ST	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	EXC	ULCER DRUGS
RAGWITEK SL TAB	PA	Non-Preferred Brands	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ramipril cap (ALTACE equiv)	-	Select	ANTIHYPERTENSIVES
RANEXA TAB (QL= 120 tabs/30 days)	QL	Non-Preferred Brands	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	Select	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	Select	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	Select	ULCER DRUGS
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	High Cost Generics	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Select	ANTIPARKINSON AGENTS
RASUVO INJ 10MG (QL= 0.8ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 12.5MG (QL= 1ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 15MG (QL= 1.2ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 17.5MG (QL= 1.4ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 22.5MG (QL= 1.8ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 25MG (QL= 2ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 27.5MG (QL= 2.2ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 30MG (QL= 2.4ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 7.5MG (QL= 0.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RAVICTI LIQUID (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
RAYALDEE CAP (QL= 2 caps/day)	PA-QL	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	PA	Non-Pref erred Brands	CORTICOSTEROIDS
RAZADYNE ER CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RAZADYNE TAB (QL= 60 tabs/30 days)	QL	Non-Pref erred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBETOL SOLN	AMSP	Preferre d Specialty	ANTIVIRALS
REBIF INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RECTIV OINT	-	Non-Pref erred Brands	ANORECTAL AGENTS
REDITREX INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
REGEN-COVID INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
REGRANEX GEL (QL= 30gm/30 days)	QL	Non-Pref erred Brands	DERMATOLOGICALS
RELAFEN DS TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, buprofen, or nabumetone)	QL-ST	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Preferre d Brands	ANTIVIRALS
RELISTOR INJ (QL= 0.4ml/day)	AMSP-PA-QL	Non-Pref erred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ (QL= 0.6ml/day)	AMSP-PA-QL	Non-Pref erred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT (QL= 0.6ml/day)	AMSP-PA-QL	Non-Pref erred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB (QL= 3 tabs/day)	AMSP-PA-QL	Non-Pref erred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELPAK TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands	MIGRAINE PRODUCTS
RELTONE CAP	-	Non-Pref erred Brands	GASTROINTESTINAL AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
REMEDIENT CAP	-	Non-Preferred Brands	MULTIVITAMINS
REMODULIN INJ 10MG/ML (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 1MG/ML (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 2.5MG/ML (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 5MG/ML (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
RENAGEL TAB	-	Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB 800MG	-	Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
RENOVA CREAM	-	EXC	DERMATOLOGICALS
RENVELA TAB	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
REPAGLINIDE TAB	-	Preferred Brands	ANTIDIABETICS
repaglinide tab (PRANDIN equiv)	-	Select	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANTHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANTHYPERLIPIDEMICS
REQUIP XL TAB (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	Non-Preferred Brands	ANTIPARKINSON AGENTS
RESCRIPTOR TAB	-	Preferred Brands	ANTIVIRALS
RESERPINE TAB	-	Preferred Brands	ANTIHYPERTENSIVES
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS MULTI-DOSE (QL= 5.5 ml/30 days)	QL	Preferred Brands	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION (QL= 60 vials/30 days)	QL	Preferred Brands	OPHTHALMIC AGENTS
RETACRIT INJ	AMSP	Preferred Specialty	HEMATOPOIETIC AGENTS
RETEVMO CAP 40MG (QL= 180 caps/30 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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Drug Name	Special Code	Tier	Category
RETEVMO CAP 80MG (QL= 120 caps/30 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A CREAM (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands	DERMATOLOGICALS
RETIN-A MICRO GEL 0.04%, 0.1% (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06% (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands	DERMATOLOGICALS
RETROVIR CAP (QL= 6 caps/day)	QL	Non-Pref erred Brands	ANTIVIRALS
RETROVIR SYRUP (QL= 1920ml/30 days)	QL	Non-Pref erred Brands	ANTIVIRALS
RETROVIR TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTIVIRALS
REVATIO SUSP (QL= 224ml/30 days)	AMSP-PA-QL	Non-Pref erred Specialty	CARDIOVASCULAR AGENTS - MISC.
REVATIO TAB (QL= 3 tabs/day)	QL	Non-Pref erred Brands	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	ASSORTED CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP 150 MG (QL= 2 caps/day)	QL	Non-Pref erred Brands	ANTIVIRALS
REYATAZ CAP 200MG (QL= 2 caps/day)	QL	Non-Pref erred Brands	ANTIVIRALS
REYATAZ CAP 300MG (QL= 1 cap/day)	QL	Non-Pref erred Brands	ANTIVIRALS
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Preferre d Brands	ANTIVIRALS
REYVOW TAB 100mg (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands	MIGRAINE PRODUCTS
REYVOW TAB 50mg (QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands	MIGRAINE PRODUCTS
REZYST CHEW TAB	-	Select	ANTIDIARRHEALS

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

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Drug Name	Special Code	Tier	Category
RHEUMATREX TAB	-	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY (QL= 43 grams/75 days; Step Therapy requires trial of budesonide, fluniosolide, fluticasone, or triamcinolone)	QL-ST	Non-Pref erred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	NC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Pref erred Brands	OPHTHALMIC AGENTS
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Preferre d Specialty	ANTIVIRALS
ribavirin cap (REBETOL equiv)	AMSP	Generic Specialty	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	EXC	ANTIVIRALS
ribavirin tab (COPEGUS equiv)	AMSP	Generic Specialty	ANTIVIRALS
RIDAURA CAP (Only available through Walgreens 888-347-3416)	LD-PA	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	Non-Pref erred Brands	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	-	Non-Pref erred Brands	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	AMSP-PA	Generic Specialty	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	Select	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
RIOMET ER SUSP (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred Brands	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	High Cost Generics	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	High Cost Generics	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
RISPERDAL M ODT (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL SOLN (QL= 8 ml/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT (QL= 2 tabs/day)	QL	Preferre d Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv) (QL= 2 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv) (QL= 8ml/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv) (QL= 2 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
RITALIN TAB (QL= 3 tabs/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ritonavir tab (NORVIR equiv) (QL= 12 tabs/30 days)	QL	Select	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv) (QL= 1 patch/day)	QL	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
ROAOXIA GEL	-	EXC	DERMATOLOGICALS
ROCALTROL SOLN	-	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCKLATAN OPHTH SOLN (Step Therapy requires trial of latanoprost ophth soln)	ST	Non-Pref erred Brands	OPHTHALMIC AGENTS
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	High Cost Generics	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	Select	ANTIPARKINSON AGENTS
ROSADAN KIT (Step Therapy requires trial of metronidazole cream)	ST	Non-Pref erred Brands	DERMATOLOGICALS
ROSULA WASH	-	Non-Pref erred Brands	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventi ve	ANTIHYPERSLIPIDEMICS
ROSZET TAB (QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Pref erred Brands	ANTIHYPERSLIPIDEMICS

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
ROWASA KIT (Step Therapy requires trial of mesalamine enema)	ST	Non-Pref erred Brands	GASTROINTESTINAL AGENTS - MISC.
ROZEREM TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ROZLYTREK CAP 100MG (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK CAP 200MG (QL= 3 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (QL= 16 vials/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Pref erred Specialty	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	Select	ANTICONVULSANTS
RUKOBIA ER TAB (QL= 60 tabs/30 days)	PA-QL	Non-Pref erred Brands	ANTIVIRALS
RUZURGI TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Pref erred Specialty	ANTIMYASTHENIC/CHOLINERGIC AGENTS
RYBELSUS TAB (QL= 1 tab/day; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
RYBIX ODT	-	Non-Pref erred Brands	ANALGESICS - OPIOID
RYCLORA SYRUP	-	Non-Pref erred Brands	ANTIHISTAMINES
RYDAPT CAP	AMSP-PA	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP (QL= 10 caps/day; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Pref erred Brands	ANTIPARKINSON AGENTS
RYVENT TAB (QL= 4 tabs/day)	QL	Non-Pref erred Brands	ANTIHISTAMINES
SABRIL POWDER PACK (QL= 6 packs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTICONVULSANTS
SABRIL TAB (QL= 6 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTICONVULSANTS
SAFETY SYRINGE	-	Preferre d Brands	MEDICAL DEVICES AND SUPPLIES

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

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SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	AMSP-PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALEX LOTION KIT	-	NC	DERMATOLOGICALS
SALEX SHAMPOO	-	Non-Pref erred Brands	DERMATOLOGICALS
salicylic acid soln	-	Select	DERMATOLOGICALS
salicylic acid aerosol	-	High Cost Generics	DERMATOLOGICALS
salicylic acid liquid	-	Select	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	Select	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	Select	ANALGESICS - NONNARCOTIC
SALVAX AEROSOL	-	Non-Pref erred Brands	DERMATOLOGICALS
SALVAX DUO PLUS KIT	-	Non-Pref erred Brands	DERMATOLOGICALS
SAMSCA TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAMSCA TAB, TOLVAPTAN TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCUSO PATCH (QL= 4 patches/28 days; Step Therapy requires trial of granisetron)	QL-ST	Non-Pref erred Brands	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	Non-Pref erred Brands	ASSORTED CLASSES
SANDOSTATIN LAR INJ KIT	AMSP	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	Non-Pref erred Brands	DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAVAYSA TAB (QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO)	QL-ST	Non-Pref erred Brands	ANTICOAGULANTS

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

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Drug Name	Special Code	Tier	Category
SAVELLA PAK (Step Therapy requires trial of duloxetine and gabapentin)	ST	Non-Pref erred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin)	QL-ST	Non-Pref erred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN GEL	-	Non-Pref erred Brands	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Select	ANTIEMETICS
SEASONIQUE TAB (QL= 91 tabs/84 days)	QL	Non-Pref erred Brands	CONTRACEPTIVES
seb-prev cream (OVACE CREAM equiv)	-	Select	DERMATOLOGICALS
SECONAL CAP	-	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SECUADO PATCH (QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEEBRI NEOHALER CAP (QL= 60 caps/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIM INHALER 2.5MCG/ACT)	QL-ST	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLUROMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	Select	ANTIPARKINSON AGENTS
SELEGILINE TAB	-	Preferre d Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
selegiline tab (ELDEPRYL equiv)	-	Select	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	Select	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	Select	DERMATOLOGICALS
SELRX SHAMPOO	-	Non-Pref erred Brands	DERMATOLOGICALS
SELZENTRY SOLN (QL= 31ml/day)	QL	Preferre d Brands	ANTIVIRALS
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Preferre d Brands	ANTIVIRALS
SEMGLEE INJ (QL= 60ml/30 days; Step Therapy requires trial of LANTUS SOLOSTAR INJ, LANTUS INJ, TOUJEO SOLOSTAR INJ, or TOUJEO MAX SOLOSTAR INJ)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS

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

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Drug Name	Special Code	Tier	Category
SEMGLEE SOLN (QL= 60ml/30 days; Step Therapy requires trial of LANTUS SOLOSTAR INJ, LANTUS INJ, TOUJEO SOLOSTAR INJ, or TOUJEO MAX SOLOSTAR INJ)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
SEMPREX-D CAP 8-60MG	-	Non-Pref erred Brands	COUGH/COLD/ALLERGY
SENSIPAR TAB 30MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
SENSIPAR TAB 60MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
SENSIPAR TAB 90MG (QL= 4 tabs/day)	QL	Non-Pref erred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	Preferre d Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY (Step Therapy requires trial of betamethasone dipropionate)	ST	Non-Pref erred Brands	DERMATOLOGICALS
SEROQUEL TAB (QL= 3 tabs/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEROQUEL XR TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sertraline conc (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	High Cost Generics	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	High Cost Generics	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	Non-Pref erred Brands	TETRACYCLINES
SHINGRIX INJ (Covered for members age 50 or older)	VAC	Preventi ve	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIGNIFOR LAR INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB (Step Therapy requires trial of DROXIA CAP)	ST	Non-Pref erred Brands	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	Non-Pref erred Brands	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SILIPAC KIT	-	Non-Pref erred Brands	DERMATOLOGICALS
SILIQ INJ (QL= 4 inj/28 days)	LMSP-PA-QL	Non-Pref erred Specialty	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	High Cost Generics	GENITOURINARY AGENTS - MISCELLANEOUS
SILVER NITRATE SOLN	-	Preferre d Brands	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Select	DERMATOLOGICALS
SILVERA PAD	-	Non-Pref erred Brands	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
SIMCOR TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIHYPERLIPIDEMICS
SIMPONI SC INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	ANALGESICS - ANTI-INFLAMMATORY
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Preferre d Brands	ANTIHYPERLIPIDEMICS
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventi ve	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventi ve	ANTIHYPERLIPIDEMICS
SINUVA NASAL IMPLANT	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
sirolimus soln (RAPAMUNE equiv)	-	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSE
sirolimus tab (RAPAMUNE equiv)	-	High Cost Generics	ASSORTED CLASSES
SIRTURO TAB (Restricted to Infectious Disease Specialist; Only available through MMS Solutions 855-691-0963)	LD-RS	Preferre d Specialty	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB (QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir)	QL-ST	Non-Pref erred Brands	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
SIVEXTRO TAB (QL= 6 tabs/fill)	QL-RS	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
SKELID TAB	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION	-	EXC	DERMATOLOGICALS
SKYLA IUD	-	Preventive	CONTRACEPTIVES
SKYRIZI INJ (QL= 2 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
SLOW RELEASE IRON TAB	-	EXC	HEMATOPOIETIC AGENTS
SLYND TAB	-	Non-Preferred Brands	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride inj	-	Select	MINERALS & ELECTROLYTES
sodium chloride neb soln (HYPER-SAL equiv)	-	Select	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	Select	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)	-	Preventive	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
sodium fluoride paste (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	High Cost Generics	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	High Cost Generics	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	Select	DERMATOLOGICALS

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sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	Select	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	Preferred Brands	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	Select	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	Preferred Brands	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide/urea pad (ROSULA equiv)	-	Select	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
SOF-SENSOR MIS	PA	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
SOLAICE PATCH	-	Non-Preferred Brands	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
SOLARAZE GEL (QL= 100gm/fill, 2 fills/month; Step Therapy requires trial of fluorouracil cream or imiquimod cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
solifenacin tab (VESICARE equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	QL-ST	Select	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 18ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
SOLODYN TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	TETRACYCLINES
SOLOSEC GRANULES PACKET (QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole)	QL-ST	Non-Preferred Brands	AMEBICIDES
SOLTAMAX SOLN	-	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SOMA TAB (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ	AMSP-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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Drug Name	Special Code	Tier	Category
SOMNOTE CAP	-	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SONATA CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SOOLANTRA CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Pref erred Brands	DERMATOLOGICALS
SORIATANE CAP (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel; Only available through Walgreens 888-347-3416)	LD-ST	Non-Pref erred Specialty	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	Select	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	Select	BETA BLOCKERS
SOTYLIZE SOLN	-	Non-Pref erred Brands	BETA BLOCKERS
SOVALDI PELLETT PAK	AMSP	Non-Pref erred Specialty	ANTIVIRALS
SOVALDI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	ANTIVIRALS
SPECTRACEF TAB	-	Non-Pref erred Brands	CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Preferre d Brands	DERMATOLOGICALS
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-M-PA	Non-Pref erred Specialty	NEUROMUSCULAR AGENTS
SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device)	QL	Preferre d Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler)	QL-ST	Preferre d Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Preferre d Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	Value	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Select	DIURETICS
SPORANOX SOLN	-	Non-Pref erred Brands	ANTIFUNGALS
SPRAVATO NASAL SOLN (QL= 4 kits/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventi ve	CONTRACEPTIVES
SPRITAM TAB (Step Therapy requires trial of levetiracetam or levetiracetam ER)	ST	Non-Pref erred Brands	ANTICONSULSANTS

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

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Drug Name	Special Code	Tier	Category
SPRIX NASAL SPRAY (QL= 5 units/30 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS SUSP	-	Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
SSKI SOLN	-	Preferred Brands	COUGH/COLD/ALLERGY
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Preferred Brands	COUGH/COLD/ALLERGY
STAMARIL INJ	-	NC	VACCINES
STAVUDINE CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIVIRALS
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Select	ANTIVIRALS
stavudine soln (ZERIT equiv) (QL= 2400ml/30 days)	QL	Select	ANTIVIRALS
STAVZOR CAP	-	Non-Preferred Brands	ANTICONVULSANTS
STEGLATRO TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XF TAB)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
STEGLUJAN TAB (Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	ST	Non-Preferred Brands	ANTIDIABETICS
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
STIMATE NASAL SOLN	-	Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP 10MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
STRATTERA CAP 18MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
STRATTERA CAP 25MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
STRATTERA CAP 40MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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

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Drug Name	Special Code	Tier	Category
STRATTERA CAP 60MG (QL= 1 cap/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM (QL= 60 films/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
STRIBILD TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of SEREVENT DISKUS)	QL-ST	Non-Preferred Brands	ASTHMA AND BRONCHODILATOR AGENTS
SUBLOCADE INJ	-	NC	ANALGESICS - OPIOID
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Preferred Brands	ANALGESICS - OPIOID
SUBOXONE SL FILM 2-0.5MG (QL= 1 film/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
SUBOXONE SL FILM 4-1MG (QL= 1 film/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
SUBOXONE SL FILM 8-2MG (QL= 2 films/day)	QL	Preferred Brands	ANALGESICS - OPIOID
SUBSYS SPRAY	PA	Non-Preferred Brands	ANALGESICS - OPIOID
SUCLEAR KIT	-	Non-Preferred Brands	LAXATIVES
SUCRAID SOLN	-	Non-Preferred Brands	DIGESTIVE AIDS
sucralfate susp (CARAFATE equiv)	-	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
sucralfate tab (CARAFATE equiv)	-	Select	ULCER DRUGS
SUDAFD SINUS TAB 30MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUDAFED 24HR TAB 240MG (QL= 1 tab/day)	QL	Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUDAFED CHILDRENS LIQUID 15MG/5ML (QL= 240ml/30 days)	QL	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
SULFACETAMIDE SODIUM OPHTH OINT	-	Preferred Brands	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Select	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Select	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	Select	SULFONAMIDES

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

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Drug Name	Special Code	Tier	Category
SULFAMYLYN CREAM	-	Preferred Brands	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN XLT KIT	-	Non-Preferred Brands	DERMATOLOGICALS
SUMANSETRON PAK (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	ST	Non-Preferred Brands	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 1 inj/7 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Preferred Brands	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 1 inj/7 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREMIMET equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	Non-Preferred Brands	MIGRAINE PRODUCTS
SUMAXIN TS SUSP (Step Therapy requires trial of sodium sulfacetamide/sulfur)	ST	Non-Preferred Brands	DERMATOLOGICALS
SUNOSI TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
SUNOSI TAB 75 MG (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
SUPRAX CAP	-	Non-Preferred Brands	CEPHALOSPORINS
SUPRAX CHEW TAB	-	Non-Preferred Brands	CEPHALOSPORINS
SUPRAX SUSP	-	Non-Preferred Brands	CEPHALOSPORINS

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

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Drug Name	Special Code	Tier	Category
SUPRAX TAB	-	Non-Pref erred Brands	CEPHALOSPORINS
SUPREP SOLN	-	Non-Pref erred Brands	LAXATIVES
SURMONTIL CAP (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Pref erred Brands	ANTIDEPRESSANTS
SUSTIVA TAB	-	Non-Pref erred Brands	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTAB TAB (Step Therapy requires trial of 2: CLENPIQ SOLN, trilyte soln, gavylyte-h kit, peg 3350/electrolytes soln, peg 3350 soln, or GAVILYTE-C SOLN)	ST	Non-Pref erred Brands	LAXATIVES
SUTENT CAP (Only available through Walgreens 888-347-3416)	LD-PA-SF	Preferre d Specialty	ANTINEOPLASTICS
SYLATRON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	Non-Pref erred Brands	ULCER DRUGS
SYMBYAX CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	Non-Pref erred Brands	ANTIVIRALS
SYMJEPI INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferre d Brands	VASOPRESSORS
SYMLINPEN INJ 120 (QL= 11ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
SYMLINPEN INJ 60 (QL= 6ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	Non-Pref erred Brands	ANTICONVULSANTS
SYMPROIC TAB	PA	Preferre d Brands	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	Preferre d Brands	ANTIVIRALS
SYNALAR CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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Drug Name	Special Code	Tier	Category
SYNALAR OINT	-	Non-Preferred Brands	DERMATOLOGICALS
SYNALAR SOLN	-	Non-Preferred Brands	DERMATOLOGICALS
SYNAREL NASAL SOLN	-	Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN (QL= 60ml/30 days)	QL	Non-Preferred Brands	ANTIEMETICS
SYNERA PATCH	-	Non-Preferred Brands	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	Preferred Brands	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	Non-Preferred Brands	THYROID AGENTS
SYNVEXIA TC CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
SYPRINE CAP (Step Therapy requires trial of penicillamine tab and trientine cap)	ST	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
SYRINGE LUER-LOK	OTC	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
TABLOID TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTINEOPLASTICS
TABRECTA TAB (QL= 112 tabs/28 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	Select	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	Select	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Select	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Pref erred Specialty	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
TALTZ INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty	DERMATOLOGICALS
TALZENNA CAP 0.25MG (QL= 3 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 1MG (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP 30MG (QL= 40 caps/183 days)	QL	Non-Pref erred Brands	ANTIVIRALS
TAMIFLU CAP 45MG (QL= 40 caps/183 days)	QL	Non-Pref erred Brands	ANTIVIRALS
TAMIFLU CAP 75MG (QL= 20 caps/183 days)	QL	Non-Pref erred Brands	ANTIVIRALS
TAMIFLU SUSP (QL= 360ml/183 days)	QL	Non-Pref erred Brands	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	Preventi ve	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ (QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
TARCEVA TAB 100MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARCEVA TAB 150MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARCEVA TAB 25MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGADOX TAB (QL= 4 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Pref erred Brands	TETRACYCLINES
TARGRETIN GEL	AMSP-PA	Non-Pref erred Specialty	DERMATOLOGICALS
TARKA TAB	-	Non-Pref erred Brands	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
TASIGNA CAP	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TASMAR TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	High Cost Generics	DERMATOLOGICALS
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
tazarotene cream 0.1% (TAZORAC equiv)	-	High Cost Generics	DERMATOLOGICALS
TAZORAC CREAM 0.05% (Step Therapy requires trial of tazarotene cream)	ST	Non-Preferred Brands	DERMATOLOGICALS
TAZORAC GEL (Step Therapy requires trial of tazarotene cream)	ST	Non-Preferred Brands	DERMATOLOGICALS
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP (Step Therapy requires trial of dimethyl fumarate AND avonex AND gilenya AND glatiramer)	AMSP-ST	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK (QL= 60 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIVIRALS
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKAMLO TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
TEKTURNA HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
TEKTURNA TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	Select	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	High Cost Generics	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	High Cost Generics	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	High Cost Generics	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	High Cost Generics	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TENCON TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
TEPMETKO TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	Select	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	Select	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	Select	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	Select	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	Select	VAGINAL PRODUCTS
TERIPARATIDE INJ (QL= 2.48 units/28 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Select	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ (QL= 4 vials/28 days)	QL	Preferred Brands	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Preferred Brands	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv)	PA-QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 300gm/30 days)	QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv)	-	High Cost Generics	ANDROGENS-ANABOLIC

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

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Drug Name	Special Code	Tier	Category
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	QL	High Cost Generics	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	QL	High Cost Generics	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Preferred Brands	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv)	-	Select	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Preferred Brands	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	QL	High Cost Generics	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventive	TOXOIDS
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracaine ophth soln	-	Select	OPHTHALMIC AGENTS
tetracycline cap	-	Select	TETRACYCLINES
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ASSORTED CLASSES
THEOCHRON TAB	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline CR tab (QUIBRON-T equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
THIOLA TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYQUIDITY SOLN (Step Therapy requires trial of levothyroxine)	ST	Non-Preferred Brands	THYROID AGENTS
THYROLAR TAB	-	Non-Preferred Brands	THYROID AGENTS
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS

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Drug Name	Special Code	Tier	Category
TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ticlopidine tab (TICLID equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
TIGLUTIK SUSP (Only available through Foundation Care 877-291-1122)	LD-PA	Preferre d Specialty	NEUROMUSCULAR AGENTS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day)	QL	High Cost Generics	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	High Cost Generics	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	Select	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	High Cost Generics	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	ST--	Select	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	Select	BETA BLOCKERS
TIMOLOL OPHTH GEL SOLN (Step Therapy requires trial of timolol maleate ophth soln)	ST	Preferre d Brands	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN 0.25% (QL= 2ml/day)	QL	Non-Pref erred Brands	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN 0.5% (QL= 2ml/day)	QL	Non-Pref erred Brands	OPHTHALMIC AGENTS
TIMOPTIC OPHTH SOLN 0.25%	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
TIMOPTIC OPHTH SOLN 0.5%	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
TIMOPTIC-XE OPHTH GEL (Step Therapy requires trial of timolol maleate oph soln)	ST	Non-Pref erred Brands	OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Generic Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
TIROSINT CAP	-	Non-Pref erred Brands	THYROID AGENTS
TIROSINT-SOL (Step therapy requires trial of levothyroxine)	ST	Non-Pref erred Brands	THYROID AGENTS
TIVICAY PD TAB (QL= 180 tabs/30 days)	QL	Preferre d Brands	ANTIVIRALS
TIVICAY TAB (QL= 180 tabs/30 days)	QL	Preferre d Brands	ANTIVIRALS

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

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Drug Name	Special Code	Tier	Category
tizanidine cap (ZANAFLEX equiv)	-	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	Non-Pref erred Brands	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	AMSP-PA	Non-Pref erred Specialty	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	Preferre d Brands	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Generic Specialty	AMINOGLYCOSIDES
tobramycin neb soln (TOBI equiv)	AMSP-PA	Generic Specialty	AMINOGLYCOSIDES
tobramycin ophth soln (TOBEX equiv)	-	Select	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Select	OPHTHALMIC AGENTS
TOBEX OPHTH OINT	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	Preventi ve	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	Select	ANTIDIABETICS
TOLBUTAMIDE TAB	-	Preferre d Brands	ANTIDIABETICS
tolcapone tab (TASMAR equiv) (QL= 3 caps/day)	QL	High Cost Generics	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP (QL= 4 caps/day; Step Therapy requires trial of itraconazole)	QL-ST	Non-Pref erred Brands	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	High Cost Generics	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	High Cost Generics	URINARY ANTISPASMODICS
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
TOPICORT SPRAY 0.25%	-	Non-Pref erred Brands	DERMATOLOGICALS
topiramate ER cap 100mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate ER cap 150mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate ER cap 200mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate ER cap 25mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate ER cap 50mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	Select	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	Select	ANTICONVULSANTS
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	AMSP-ST	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torseamide tab (DEMADEX equiv)	-	Select	DIURETICS
TOSYMRA SOLN (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/28 days)	QL	Preferre d Brands	ANTIDIABETICS
TOUJEO SOLOSTAR INJ (QL= 13.5ml/28 days)	QL	Preferre d Brands	ANTIDIABETICS
TOVET KIT	-	NC	DERMATOLOGICALS
TOVIAZ TAB (Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap)	ST	Non-Pref erred Brands	URINARY ANTISPASMODICS
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferre d Brands	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP (QL= 1 cap/day; Step Therapy requires trial of tramadol tab)	QL-ST	Non-Pref erred Brands	ANALGESICS - OPIOID
tramadol ER tab (RYZOLT equiv)	-	High Cost Generics	ANALGESICS - OPIOID
tramadol ER tab 100mg (ULTRAM ER equiv)	-	Select	ANALGESICS - OPIOID
tramadol ER tab 200mg (ULTRAM ER equiv)	-	Select	ANALGESICS - OPIOID
tramadol ER tab 300mg (ULTRAM ER equiv)	-	Select	ANALGESICS - OPIOID

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

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Drug Name	Special Code	Tier	Category
TRAMADOL HCL TAB 100MG (QL= 4 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	Select	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	Select	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	Select	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	Select	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Select	HEMOSTATICS
TRANSDERM-SCOP PATCH (QL= 10 patches/30 days)	QL	Non-Pref erred Brands	ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	Select	ANTIDEPRESSANTS
TRAVATAN Z DROPS (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln or travoprost ophth soln)	QL-ST	Non-Pref erred Brands	OPHTHALMIC AGENTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Select	ANTIDEPRESSANTS
TRECATOR TAB	-	Non-Pref erred Brands	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferre d Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ (QL= 1 inj/56 days)	AMSP-PA-QL	Non-Pref erred Specialty	DERMATOLOGICALS
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ (QL= 30ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO)	QL-ST	Preferre d Brands	ANTIDIABETICS
TRESIBA INJ (QL= 30ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO)	QL-ST	Preferre d Brands	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	AMSP-PA	Generic Specialty	ANTINEOPLASTICS
tretinoin cream (RETIN-A CREAM equiv)	-	Select	DERMATOLOGICALS
tretinoin gel (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	High Cost Generics	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv)	ST--	Select	DERMATOLOGICALS
TRETIN-X CREAM (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands	DERMATOLOGICALS
TRETIN-X KIT (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands	DERMATOLOGICALS

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TREXIMET TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands	MIGRAINE PRODUCTS
TREXIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP (QL= caps/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
triamcinolone acetonide oint (TRIANEX equiv) (Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%)	ST	High Cost Generics	DERMATOLOGICALS
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Select	DERMATOLOGICALS
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Select	DERMATOLOGICALS
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Select	DERMATOLOGICALS
triamcinolone cream	-	Select	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	Select	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	High Cost Generics	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	High Cost Generics	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Select	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	Select	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Select	DIURETICS
TRIANEX OINT	-	Non-Pref erred Brands	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TRIBENZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands	ANTIHYPERTENSIVES
tricitrates soln (POLYCITRA-LC equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
TRICOPHYTON MENTAGRO SOLN	-	NC	DIAGNOSTIC PRODUCTS
trientine cap (SYPRINE equiv) (Step Therapy requires trial of penicillamine tab)	ST	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSE
trifluoperazine tab (STELAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	Select	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	Non-Pref erred Brands	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	Select	ANTIPARKINSON AGENTS
TRIJARDY XR TAB	-	Non-Pref erred Brands	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	-	Preventi ve	CONTRACEPTIVES
TRILIPIX CAP	-	Non-Pref erred Brands	ANTIHYPERLIPIDEMICS
TRIOLOCICLO KIT	-	NC	DERMATOLOGICALS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (QL= 2 fills/calendar year)	QL	Preventi ve	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	Select	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Select	ANTIDEPRESSANTS
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred Brands	ANTIDEPRESSANTS
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Select	COUGH/COLD/ALLERGY
trispesec pse liquid (QL= 1200ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventi ve	CONTRACEPTIVES
TRIUMEQ TAB (QL= 1 tab/day)	QL	Preferre d Brands	ANTIVIRALS
TRIZIVIR TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTIVIRALS
TROKENDI XR CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
TROKENDI XR CAP 100MG (QL= 1 cap/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
TROKENDI XR CAP 25MG (QL= 1 cap/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
TROKENDI XR CAP 50MG (QL= 1 cap/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	Select	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	-	High Cost Generics	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	High Cost Generics	URINARY ANTISPASMODICS
TRULANCE TAB	-	Preferre d Brands	GASTROINTESTINAL AGENTS - MISC.

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

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TRULICITY INJ (QL= 2 ml/28 days; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferred Brands	ANTIDIABETICS
TRUMENBA INJ	VAC	Preventive	VACCINES
TRUVADA TAB (QL= 30 tabs/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSNEL C SYRUP (QL= 1200ml/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
TUSNEL SYRUP (QL= 1200ml/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	Select	COUGH/COLD/ALLERGY
tussin cf liquid (QL= 1200ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
TUSSI-ORGANI SYRUP (QL= 240ml/fill, 2 fills/month)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
TUSSLIN LIQUID	OTC	Non-Preferred Brands	COUGH/COLD/ALLERGY
TUXARIN ER TAB (QL= 20 tabs/fill, 2 fills/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP (QL= 120ml/fill, 2 fills/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	Preventive	VACCINES
TWIRLA PATCH	-	Preventive	CONTRACEPTIVES
TWYNSTA TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
TYBLUME TAB	-	Preventive	CONTRACEPTIVES
TYBOST TAB	-	Preferred Brands	ANTIVIRALS

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
TYKERB TAB	AMSP-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ANTIVIRALS
UBRELVY TAB (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	-	Non-Preferred Brands	ANORECTAL AGENTS
U-CORT CREAM	-	Preferred Brands	DERMATOLOGICALS
UDENYCA INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
UKONIQ TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ULESFIA LOTION (QL= 4 bottles/fill, 2 fills/month)	QL	Non-Preferred Brands	DERMATOLOGICALS
ULORIC TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	GOUT AGENTS
UMECTA EMULSION	-	Non-Preferred Brands	DERMATOLOGICALS
umecta mouss aer (HYDRO 40 equiv)	-	High Cost Generics	DERMATOLOGICALS
UMECTA PD EMULSION	-	Non-Preferred Brands	DERMATOLOGICALS
UMECTA SUSP	-	Non-Preferred Brands	DERMATOLOGICALS
UPNEEQ SOLN (QL= 30 droppers/30 days)	PA-QL	Non-Preferred Brands	OPHTHALMIC AGENTS
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	Non-Preferred Brands	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
URAMAXIN GEL	-	Non-Pref erred Brands	DERMATOLOGICALS
urea cream	-	Select	DERMATOLOGICALS
UREA EMULSION	-	Non-Pref erred Brands	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	Select	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	Select	DERMATOLOGICALS
UREA NAIL KIT	-	Non-Pref erred Brands	DERMATOLOGICALS
UREA SUSP	-	Non-Pref erred Brands	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	Select	DERMATOLOGICALS
UROGESIC-BLUE TAB	-	Non-Pref erred Brands	ANTI-INFECTIVE AGENTS - MISC.
UROQID #2 TAB	-	Non-Pref erred Brands	URINARY ANTI-INFECTIVES
ursodiol cap (ACTIGALL equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
USTELL CAP	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
ustell cap	-	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
UTA CAP	-	Non-Pref erred Brands	ANTI-INFECTIVE AGENTS - MISC.
UTA cap	-	Select	ANTI-INFECTIVE AGENTS - MISC.
UTIBRON NEOHALER CAP (QL= 2 caps/day; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER)	QL-ST	Non-Pref erred Brands	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
VAGISIL CREAM	-	EXC	VAGINAL AND RELATED PRODUCTS
valacyclovir tab (VALTREX equiv)	-	Select	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779)	LD-PA-QL	Preferre d Specialty	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	Select	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	Select	ANTIVIRALS
valproate inj (DEPAKON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	Select	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	Select	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	Select	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Select	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY	-	Non-Pref erred Brands	ANTICONVULSANTS

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

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Drug Name	Special Code	Tier	Category
VALTURNA TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
VANACOF LIQUID	-	Preferred Brands	COUGH/COLD/ALLERGY
VANCOCIN CAP 125MG (QL= 56 caps/30 days)	QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
VANCOCIN CAP 250MG (QL= 112 caps/30 days)	QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Select	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	NC	OPHTHALMIC AGENTS
VANCOMYCIN SOLN (Step Therapy requires trial of vancomycin cap)	--ST	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANOS CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
VARIVAX INJ	VAC	Preventive	VACCINES
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of ondansetron)	QL-RS-ST	Preferred Brands	ANTIEMETICS
VASCEPA CAP 0.5GM (QL= 4 caps/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
VASCEPA CAP 1GM (QL= 4 caps/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
VAXCHORA SUSP	VAC	Preventive	VACCINES
VAXELIS INJ	VAC	Preventive	TOXOIDS
VECAMYL TAB	AMSP-PA	Non-Preferred Specialty	ANTIHYPERTENSIVES
velivet tab (CYCLESSA equiv)	-	Preventive	CONTRACEPTIVES
VELPHORO CHEW TAB	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER (QL= 1 packet/day; Step Therapy requires trial of LOKELMA)	QL-ST	Non-Preferred Brands	ASSORTED CLASSES
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	Select	ANTIDEPRESSANTS
venlafaxine ER tab	-	High Cost Generics	ANTIDEPRESSANTS
VENLAFAXINE ER TAB	-	Preferred Brands	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	Select	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAPAMIL CAP 100MG	-	Select	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 200MG	-	Select	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 300MG	-	Select	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	Preferred Brands	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
VEREGEN OINT	-	Non-Preferred Brands	DERMATOLOGICALS
VERELAN PM ER CAP 100MG, 300MG	-	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
VERELAN SR CAP 360mg	-	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
VERQUVO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP	-	NC	URINARY ANTISPASMODICS
VESICARE TAB (QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	QL-ST	Non-Preferred Brands	URINARY ANTISPASMODICS
VEXOL OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS

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SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Drug Name	Special Code	Tier	Category
V-GO INJ KIT (QL= 1 kit/day)	QL	Non-Pref erred Brands	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	Non-Pref erred Brands	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands	TETRACYCLINES
VIBRAMYCIN SYRUP	-	Non-Pref erred Brands	TETRACYCLINES
VICTOZA INJ (QL= 9ml/30 days; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferre d Brands	ANTIDIABETICS
VICTRELIS CAP	-	NC	ANTIVIRALS
VIDEX SOLN (QL= 600ml/30 days)	QL	Preferre d Brands	ANTIVIRALS
VIEKIRA PAK TAB (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Pref erred Specialty	ANTIVIRALS
VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Pref erred Specialty	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventi ve	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Walgreens 888-347-3416 or PantherRx 855-726-8479)	LD-PA-QL	Generic Specialty	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Pref erred Brands	ANTIDEPRESSANTS
VIIBRYD TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Pref erred Brands	ANTIDEPRESSANTS
VIMOVO TAB	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	Preferre d Brands	ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	Preferre d Brands	ANTICONVULSANTS
VIOKACE TAB	-	Non-Pref erred Brands	DIGESTIVE AIDS
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventi ve	CONTRACEPTIVES
VIRACEPT POWDER	-	Preferre d Brands	ANTIVIRALS
VIRACEPT TAB	-	Preferre d Brands	ANTIVIRALS

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VIRAMUNE SUSP (QL= 1200ml/30 days)	QL	Non-Pref erred Brands	ANTIVIRALS
VIRAMUNE TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTIVIRALS
VIRAMUNE XR TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIVIRALS
VIRASAL LIQUID	-	Non-Pref erred Brands	DERMATOLOGICALS
VIREAD POWDER	-	Preferre d Brands	ANTIVIRALS
VIREAD TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIVIRALS
VIREAD TAB (QL= 1 tab/day)	QL	Preferre d Brands	ANTIVIRALS
VISICOL TAB	-	Non-Pref erred Brands	LAXATIVES
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Preferre d Specialty	ANTIDOTES
VITAFOL STRIPS	-	Non-Pref erred Brands	MULTIVITAMINS
VITAMIN B-6 TAB	-	EXC	VITAMINS
vitamin D cap (RX strength only)	-	Select	VITAMINS
VITEKTA TAB (QL= 1 tab/day)	QL	Preferre d Brands	ANTIVIRALS
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 8 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRECYL IRON TAB	-	NC	MULTIVITAMINS
VITRECYL TAB	-	NC	MULTIVITAMINS
VIVELLE-DOT PATCH (QL= 8 patches/28 days)	QL	Non-Pref erred Brands	ESTROGENS
VIVITROL INJ	AMSP	Preferre d Specialty	ANTIDOTES
VIVLODEX CAP (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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VIVOTIF CAP (QL= 4 caps/fill, 1 fill/year)	QL-VAC	Preventive	VACCINES
VIZIMPRO TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferrred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOCABRIA TAB	-	EXC	ANTIVIRALS
VOGELXO PUMP (QL= 4 bottles/30 days)	PA-QL	Non-Preferrred Brands	ANDROGENS-ANABOLIC
VOPAC 5 CREAM	-	Non-Preferrred Brands	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
voriconazole susp (VFEND equiv)	-	Select	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	Select	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
VOTRIENT TAB	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VP-PNV-DHA CAP	-	Select	MULTIVITAMINS
VRAYLAR CAP (QL= 1 cap/day)	QL	Non-Preferrred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK (QL= 2 packs/plan year)	QL	Non-Preferrred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	Non-Preferrred Brands	ANTIDIARRHEALS
VTOL SOLN	-	Select	ANALGESICS - NONNARCOTIC
VUMERITY CAP (QL= 120 caps/30 days)	AMSP-PA-QL	Non-Preferrred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYLEESI INJ (QL= 2.4 ml/28 days)	PA-QL	Non-Preferrred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYNDAMAX CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferrred Specialty	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferrred Specialty	CARDIOVASCULAR AGENTS - MISC.
VYTORIN CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB (QL= 1 tab/day)	QL	Non-Preferrred Brands	ANTIHYPERLIPIDEMICS
VYVANSE CAP (QL= 1 cap/day)	QL	Non-Preferrred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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

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Drug Name	Special Code	Tier	Category
VYVANSE CHEW TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYZULTA SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Pref erred Brands	OPHTHALMIC AGENTS
WAKIX TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Pref erred Specialty	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
warfarin tab (COUMADIN equiv)	-	Select	ANTICOAGULANTS
WELCHOL PACK	-	Non-Pref erred Brands	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	Non-Pref erred Brands	ANTIHYPERLIPIDEMICS
WINLEVI CREAM	-	NC	DERMATOLOGICALS
WPR PLUS	-	Non-Pref erred Brands	DERMATOLOGICALS
WYNZORA CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
XADAGO TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Pref erred Specialty	ANTIPARKINSON AGENTS
XALIX SOL	-	Non-Pref erred Brands	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XARELTO STARTER PACK	-	Preferre d Brands	ANTICOAGULANTS
XARELTO TAB	-	Preferre d Brands	ANTICOAGULANTS
XARTEMIS XR TAB (QL= 12 tabs/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
XATMEP SOLN (QL= 60ml/30 days)	PA-QL	Non-Pref erred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XCOPRI PAK 100-150MG (QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred Brands	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred Brands	ANTICONVULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred Brands	ANTICONVULSANTS

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

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Drug Name	Special Code	Tier	Category
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred Brands	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred Brands	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred Brands	ANTICONVULSANTS
XELJANZ SOLN (QL= 10ml/day)	AMSP-PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	AMSP-PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELODA TAB	AMSP	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XELPROS OPTH EMULSION (Step Therapy requires trial of latanoprost opht soln)	ST	Non-Pref erred Brands	OPHTHALMIC AGENTS
XEMBIFY INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Pref erred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENAZINE TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
XENLETA TAB (QL= 10 tabs/fill, 1 fill/month)	AMSP-PA-QL	Non-Pref erred Specialty	ANTI-INFECTIVE AGENTS - MISC.
XEPI CREAM (QL= 30gm/30 days)	QL	Non-Pref erred Brands	DERMATOLOGICALS
XERESE CREAM	-	Non-Pref erred Brands	DERMATOLOGICALS
XERMELO TAB (QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-ST	Non-Pref erred Specialty	GASTROINTESTINAL AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
XGEVA INJ	PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
XHANCE NASAL EXHALER	-	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/fill, 2 fills/month)	PA-QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	Preferred Brands	ANTIDIABETICS
XIIDRA OPHTH SOLN (QL= 60ml/30days; Step Therapy requires trial of RESTASIS OPHTH EMULSION)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
XODOL TAB 10MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
XOFLUZA TAB (QL= 2 tabs/fill)	QL	Non-Preferred Brands	ANTIVIRALS
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	Non-Preferred Brands	DERMATOLOGICALS
XOLEGEL COREPAK KIT	-	Non-Preferred Brands	DERMATOLOGICALS
XOSPATA TAB (QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPOVIO TAB (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTAMPZA ER CAP 13.5MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
XTAMPZA ER CAP 18MG (QL= 2 caps/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
XTAMPZA ER CAP 27MG (QL= 4 caps/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
XTAMPZA ER CAP 36MG (QL= 8 caps/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
XTAMPZA ER CAP 9MG (QL= 2 caps/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULTOPHY INJ (QL= 15ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands	ANTIDIABETICS
XURIDEN POWDER (Only available through Biomatrix 855-359-9679)	LD-PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYOSTED INJ (QL= 4 syringes/28 days)	PA-QL	Non-Pref erred Brands	ANDROGENS-ANABOLIC
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050)	LD-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYWAV SOLN (Only available through Xyrem Central Pharmacy 314-587-4050)	LD-PA	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN (QL= 10ml/day)	QL	Non-Pref erred Brands	ANTIHISTAMINES
YASMIN TAB	-	NC	CONTRACEPTIVES
YAZ TAB	-	Non-Pref erred Brands	CONTRACEPTIVES
YF-VAX INJ	-	Preventi ve	VACCINES
YODOXIN TAB	-	Non-Pref erred Brands	AMEBICIDES
YONSA TAB (QL= 4 tabs/day)	AMSP-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
YUPELRI SOLN (QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zafemy patch (XULANE equiv)	-	Preventive	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZANTAC EFFER TAB	-	Non-Preferred Brands	ULCER DRUGS
ZARXIO INJ	AMSP	Preferred Specialty	HEMATOPOIETIC AGENTS
ZAVESCA CAP (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
ZECUITY PAD (QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
ZEGALOGUE INJ	-	NC	ANTIDIABETICS
ZEGERID CAP	-	EXC	ULCER DRUGS
ZEGERID CAP OTC	OTC	EXC	ULCER DRUGS
ZEGERID POWDER PACK	-	EXC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	Non-Preferred Brands	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELNORM TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
zenzedi tab 10mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZENZEDI TAB 15MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZENZEDI TAB 2.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZENZEDI TAB 20MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZENZEDI TAB 30MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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Drug Name	Special Code	Tier	Category
zenzedi tab 5mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ZENZEDI TAB 7.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ZEPATIER TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Pref erred Specialty	ANTIVIRALS
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	High Cost Generics	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZEPOSIA CAP (QL=30 caps/30 days)	AMSP-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 7 units/30 days, 2 fills/year)	AMSP-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERIT CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands	ANTIVIRALS
ZERIT SOLN (QL= 2400ml/30 days)	QL	Non-Pref erred Brands	ANTIVIRALS
ZERVIATE OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
ZETIA TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIAGEN SOLN (QL= 960ml/30 days)	QL	Non-Pref erred Brands	ANTIVIRALS
ZIAGEN TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTIVIRALS
ZIANA GEL (Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or tretinoin)	ST	Non-Pref erred Brands	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Select	ANTIVIRALS
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Select	ANTIVIRALS
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
ZIEXTENZO INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Preferre d Specialty	HEMATOPOIETIC AGENTS
ZILACAINE PAK	-	NC	DERMATOLOGICALS
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	High Cost Generics	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
ZINBRYTA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZIOPTAN OPHTH SOLN (QL= 1 bottle/day; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Pref erred Brands	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP (QL= 4 caps/day)	QL	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL	-	Preferre d Brands	OPHTHALMIC AGENTS
ZITHRANOL SHAMPOO	-	Non-Pref erred Brands	DERMATOLOGICALS
ZITHROMAX POWDER PACK	-	Preferre d Brands	MACROLIDES
ZMAX SUSP	-	Non-Pref erred Brands	MACROLIDES
ZOCOR TAB 5MG, 10MG, 20MG, 40MG (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIHYPERLIPIDEMICS
ZOCOR TAB 80MG (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands	ANTIHYPERLIPIDEMICS
ZOFRAN SOLN (QL= 50ml/fill, 1 fill/15 days)	QL	Non-Pref erred Brands	ANTIEMETICS
ZOHYDRO ER CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
ZOHYDRO ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands	ANALGESICS - OPIOID
ZOKINVY CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
ZOLINZA CAP	LMSP-PA-SF	Preferre d Specialty	ANTINEOPLASTICS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Pref erred Brands	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS

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Drug Name	Special Code	Tier	Category
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOLPIMIST SPRAY (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	ST	Non-Pref erred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOMIG TAB (QL= 9 tabs/30 days)	QL	Non-Pref erred Brands	MIGRAINE PRODUCTS
ZOMIG ZMT (QL= 9 tabs/30 days)	QL	Non-Pref erred Brands	MIGRAINE PRODUCTS
zonisamide cap (ZONEGRAN equiv)	-	Select	ANTICONVULSANTS
ZONTIVITY TAB (Step Therapy requires trial of clopidogrel)	ST	Non-Pref erred Brands	HEMATOLOGICAL AGENTS - MISC.
ZORPRIN TAB	-	Non-Pref erred Brands	ANALGESICS - NONNARCOTIC
ZORTRESS TAB 1MG	PA	Non-Pref erred Brands	ASSORTED CLASSES
ZORVOLEX CAP (QL= 3 caps/day)	QL	Non-Pref erred Brands	ANALGESICS - ANTI-INFLAMMATORY
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	Preventi ve	VACCINES
ZOVIRAX OINT	-	Non-Pref erred Brands	DERMATOLOGICALS
ZUBSOLV SL TAB (QL= 90 tabs/30 days)	QL	Non-Pref erred Brands	ANALGESICS - OPIOID
ZUPLENZ SL FILM (Step Therapy requires trial of ondansetron)	ST	Non-Pref erred Brands	ANTIEMETICS
ZURAMPIC TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands	GOUT AGENTS
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYCLARA CREAM 2.5% (QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream)	QL-ST	Non-Pref erred Brands	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO CR TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

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Drug Name	Special Code	Tier	Category
ZYFLO TAB (QL= 4 tabs/day)	QL	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP	-	Preferre d Brands	OPHTHALMIC AGENTS
ZYMAXID OPHTH SOLN	-	Non-Pref erred Brands	OPHTHALMIC AGENTS
ZYNLONTA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYPITAMAG TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Pref erred Brands	ANTIHYPERTENSIVES
ZYPREXA TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA ZYDIS TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYRTEC-D TAB 5-120MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands	COUGH/COLD/ALLERGY
ZYTAZE CAP	-	Non-Pref erred Brands	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ZYTIGA TAB 250MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine tab (EVEKEO equiv)	-	High Cost Generics
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	High Cost Generics
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	High Cost Generics
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	High Cost Generics
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	High Cost Generics
methamphetamine tab (DESOXYN equiv) (QL= 5 tabs/day)	QL	High Cost Generics
zenzedi tab 10mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics
zenzedi tab 5mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics
ADDERALL TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
ADDERALL XR CAP	-	Non-Pref erred Brands
ADZENYS ER SUSP, AMPHETAMINE ER SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: dexamethylphenidate dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
ADZENYS XR TAB (QL= 1 tab/day; Step Therapy requires trial of 2: amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, or methylphenidate ER)	QL-ST	Non-Pref erred Brands
DESOXYN TAB (QL= 5 tabs/day)	QL	Non-Pref erred Brands
DEXEDRINE CAP 10MG (QL= 2 caps/day)	QL	Non-Pref erred Brands
DEXEDRINE CAP 15MG (QL= 4 caps/day)	QL	Non-Pref erred Brands
DEXEDRINE CAP 5MG (QL= 2 caps/day)	QL	Non-Pref erred Brands
DYANAVEL XR SUSP (QL= 240ml/30 days; Step Therapy requires trial of 2: amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, or methylphenidate ER)	QL-ST	Non-Pref erred Brands
EVEKEO ODT (QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
EVEKEO TAB	-	Non-Pref erred Brands

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
MYDAYIS CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands
VYVANSE CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands
VYVANSE CHEW TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
ZENZEDI TAB 15MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
ZENZEDI TAB 2.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
ZENZEDI TAB 20MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
ZENZEDI TAB 30MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
ZENZEDI TAB 7.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Select
amphetamine/dextroamphetamine tab (ADDERALL equiv) (QL= 2 tabs/day)	QL	Select
dextroamphetamine 5mg tab (QL= 3 tabs/day)	QL	Select
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Select
ANALECTICS		
CAFCIT INJ	-	Non-Pref erred Brands
caffeine citrate soln (CAFCIT equiv)	-	Select
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
ANTI-OBESITY AGENTS		
XENICAL CAP	-	EXC
IMCIVREE INJ	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	High Cost Generics
INTUNIV TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands

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	Step Therapy	VAC	Vaccine Program		

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
KAPVAY TAB (QL= 4 tabs/day)	PA-QL	Non-Pref erred Brands
QELBREE ER CAP 100MG (QL= 30 caps/30 days; Step Therapy requires trial of atomoxetine AND clonidine OR guanfacine)	QL-ST	Non-Pref erred Brands
QELBREE ER CAP 150MG (QL= 60 caps/30 days; Step Therapy requires trial of atomoxetine AND clonidine OR guanfacine)	QL-ST	Non-Pref erred Brands
QELBREE ER CAP 200MG (QL= 60 caps/30 days; Step Therapy requires trial of atomoxetine AND clonidine OR guanfacine)	QL-ST	Non-Pref erred Brands
STRATTERA CAP 10MG (QL= 2 caps/day)	QL	Non-Pref erred Brands
STRATTERA CAP 18MG (QL= 2 caps/day)	QL	Non-Pref erred Brands
STRATTERA CAP 25MG (QL= 2 caps/day)	QL	Non-Pref erred Brands
STRATTERA CAP 40MG (QL= 2 caps/day)	QL	Non-Pref erred Brands
STRATTERA CAP 60MG (QL= 1 cap/day)	QL	Non-Pref erred Brands
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select
atomoxetine cap 10mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Select
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Select
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands
SUNOSI TAB 75 MG (QL= 2 tabs/day)	PA-QL	Non-Pref erred Brands
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Pref erred Specialty
STIMULANTS - MISC.		
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	High Cost Generics

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	High Cost Generics
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	High Cost Generics
methylphenidate ER cap (RITALIN LA equiv) (QL= 1 cap/day)	QL	High Cost Generics
methylphenidate ER cap 10mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics
methylphenidate ER cap 15mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics
methylphenidate ER cap 20mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics
methylphenidate ER cap 30mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics
methylphenidate ER cap 40mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics
methylphenidate ER cap 50mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics
methylphenidate ER cap 60mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics
methylphenidate ER tab (QL= 1 tab/day)	QL	High Cost Generics
methylphenidate ER tab 18mg (QL= 1 tab/day)	QL	High Cost Generics
methylphenidate ER tab 27mg (QL= 1 tab/day)	QL	High Cost Generics
methylphenidate ER tab 36mg (QL= 1 tabs/day)	QL	High Cost Generics
methylphenidate ER tab 54mg (QL= 1 tab/day)	QL	High Cost Generics
ADHANSIA XR, JORNAY PM (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
APTENSIO XR CAP 10MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
APTENSIO XR CAP 15MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
APTENSIO XR CAP 20MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
APTENSIO XR CAP 30MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
APTENSIO XR CAP 40MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
APTENSIO XR CAP 50MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
APTENSIO XR CAP 60MG (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred Brands
CONCERTA TAB 18MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
CONCERTA TAB 27MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
CONCERTA TAB 36MG (QL= 1 tabs/day)	QL	Non-Pref erred Brands
CONCERTA TAB 54MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
COTEMPLA XR ODT 17.3MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
COTEMPLA XR ODT 25.9MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
COTEMPLA XR ODT 8.6MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
DAYTRANA PATCH (QL= 1 patch/day)	QL	Non-Pref erred Brands
FOCALIN TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
FOCALIN XR CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands
METADATE CD CAP 30MG (QL= 2 caps/day)	QL	Non-Pref erred Brands
METHYLIN CHEW TAB (QL= 3 tabs/day)	QL	Non-Pref erred Brands
METHYLPHENIDATE ER TAB 72MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
NUVIGIL TAB 150MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
NUVIGIL TAB 200G (QL= 1 tab/day)	QL	Non-Pref erred Brands
NUVIGIL TAB 250MG (QL= 1 tab/day)	QL	Non-Pref erred Brands

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
NUVIGIL TAB 50MG (QL= 3 tabs/day)	QL	Non-Pref erred Brands
PROVIGIL TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
QUILLICHEW ER TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
QUILLIVANT XR SUSP (QL= 2ml/day)	PA-QL	Non-Pref erred Brands
RITALIN LA CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands
RITALIN TAB (QL= 3 tabs/day)	QL	Non-Pref erred Brands
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL	Preferred Brands
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select
armodafinil tab 250mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Select
dexmethylphenidate tab (FOCALIN equiv) (QL= 2 tabs/day)	QL	Select
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Select
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Select
methylphenidate soln (METHYLIN equiv)	-	Select
methylphenidate tab (RITALIN equiv) (QL= 3 tabs/day)	QL	Select
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Select

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

TRICOPHYTON MENTAGRO SOLN	-	NC
ODACTRA SL TAB	PA	Non-Pref erred Brands
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - R'S

RESERVAPAK SYRUP	-	NC
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ALTERNATIVE MEDICINE COMBINATIONS

HYALURONIC CAP	-	EXC
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AMEBICIDES

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AMEBICIDES Cont.		
AMEBICIDES		
SOLOSEC GRANULES PACKET (QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole)	QL-ST	Non-Pref erred Brands
YODOXIN TAB	-	Non-Pref erred Brands
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Generic Specialty
tobramycin neb soln (TOBI equiv)	AMSP-PA	Generic Specialty
ARIKAYCE SUSP (QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Non-Pref erred Specialty
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
TOBI PODHALER	AMSP-PA	Non-Pref erred Specialty
neomycin tab	-	Select
paromomycin cap (HUMATIN equiv)	-	Select

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Pref erred Specialty
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
XELJANZ SOLN (QL= 10ml/day)	AMSP-PA-QL	Preferred Specialty
XELJANZ TAB (QL= 2 tabs/day)	AMSP-PA-QL	Preferred Specialty
XELJANZ XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty

ANTIRHEUMATIC ANTIMETABOLITES		
REDITREX INJ	-	NC
OTREXUP INJ 10MG (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands
OTREXUP INJ 12.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands
OTREXUP INJ 15MG (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
OTREXUP INJ 17.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands
OTREXUP INJ 22.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands
OTREXUP INJ, RASUVO INJ 20MG (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands
OTREXUP INJ, RASUVO INJ 25MG (QL= 1.6ml/28 days)	QL	Non-Pref erred Brands
RASUVO INJ 10MG (QL= 0.8ml/28 days)	QL	Non-Pref erred Brands
RASUVO INJ 12.5MG (QL= 1ml/28 days)	QL	Non-Pref erred Brands
RASUVO INJ 15MG (QL= 1.2ml/28 days)	QL	Non-Pref erred Brands
RASUVO INJ 17.5MG (QL= 1.4ml/28 days)	QL	Non-Pref erred Brands
RASUVO INJ 22.5MG (QL= 1.8ml/28 days)	QL	Non-Pref erred Brands
RASUVO INJ 25MG (QL= 2ml/28 days)	QL	Non-Pref erred Brands
RASUVO INJ 27.5MG (QL= 2.2ml/28 days)	QL	Non-Pref erred Brands
RASUVO INJ 30MG (QL= 2.4ml/28 days)	QL	Non-Pref erred Brands
RASUVO INJ 7.5MG (QL= 0.6ml/28 days)	QL	Non-Pref erred Brands
RHEUMATREX TAB	-	Non-Pref erred Brands

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

SIMPONI SC INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty

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

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
HUMIRA INJ 80MG (QL = 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	AMSP-PA-QL	Preferred Specialty
GOLD COMPOUNDS		
RIDAURA CAP (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ (QL= 4 vials/21 days)	PA-QL	Preferred Specialty
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ	PA	Preferred Specialty
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ACTEMRA SC INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
KEVZARA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	EXC
VIMOVO TAB	-	EXC
fenoprofen calcium tab (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	High Cost Generics
mefenamic acid cap (PONSTEL equiv)	-	High Cost Generics
meloxicam (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	High Cost Generics
naproxen sodium CR tab (NAPRELAN CR equiv)	PA	High Cost Generics
DUEXIS TAB (QL= 3 tabs/day)	PA-QL	Non-Preferred Brands

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

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
FENOPROFEN CAP (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Pref erred Brands
INDOCIN SUPP	-	Non-Pref erred Brands
INDOCIN SUSP	-	Non-Pref erred Brands
INDOMETHACIN CAP, TIVORBEX CAP (Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs))	ST	Non-Pref erred Brands
KETOPROFEN CAP	-	Non-Pref erred Brands
KETOPROFEN ER CAP	-	Non-Pref erred Brands
LODINE TAB	-	Non-Pref erred Brands
MELOXICAM COMFORT KIT	-	Non-Pref erred Brands
NAPRELAN CR TAB 750MG	PA	Non-Pref erred Brands
QMIIZ ODT TAB (Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	ST	Non-Pref erred Brands
RELAFEN DS TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, buprofen, or nabumetone)	QL-ST	Non-Pref erred Brands
SPRIX NASAL SPRAY (QL= 5 units/30 days)	QL	Non-Pref erred Brands
TOLMETIN CAP	-	Non-Pref erred Brands
TOLMETIN TAB	-	Non-Pref erred Brands
VIVLODEX CAP (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Non-Pref erred Brands
ZIPSOR CAP (QL= 4 caps/day)	QL	Non-Pref erred Brands
ZORVOLEX CAP (QL= 3 caps/day)	QL	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
KETOROLAC INJ	-	Preferred Brands
MECLOFENAMATE CAP	-	Preferred Brands
NAPROXEN SUSP	-	Preferred Brands
celecoxib cap (CELEBREX equiv)	-	Select
diclofenac potassium tab (CATAFLAM equiv)	-	Select
diclofenac sodium EC tab (VOLTAREN equiv)	-	Select
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Select
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Select
etodolac cap (LODINE equiv)	-	Select
etodolac ER tab (LODINE XL equiv)	-	Select
etodolac tab	-	Select
FLURBIPROFEN TAB	-	Select
flurbiprofen tab (ANSAID equiv)	-	Select
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	Select
ibuprofen tab	-	Select
indomethacin cap (INDOCIN equiv)	-	Select
indomethacin CR cap (INDOCIN SR equiv)	-	Select
ketoprofen cap (ORUDIS equiv)	-	Select
ketorolac inj	-	Select
ketorolac tab (TORADOL equiv)	-	Select
meloxicam tab (MOBIC equiv)	-	Select
nabumetone tab (RELAFEN equiv)	-	Select
naproxen EC tab (NAPROSYN EC equiv)	-	Select
naproxen sodium tab (ANAPROX equiv)	-	Select
naproxen susp (NAPROSYN equiv)	-	Select
naproxen tab (NAPROSYN equiv)	-	Select
oxaprozin tab (DAYPRO equiv)	-	Select
piroxicam cap (FELDENE equiv)	-	Select
sulindac tab (CLINORIL equiv)	-	Select
tolmetin cap (TOLECTIN DS equiv)	-	Select
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Non-Preferred Specialty
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	Select
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Preferred Specialty
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Preferred Specialty
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty
ENBREL MINI INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

butalbital/acetaminophen cap	-	High Cost Generics
ALLZITAL TAB (QL= 12 tabs/day)	QL	Non-Pref erred Brands
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	Non-Pref erred Brands
ESGIC TAB	-	Non-Pref erred Brands
FIORICET CAP	-	Non-Pref erred Brands
FIORINAL CAP	-	Non-Pref erred Brands
TENCON TAB (QL= 6 tabs/day)	QL	Non-Pref erred Brands
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Select
butalbital/acetaminophen/caffeine soln	-	Select
VTOL SOLN	-	Select

SALICYLATES

aspirin ec tab 325mg	OTC	EXC
aspirin tab 325mg	OTC	EXC

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

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DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
ZORPRIN TAB	-	Non-Pref erred Brands
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	Preventiv e
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	Preventiv e
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	Preventiv e
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	Select
choline magnesium trisaliclylate tab (TRILISATE equiv)	-	Select
diflunisal tab (DOLOBID equiv)	-	Select
salsalate tab (DISALCID equiv)	-	Select

ANALGESICS - OPIOID

OPIOID AGONISTS		
CODEINE SULFATE TAB	-	High Cost Generics
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	High Cost Generics
fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days)	QL	High Cost Generics
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics
hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day)	QL	High Cost Generics
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics
levorphanol tab (LEVORPHANOL equiv) (QL= 18 tabs/30 days for members age 20 or younger; QL= 42 tabs/30 days for members age 21 or older; Step Therapy requires trial of 2 short acting opioids)	QL-ST	High Cost Generics
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate tab	-	High Cost Generics
oxycodone conc (ROXICODONE equiv)	-	High Cost Generics
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	High Cost Generics
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	High Cost Generics

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
tramadol ER tab (RYZOLT equiv)	-	High Cost Generics
DSUVIA SL TAB	-	NC
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Pref erred Brands
ACTIQ LOZENGE (QL= 120 lozenges/30 days)	PA-QL	Non-Pref erred Brands
ARYMO ER TAB (QL= 3 tabs/day)	QL	Non-Pref erred Brands
CODEINE SULFATE SOLN	-	Non-Pref erred Brands
CODEINE SULFATE TAB	-	Non-Pref erred Brands
DEMEROL TAB (QL= 6 tabs/day)	QL	Non-Pref erred Brands
DILAUDID LIQUID	-	Non-Pref erred Brands
DOLOPHINE TAB 10MG (QL= 4 tabs/day)	QL	Non-Pref erred Brands
DOLOPHINE TAB 5MG (QL= 8 tabs/day)	QL	Non-Pref erred Brands
DURAGESIC PATCH (QL=15 patches/30 days)	QL	Non-Pref erred Brands
EXALGO TAB 12MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
EXALGO TAB 16MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
EXALGO TAB 32MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
EXALGO TAB 8MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Pref erred Brands
HYSINGLA ER TAB (QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER or hydrocodone ER)	QL-ST	Non-Pref erred Brands

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Last Updated* 6/1/2021

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
KADIAN CAP 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
KADIAN CAP 10MG (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
KADIAN CAP 200MG (QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
KADIAN CAP 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
KADIAN CAP 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
KADIAN CAP 40mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
KADIAN CAP 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
KADIAN CAP 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
KADIAN CAP 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	Non-Pref erred Brands
MEPERIDINE TAB (QL= 6 tabs/day)	QL	Non-Pref erred Brands
METHADONE SOLN	-	Non-Pref erred Brands
METHADOSE CONC (QL= 4 ml/day)	QL	Non-Pref erred Brands
MORPHABOND TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
MORPHINE SULFATE TAB	-	Non-Pref erred Brands

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
MS CONTIN TAB (QL= 3 tabs/day)	QL	Non-Pref erred Brands
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
NUCYNTA TAB (QL= 6 tabs/day)	QL	Non-Pref erred Brands
OXYCONTIN CR TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
OXYCONTIN TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
OXYCONTIN TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
OXYCONTIN TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
OXYCONTIN TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
OXYCONTIN TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
OXYCONTIN TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
QDOLO SOLN	-	Non-Pref erred Brands
RYBIX ODT	-	Non-Pref erred Brands
SUBSYS SPRAY	PA	Non-Pref erred Brands
TRAMADOL ER CAP (QL= 1 cap/day; Step Therapy requires trial of tramadol tab)	QL-ST	Non-Pref erred Brands
TRAMADOL HCL TAB 100MG (QL= 4 tabs/day)	QL	Non-Pref erred Brands
XTAMPZA ER CAP 13.5MG (QL= 2 caps/day)	QL	Non-Pref erred Brands
XTAMPZA ER CAP 18MG (QL= 2 caps/day)	QL	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
XTAMPZA ER CAP 27MG (QL= 4 caps/day)	QL	Non-Pref erred Brands
XTAMPZA ER CAP 36MG (QL= 8 caps/day)	QL	Non-Pref erred Brands
XTAMPZA ER CAP 9MG (QL= 2 caps/day)	QL	Non-Pref erred Brands
ZOHYDRO ER CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands
ZOHYDRO ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred Brands
MEPERIDINE SOLN	-	Preferred Brands
MORPHINE SULFATE SUPP	-	Preferred Brands
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	QL	Preferred Brands
codeine sulfate tab	-	Select
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER or hydrocodone ER)	QL-ST	Select
hydromorphone liquid (DILAUDID equiv)	-	Select
HYDROMORPHONE SUPP	-	Select

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

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
hydromorphone tab (DILAUDID equiv)	-	Select
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Select
methadone soln (QL= 20ml/day)	QL	Select
methadone soln (QL= 4 ml/day)	QL	Select
methadone soln (QL= 40ml/day)	QL	Select
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Select
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Select
methadose tab (QL= 1 tab/day)	QL	Select
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	Select
morphine sulfate soln	-	Select
oxycodone cap (OXYIR equiv)	-	Select
oxycodone soln (ROXICODONE equiv)	-	Select
oxycodone tab (ROXICODONE equiv)	-	Select
oxymorphone tab (OPANA equiv)	-	Select
tramadol ER tab 100mg (ULTRAM ER equiv)	-	Select
tramadol ER tab 200mg (ULTRAM ER equiv)	-	Select
tramadol ER tab 300mg (ULTRAM ER equiv)	-	Select
tramadol tab (ULTRAM equiv)	-	Select
OPIOID COMBINATIONS		
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 10 tabs/day)	QL	High Cost Generics
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	High Cost Generics
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics
APADAZ TAB (QL= 12 tabs/day)	PA-QL	Non-Pref erred Brands
CAPITAL/CODEINE SUSP	-	Non-Pref erred Brands
FIORINAL/CODEINE CAP	-	Non-Pref erred Brands
HYCET SOLN (QL= 180ml/day)	QL	Non-Pref erred Brands
HYDROCODONE/IBUPROFEN TAB (QL= 16 tabs/30 days)	QL	Non-Pref erred Brands
LORTAB ELIXIR	-	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
NORCO 10-325mg (QL= 12 tabs/day)	QL	Non-Pref erred Brands
NORCO 5-325mg (QL= 12 tabs/day)	QL	Non-Pref erred Brands
NORCO TAB 7.5MG-325MG (QL= 12 tabs/day)	QL	Non-Pref erred Brands
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	Non-Pref erred Brands
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG (QL=12 tabs/day)	QL	Non-Pref erred Brands
PERCOCET TAB 10-325MG (QL= 12 tabs/day)	QL	Non-Pref erred Brands
PERCOCET TAB 2.5-325mg (QL= 12 tabs/day)	QL	Non-Pref erred Brands
PERCOCET TAB 5-325MG (QL= 12 tabs/day)	QL	Non-Pref erred Brands
PERCOCET TAB 7.5-325MG (QL= 12 tabs/day)	QL	Non-Pref erred Brands
PRIMLEV TAB (QL= 13 tabs/day)	QL	Non-Pref erred Brands
PRIMLEV TAB 10-300MG (QL= 13 tabs/day)	QL	Non-Pref erred Brands
PRIMLEV TAB 5-300MG (QL= 13 tabs/day)	QL	Non-Pref erred Brands
PRIMLEV TAB 7.5-300MG (QL= 13 tabs/day)	QL	Non-Pref erred Brands
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP (QL= 10 caps/day)	QL	Non-Pref erred Brands
XARTEMIS XR TAB (QL= 12 tabs/day)	QL	Non-Pref erred Brands
XODOL TAB 10MG-300MG (QL= 13 tabs/day)	QL	Non-Pref erred Brands
XODOL TAB 5MG-300MG (QL= 13 tabs/day)	QL	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
XODOL TAB 7.5MG-300MG (QL= 13 tabs/day)	QL	Non-Pref erred Brands
PROLATE TAB (QL= 13 tabs/day)	QL	Preferred Brands
acetaminophen/codeine soln	-	Select
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Select
aspirin/codeine tab	-	Select
hydrocodone/acetaminophen cap (LORCET equiv)	-	Select
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day)	QL	Select
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	Select
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	Select
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	Select
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Select
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	Select
oxycodone/acetaminophen cap (TYLOX equiv)	-	Select
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
OXYCODONE/ASPIRIN TAB	-	Select
oxycodone/aspirin tab (PERCODAN equiv)	-	Select
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	Select
pentazocine/acetaminophen tab (TALACEN equiv)	-	Select
tramadol/acetaminophen tab (ULTRACET equiv)	-	Select
OPIOID PARTIAL AGONISTS		
SUBLOCADE INJ	-	NC
BELBUCA FILM (QL= 2 films/day)	QL	Non-Pref erred Brands
BUNAVAIL FILM (QL= 1 film/day)	QL	Non-Pref erred Brands
BUTRANS PATCH (QL= 4 patches/28 days)	QL	Non-Pref erred Brands
SUBOXONE SL FILM 2-0.5MG (QL= 1 film/day)	QL	Non-Pref erred Brands
SUBOXONE SL FILM 4-1MG (QL= 1 film/day)	QL	Non-Pref erred Brands
ZUBSOLV SL TAB (QL= 90 tabs/30 days)	QL	Non-Pref erred Brands
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Preferred Brands
SUBOXONE SL FILM 8-2MG (QL= 2 films/day)	QL	Preferred Brands

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

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	Select
buprenorphine SL tab (SUBUTEX equiv) (QL= 3 tabs/day)	QL	Select
buprenorphine/naloxone sl film 12-3mg (SUBOXONE SL FILM equiv) (QL= 2 films/day)	QL	Select
buprenorphine/naloxone sl film 2-0.5MG (SUBOXONE equiv) (QL= 1 film/day)	QL	Select
buprenorphine/naloxone sl film 4-1MG (SUBOXONE equiv) (QL= 1 film/day)	QL	Select
buprenorphine/naloxone sl film 8-2mg (SUBOXONE SL FILM equiv) (QL= 2 films/day)	QL	Select
buprenorphine/naloxone SL tab (SUBOXONE equiv) (QL= 90 tabs/30 days)	QL	Select
butorphanol nasal spray	-	Select
nalbuphine inj	-	Select
pentazocine/naloxone tab (TALWIN NX equiv)	-	Select
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL TAB	PA	Non-Pref erred Brands Select
oxandrolone tab (OXANDRIN equiv)	PA	Select
ANDROGENS		
testosterone gel 1.62% 1.25gm (ANDROGEL equiv)	-	High Cost Generics
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	QL	High Cost Generics
testosterone gel 2% (FORTESTA equiv)	QL	High Cost Generics
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	QL	High Cost Generics
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	Non-Pref erred Brands
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 300gm/30 days)	QL	Non-Pref erred Brands
ANDROGEL PUMP 1% (QL= 300gm/30 days)	QL	Non-Pref erred Brands
AXIRON SOLN (QL= 2 bottles/30 days)	QL	Non-Pref erred Brands
JATENZO CAP 158MG (QL= 4 caps/day)	PA-QL	Non-Pref erred Brands
JATENZO CAP 198MG (QL= 4 caps/day)	PA-QL	Non-Pref erred Brands
JATENZO CAP 237MG (QL= 2 caps/day)	PA-QL	Non-Pref erred Brands
METHITEST TAB	PA	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
METHYLTESTOSTERONE CAP	PA	Non-Pref erred Brands
NATESTO NASAL GEL (QL= 3 bottles/30 days)	QL	Non-Pref erred Brands
STRIANT FILM (QL= 60 films/30 days)	PA-QL	Non-Pref erred Brands
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	Non-Pref erred Brands
VOGELXO PUMP (QL= 4 bottles/30 days)	PA-QL	Non-Pref erred Brands
XYOSTED INJ (QL= 4 syringes/28 days)	PA-QL	Non-Pref erred Brands
TESTOSTERONE ENANTHATE INJ (QL= 4 vials/28 days)	QL	Preferred Brands
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Preferred Brands
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Preferred Brands
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Preferred Brands
danazol cap (DANOCRINE equiv)	-	Select
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Select
testosterone gel 1% 25mg (ANDROGEL equiv)	-	Select
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Select
testosterone gel 1% pump (ANDROGEL equiv) (QL= 300gm/30 days)	QL	Select
testosterone gel pump 1.62% (ANDROGEL equiv)	-	Select

ANORECTAL AGENTS

INTRARECTAL STEROIDS		
CORTIFOAM	-	Non-Pref erred Brands
UCERIS RECTAL FOAM	-	Non-Pref erred Brands
hydrocortisone enema (CORTENEMA equiv)	-	Select

RECTAL COMBINATIONS		
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	NC
ANALPRAM ADVANCED KIT	-	Non-Pref erred Brands
ANALPRAM-E KIT	-	Non-Pref erred Brands

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
ANORECTAL AGENTS Cont.		
PROCTOFOAM HC FOAM	-	Preferred Brands
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	Select
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Select
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	Select
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	Select
RECTAL STEROIDS		
hydrocortisone supp (ANUSOL HC equiv)	-	NC
proctosol HC cream (ANUSOL HC equiv)	-	Select
VASODILATING AGENTS		
RECTIV OINT	-	Non-Preferred Brands
ANORECTAL AND RELATED PRODUCTS		
RECTAL LOCAL ANESTHETICS		
LIDOCAINE SUPP	-	NC
ANTACIDS		
ANTACID COMBINATIONS		
FOAM ANTACID CHEW	-	EXC
ANTHELMINTICS		
ANTHELMINTICS		
BILTRICIDE TAB	-	Non-Preferred Brands
EGATEN TAB	-	Non-Preferred Brands
EMVERM TAB	-	Non-Preferred Brands
BENZNIDAZOLE TAB	PA	Preferred Brands
ivermectin tab (STROMEKTOL equiv)	-	Select
praziquantel tab (BILTRICIDE equiv)	-	Select
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	High Cost Generics
RANEXA TAB (QL= 120 tabs/30 days)	QL	Non-Preferred Brands
NITRATES		
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	High Cost Generics
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	High Cost Generics

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AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation		Available through Specialty Pharmacy Program
	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
ANTIANGINAL AGENTS Cont.		
GONITRO POWDER	-	Non-Pref erred Brands
ISORDIL TITRADOSE TAB 40MG (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Non-Pref erred Brands
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	Non-Pref erred Brands
NITROMIST SPRAY	-	Non-Pref erred Brands
NITRO-BID OINT	-	Preferred Brands
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	Select
isosorbide dinitrate SL tab	-	Select
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Select
isosorbide mononitrate ER tab (IMDUR equiv)	-	Select
isosorbide mononitrate tab (MONOKET equiv)	-	Select
NITROGLYCERIN ER CAP	-	Select
nitroglycerin patch (NITRO-DUR equiv)	-	Select
nitroglycerin SL tab (NITROSTAT equiv)	-	Select

ANTIANKXIETY AGENTS

ANTIANKXIETY AGENTS - MISC.

meprobamate tab (MILTOWN equiv)	-	High Cost Generics
buspirone tab (BUSPAR equiv)	-	Select
hydroxyzine pamoate cap (VISTARIL equiv)	-	Select
hydroxyzine syrup (ATARAX equiv)	-	Select
hydroxyzine tab (ATARAX equiv)	-	Select

BENZODIAZEPINES

alprazolam ODT (NIRAVAM equiv)	-	High Cost Generics
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	High Cost Generics
ALPRAZOLAM INTENSOL CONC	-	Non-Pref erred Brands
alprazolam ER tab (XANAX XR equiv)	-	Select
alprazolam tab (XANAX equiv)	-	Select
chlordiazepoxide cap (LIBRIUM equiv)	-	Select
clorazepate tab (TRANXENE-T equiv)	-	Select
diazepam conc (VALIUM equiv)	-	Select
diazepam oral soln (QL= 360ml/30 days)	QL	Select
diazepam tab (VALIUM equiv)	-	Select
lorazepam conc (ATIVAN equiv)	-	Select
lorazepam tab (ATIVAN equiv)	-	Select

ANTIARRHYTHMICS

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

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DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
ANTIARRHYTHMICS TYPE I-A		
quinidine gluconate CR tab	-	High Cost Generics
QUINIDINE SULFATE ER TAB	-	Non-Pref erred Brands
NORPACE CR CAP	-	Preferred Brands
disopyramide cap (NORPACE equiv)	-	Select
disopyramide ER cap (NORPACE CR equiv)	-	Select
quinidine sulfate tab	-	Select
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	Select
ANTIARRHYTHMICS TYPE I-C		
propafenone ER cap (RYTHMOL SR equiv)	-	High Cost Generics
flecainide tab (TAMBOCOR equiv)	-	Select
propafenone tab (RYTHMOL equiv)	-	Select
ANTIARRHYTHMICS TYPE III		
dofetilide cap (TIKOSYN equiv)	-	High Cost Generics
MULTAQ TAB	-	Non-Pref erred Brands
amiodarone tab (CORDARONE equiv)	-	Select
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR INJ (QL= 4 vials/28 days; Only available through Walgreens 888-347-3416)	LD-M-PA-QL	Non-Pref erred Specialty
FASENRA INJ (QL= 1 syringe/56 days; Only available through Walgreens 888-347-3416)	LD-M-PA-QL	Non-Pref erred Specialty
FASENRA PEN INJ (QL= 1 pen/56 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Preferred Specialty
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	Select
BRONCHODILATORS - ANTICHOLINERGICS		
LONHALA MAGNAIR SOLN (QL= 60ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT)	QL-ST	Non-Pref erred Brands

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

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

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
SEEBRI NEOHALER CAP (QL= 60 caps/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT)	QL-ST	Non-Pref erred Brands
TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT)	QL-ST	Non-Pref erred Brands
YUPELRI SOLN (QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT)	QL-ST	Non-Pref erred Brands
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	QL	Preferred Brands
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Preferred Brands
SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device)	QL	Preferred Brands
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler)	QL-ST	Preferred Brands
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Preferred Brands
ipratropium neb soln (ATROVENT equiv)	-	Select
LEUKOTRIENE MODULATORS		
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	High Cost Generics
ZYFLO CR TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
ZYFLO TAB (QL= 4 tabs/day)	QL	Non-Pref erred Brands
montelukast chew tab (SINGULAIR equiv)	-	Select
montelukast granule pack (SINGULAIR equiv)	-	Select
montelukast tab (SINGULAIR equiv)	-	Select
zafirlukast tab (ACCOLATE equiv)	-	Select
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands
STEROID INHALANTS		
ALVESCO INHALER (QL= 12.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA)	QL-ST	Non-Pref erred Brands
ARMONAIR DIGITAL INHALER 113MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT, ARNUITY, or ASMANEX)	QL-ST	Non-Pref erred Brands
ARMONAIR DIGITAL INHALER 232MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT, ARNUITY, or ASMANEX)	QL-ST	Non-Pref erred Brands
ARMONAIR DIGITAL INHALER 55MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT, ARNUITY, or ASMANEX)	QL-ST	Non-Pref erred Brands

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ARMONAIR RESPICLICK (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA)	QL-ST	Non-Pref erred Brands
PULMICORT FLEXHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA)	QL-ST	Non-Pref erred Brands
PULMICORT INH SUSP 0.25MG/2ML, 0.5MG/2ML (QL= 120 units/30 days)	QL	Non-Pref erred Brands
PULMICORT INH SUSP 1MG/2ML (QL= 60 units/30 days)	QL	Non-Pref erred Brands
QVAR INHALER (QL= 17.4gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA)	QL-ST	Preferred Brands
QVAR REDIHALER (QL= 21.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA)	QL-ST	Preferred Brands
ARNUIITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Value
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value
budesonide inh susp 1mg/2ml (QL= 60 units/30 days)	QL	Value
FLOVENT DISKUS INHALER 250MCG (QL= 2 inhalers/30 days)	QL	Value
FLOVENT DISKUS INHALER 50MCG, 100MCG (QL= 1 inhaler/30 days)	QL	Value
FLOVENT HFA INHALER 110MCG (QL= 1 inhaler/30 days)	QL	Value
FLOVENT HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Value
FLOVENT HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Value
SYMPATHOMIMETICS		
ADVAIR DISKUS INHALER (QL= 1 inhaler/30 days)	QL	Non-Pref erred Brands
AIRDUO POWDER INHALER W/SENSOR (QL= 1 inhaler/30 days; Step Therapy requires trial of DULERA, BREO ELLIPTA fluticasone/salmeterol, wixela inhaler)	QL-ST	Non-Pref erred Brands
AIRDUO RESPICLICK (QL= 1 inhaler/30 days, Step Therapy requires trial of DULERA INHALER, BREO ELLIPTA INHALEF fluticasone/salmeterol inhaler, wixela inhaler)	QL-ST	Non-Pref erred Brands
ARCAPTA NEOHALER (Step Therapy requires trial of SEREVENT DISKUS, ANORO ELLIPTA or STIOLTO INHALER)	ST	Non-Pref erred Brands
BEVESPI AEROSPHERE INHALER (QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER)	QL-ST	Non-Pref erred Brands
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER (QL= 10.2gm/30 days; Step Therapy requires trial of fluticasone/salmeterol inhaler OR wixela inhaler)	QL-ST	Non-Pref erred Brands
DUAKLIR INHALER (Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER)	ST	Non-Pref erred Brands

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
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 inhaler)	QL-ST	Non-Pref erred Brands
METAPROTERENOL TAB	-	Non-Pref erred Brands
PERFOROMIST NEB SOLN (Step Therapy requires trial of albuterol neb soln)	ST	Non-Pref erred Brands
PROAIR HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Pref erred Brands
PROAIR RESPICLICK INHALER (Step Therapy requires trial of VENTOLIN HFA INHALER and albuterol hfa inhaler)	ST	Non-Pref erred Brands
PROVENTIL AERO HFA (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler)	QL-ST	Non-Pref erred Brands
PROVENTIL HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Pref erred Brands
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of SEREVENT DISKUS)	QL-ST	Non-Pref erred Brands
UTIBRON NEOHALER CAP (QL= 2 caps/day; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER)	QL-ST	Non-Pref erred Brands
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Pref erred Brands
ADVAIR HFA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
ALBUTEROL TAB ER	-	Preferred Brands
ANORO ELLIPTA INHALER (QL= 60gm/30 days)	QL	Preferred Brands
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
COMBIVENT INHALER	-	Preferred Brands
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands

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

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	Select
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Select
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Select
albuterol neb soln	-	Select
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	Select
albuterol sulfate syrup	-	Select
albuterol sulfate tab	-	Select
albuterol/ipratropium neb soln (DUONEB equiv)	-	Select
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Select
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Select
levalbuterol neb soln (XOPENEX equiv)	-	Select
METAPROTERENOL SYRUP	-	Select
terbutaline sulfate tab (BRETHINE equiv)	-	Select
XANTHINES		
LUFYLLIN TAB	-	Non-Pref erred Brands
ELIXOPHYLLIN ELIXIR	-	Preferred Brands
aminophylline tab	-	Select
THEOCHRON TAB	-	Select
theophylline CR tab (QUIBRON-T equiv)	-	Select
theophylline ER tab (UNIPHYL equiv)	-	Select
theophylline soln	-	Select
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	Select
DIRECT FACTOR XA INHIBITORS		
BEVYXXA CAP (QL= 43 caps/42 days)	PA-QL	Non-Pref erred Brands
SAVAYSA TAB (QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO)	QL-ST	Non-Pref erred Brands
ELIQUIS TAB, ELIQUIS STARTER PACK	-	Preferred Brands
XARELTO STARTER PACK	-	Preferred Brands
XARELTO TAB	-	Preferred Brands
HEPARINS AND HEPARINOID-LIKE AGENTS		
FRAGMIN INJ 10000 (QL= 10ml/30 days)	QL	Non-Pref erred Brands
FRAGMIN INJ 12500 (QL= 5ml/30 days)	QL	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
FRAGMIN INJ 15000 (QL= 6ml/30 days)	QL	Non-Pref erred Brands
FRAGMIN INJ 18000 (QL= 7.2ml/30 days)	QL	Non-Pref erred Brands
FRAGMIN INJ 2500 (QL= 2ml/30 days)	QL	Non-Pref erred Brands
FRAGMIN INJ 5000 (QL= 2ml/30 days)	QL	Non-Pref erred Brands
FRAGMIN INJ 7500 (QL= 3ml/30 days)	QL	Non-Pref erred Brands
FRAGMIN INJ 95000 (QL= 7.6ml/30 days)	QL	Non-Pref erred Brands
ARIXTRA INJ 10MG/0.8ML (QL= 8ml/30 days)	QL	Non-Pref erred Specialty
ARIXTRA INJ 2.5MG/0.5ML (QL= 5 ml/30 days)	QL	Non-Pref erred Specialty
ARIXTRA INJ 5MG/0.4ML (QL= 4ml/30 days)	QL	Non-Pref erred Specialty
ARIXTRA INJ 7.5MG/0.6ML (QL= 6 ml/30 days)	QL	Non-Pref erred Specialty
LOVENOX INJ 100MG (QL= 20ml/30 days)	QL	Non-Pref erred Specialty
LOVENOX INJ 120MG (QL= 16ml/30 days)	QL	Non-Pref erred Specialty
LOVENOX INJ 150MG (QL= 20ml/30 days)	QL	Non-Pref erred Specialty
LOVENOX INJ 300MG (QL= 30ml/30 days)	QL	Non-Pref erred Specialty
LOVENOX INJ 30MG (QL= 6ml/30 days)	QL	Non-Pref erred Specialty
LOVENOX INJ 40MG (QL= 8ml/30 days)	QL	Non-Pref erred Specialty
LOVENOX INJ 60MG (QL= 12ml/30 days)	QL	Non-Pref erred Specialty

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
LOVENOX INJ 80MG (QL= 16ml/30 days)	QL	Non-Pref erred Specialty
enoxaparin inj 100mg (LOVENOX equiv) (QL= 20ml/30 days)	QL	Select
enoxaparin inj 120mg (LOVENOX equiv) (QL= 16ml/30 days)	QL	Select
enoxaparin inj 150mg (LOVENOX equiv) (QL= 20ml/30 days)	QL	Select
enoxaparin inj 300mg (LOVENOX equiv) (QL= 30ml/30 days)	QL	Select
enoxaparin inj 30mg (LOVENOX equiv) (QL= 6ml/30 days)	QL	Select
enoxaparin inj 40mg (LOVENOX equiv) (QL= 8ml/30 days)	QL	Select
enoxaparin inj 60mg (LOVENOX equiv) (QL= 12ml/30 days)	QL	Select
enoxaparin inj 80mg (LOVENOX equiv) (QL= 16ml/30 days)	QL	Select
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv) (QL= 8ml/30 days)	QL	Select
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv) (QL= 5ml/30 days)	QL	Select
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv) (QL= 4ml/30 days)	QL	Select
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv) (QL= 6 ml/30 days)	QL	Select
heparin porcine inj	-	Select
THROMBIN INHIBITORS		
PRADAXA CAP (QL= 2 caps/day; Step Therapy requires trial of ELIQUIS and XARELTO)	QL-ST	Non-Pref erred Brands
ANTICONSULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB (QL= 4 tabs/day)	QL	Non-Pref erred Brands
FYCOMPA SUSP	-	Non-Pref erred Brands
ANTICONSULSANTS - BENZODIAZEPINES		
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 1 kit/30 days)	QL	Non-Pref erred Brands
NAYZILAM SPRAY (QL= 2 packs/fill, 5 fills/month; Step Therapy requires trial of midazolam syrup; Restricted to Neurology Specialist)	QL-RS-ST	Non-Pref erred Brands
ONFI SUSP (QL= 480ml/30 days)	QL	Non-Pref erred Brands
ONFI TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
SYMPAZAN ORAL FILM	-	Non-Pref erred Brands
VALTOCO NASAL SPRAY	-	Non-Pref erred Brands
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Select
clobazam tab (ONFI equiv) (QL= 2 tabs/day)	QL	Select

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
clonazepam ODT (KLONOPIN equiv)	-	Select
clonazepam tab (KLONOPIN equiv)	-	Select
ANTICONVULSANTS - MISC.		
pregabalin cap 300mg (LYRICA equiv) (QL= 3 caps/day)	QL	High Cost Generics
topiramate ER cap 100mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics
topiramate ER cap 150mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics
topiramate ER cap 200mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics
topiramate ER cap 25mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics
topiramate ER cap 50mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics
BANZEL SUSP	PA	Non-Pref erred Brands
BRIVIACT SOLN 10MG/ML (QL= 600ml/30 days)	QL	Non-Pref erred Brands
BRIVIACT TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
ELEPSIA XR TAB 1000MG (QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Pref erred Brands
ELEPSIA XR TAB 1500MG (QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Pref erred Brands
LAMICTAL CHEW TAB 2MG	-	Non-Pref erred Brands
LAMICTAL ODT 100MG (QL= 3 tabs/day)	QL	Non-Pref erred Brands
LAMICTAL ODT 200MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
LAMICTAL ODT 25MG (QL= 6 tabs/day)	QL	Non-Pref erred Brands
LAMICTAL ODT 50MG (QL= 6 tabs/day)	QL	Non-Pref erred Brands
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	Non-Pref erred Brands
LAMICTAL XR TAB 100MG (QL= 3 tabs/day)	QL	Non-Pref erred Brands

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
LAMICTAL XR TAB 200MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
LAMICTAL XR TAB 250MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
LAMICTAL XR TAB 25MG (QL= 6 tabs/day)	QL	Non-Pref erred Brands
LAMICTAL XR TAB 300MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
LAMICTAL XR TAB 50MG (QL= 6 tabs/day)	QL	Non-Pref erred Brands
LYRICA CAP 100MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Pref erred Brands
LYRICA CAP 150MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Pref erred Brands
LYRICA CAP 200MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Pref erred Brands
LYRICA CAP 225MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Pref erred Brands
LYRICA CAP 25MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Pref erred Brands
LYRICA CAP 300MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Pref erred Brands
LYRICA CAP 50MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Pref erred Brands
LYRICA CAP 75MG (QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Pref erred Brands
LYRICA SOLN (QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Pref erred Brands
OXTELLAR XR TAB 150MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
OXTELLAR XR TAB 300MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
OXTELLAR XR TAB 600MG (QL= 4 tabs/day)	QL	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
QUDEXY XR CAP 100MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Pref erred Brands
QUDEXY XR CAP 150MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Pref erred Brands
QUDEXY XR CAP 200MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Pref erred Brands
QUDEXY XR CAP 25MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Pref erred Brands
QUDEXY XR CAP 50MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Pref erred Brands
SPRITAM TAB (Step Therapy requires trial of levetiracetam or levetiracetam ER)	ST	Non-Pref erred Brands
TROKENDI XR CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands
TROKENDI XR CAP 100MG (QL= 1 cap/day)	QL	Non-Pref erred Brands
TROKENDI XR CAP 25MG (QL= 1 cap/day)	QL	Non-Pref erred Brands
TROKENDI XR CAP 50MG (QL= 1 cap/day)	QL	Non-Pref erred Brands
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	Non-Pref erred Specialty
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	Non-Pref erred Specialty
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Pref erred Specialty
APTiom TAB (QL= 1 tab/day)	QL	Preferred Brands
BANZEL TAB	PA	Preferred Brands
VIMPAT SOLN	-	Preferred Brands
VIMPAT TAB (QL= 2 tabs/day)	QL	Preferred Brands
EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
carbamazepine chew tab (TEGRETOL equiv)	-	Select
carbamazepine ER cap (CARBATROL equiv)	-	Select
carbamazepine ER tab (TEGRETOL XR equiv)	-	Select

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
carbamazepine susp (TEGRETOL equiv)	-	Select
carbamazepine tab (TEGRETOL equiv)	-	Select
gabapentin cap (NEURONTIN equiv)	-	Select
gabapentin tab (NEURONTIN equiv)	-	Select
lamotrigine chew tab (LAMICTAL equiv)	-	Select
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Select
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine ODT 100mg (LAMICTAL equiv) (QL= 3 tabs/day)	QL	Select
lamotrigine ODT 200mg (LAMICTAL equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ODT 25mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine ODT 50mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	Select
lamotrigine tab (LAMICTAL equiv)	-	Select
levetiracetam ER tab (KEPPRA XR equiv)	-	Select
levetiracetam soln (KEPPRA equiv)	-	Select
levetiracetam tab (KEPPRA equiv)	-	Select
oxcarbazepine susp (TRILEPTAL equiv)	-	Select
oxcarbazepine tab (TRILEPTAL equiv)	-	Select
pregabalin cap 100mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin cap 150mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin cap 200mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin cap 225mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin cap 25mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin cap 50mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin cap 75mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Select
primidone tab (MYSOLINE equiv)	-	Select
rufinamide susp (BANZEL equiv)	PA	Select
topiramate sprinkle cap (TOPAMAX equiv)	-	Select
topiramate tab (TOPAMAX equiv)	-	Select
zonisamide cap (ZONEGRAN equiv)	-	Select

CARBAMATES

FELBATOL SUSP (QL= 30ml/day)	QL	Non-Pref erred Brands
FELBATOL TAB 400MG (QL= 9 tabs/day)	QL	Non-Pref erred Brands
FELBATOL TAB 600MG (QL= 6 tabs/day)	QL	Non-Pref erred Brands
XCOPRI PAK 100-150MG (QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
XCOPRI PAK 150-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred Brands
XCOPRI PAK 50-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred Brands
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred Brands
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred Brands
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred Brands
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Select
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Select
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Select
GABA MODULATORS		
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Walgreens 888-347-3416 or PantherRx 855-726-8479)	LD-PA-QL	Generic Specialty
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
GABITRIL TAB 12MG (QL= 4 tabs/day)	QL	Non-Pref erred Brands
GABITRIL TAB 16MG (QL= 3 tabs/day)	QL	Non-Pref erred Brands
GABITRIL TAB 2mg (QL= 4 tabs/day)	QL	Non-Pref erred Brands
GABITRIL TAB 4MG (QL= 4 tabs/day)	QL	Non-Pref erred Brands
SABRIL POWDER PACK (QL= 6 packs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
SABRIL TAB (QL= 6 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Select
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select

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

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
HYDANTOINS		
PEGANONE TAB	-	Non-Pref erred Brands
DILANTIN CAP 30MG	-	Preferred Brands
phenytoin cap (DILANTIN equiv)	-	Select
phenytoin chew tab (DILANTIN equiv)	-	Select
phenytoin susp (DILANTIN equiv)	-	Select
SUCCINIMIDES		
CELONTIN CAP	-	Non-Pref erred Brands
ethosuximide cap (ZARONTIN equiv)	-	Select
ethosuximide soln (ZARONTIN equiv)	-	Select
VALPROIC ACID		
DEPACON INJ	-	NC
valproate inj (DEPACON equiv)	-	NC
STAVZOR CAP	-	Non-Pref erred Brands
divalproex ER tab (DEPAKOTE ER equiv)	-	Select
divalproex sodium DR tab (DEPAKOTE equiv)	-	Select
divalproex sprinkle cap (DEPAKOTE equiv)	-	Select
valproic acid cap (DEPAKENE equiv)	-	Select
valproic acid syrup (DEPAKENE equiv)	-	Select
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	Select
mirtazapine tab (REMERON equiv)	-	Select
ANTIDEPRESSANTS - MISC.		
APLENZIN TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred Brands
FORFIVO XL TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Pref erred Brands
bupropion ER tab (WELLBUTRIN equiv)	-	Select
bupropion tab (WELLBUTRIN equiv)	-	Select
bupropion XL tab (WELLBUTRIN XL equiv)	-	Select
MAPROTILINE TAB	-	Select
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM PATCH	-	Non-Pref erred Brands
MARPLAN TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
phenelzine tab (NARDIL equiv)	-	Select
tranylcypromine tab (PARNATE equiv)	-	Select
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN (QL= 4 kits/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)	QL	High Cost Generics
paroxetine ER tab (PAXIL CR equiv)	-	High Cost Generics
FLUOXETINE TAB 60MG (Step Therapy requires trial of fluoxetine cap, fluoxetine tab or fluoxetine weekly cap)	ST	Non-Preferred Brands
FLUOXETINE TAB 60MG (Step Therapy requires trial of fluoxetine cap, fluoxetine tab, or fluoxetine weekly cap)	ST	Non-Preferred Brands
LUVOX CR CAP (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands
PEXEVA TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
PROZAC WEEKLY CAP	-	Preferred Brands
citalopram soln (CELEXA equiv)	-	Select
escitalopram soln (LEXAPRO equiv)	-	Select
fluoxetine weekly cap (PROZAC equiv)	-	Select
fluvoxamine tab (LUVOX equiv)	-	Select
paroxetine tab (PAXIL equiv)	-	Select
citalopram tab (CELEXA equiv)	-	Value
escitalopram tab (LEXAPRO equiv)	-	Value
fluoxetine cap (PROZAC equiv)	-	Value
fluoxetine soln (PROZAC equiv)	-	Value
fluoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value
sertraline conc (ZOLOFT equiv)	-	Value
sertraline tab (ZOLOFT equiv)	-	Value
SEROTONIN MODULATORS		
OLEPTRO TAB	-	Non-Preferred Brands
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
VIIBRYD STARTER KIT (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
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ST	Limited to two 15 day fills per month for first 3 months	VAC	Smoking Cessation		Available through Specialty Pharmacy Program
	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
VIIBRYD TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Pref erred Brands
NEFAZODONE TAB	-	Select
nefazodone tab 50mg, 250mg	-	Select
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Select
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	High Cost Generics
venlafaxine ER tab	-	High Cost Generics
CYMBALTA CAP 20MG (QL= 6 caps/day)	QL	Non-Pref erred Brands
CYMBALTA CAP 30MG (QL= 4 caps/day)	QL	Non-Pref erred Brands
CYMBALTA CAP 60MG (QL= 2 caps/day)	QL	Non-Pref erred Brands
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred Brands
DRIZALMA DR CAP	-	Non-Pref erred Brands
FETZIMA CAP (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred Brands
FETZIMA TITRATION PACK (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred Brands
KHEDEZLA ER TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Pref erred Brands
PRISTIQ TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred Brands
VENLAFAXINE ER TAB	-	Preferred Brands
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	Select
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Select
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Select
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Select
venlafaxine ER cap (EFFEXOR XR equiv)	-	Select
venlafaxine tab (EFFEXOR equiv)	-	Select
TRICYCLIC AGENTS		
imipramine pamoate cap (TOFRANIL PM equiv)	-	High Cost Generics

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
DOXEPIN CAP	-	Non-Pref erred Brands
SURMONTIL CAP (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Pref erred Brands
AMOXAPINE TAB	-	Select
clomipramine cap (ANAFRANIL equiv)	-	Select
desipramine tab (NORPRAMIN equiv)	-	Select
doxepin cap (SINEQUAN equiv)	-	Select
doxepin conc (SINEQUAN equiv)	-	Select
imipramine tab (TOFRANIL equiv)	-	Select
nortriptyline cap (PAMELOR equiv)	-	Select
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Select
NORTRIPTYLINE SOLN	-	Select
protriptyline tab (VIVACTIL equiv)	-	Select
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Select
amitriptyline tab (ELAVIL equiv)	-	Value

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

miglitol tab (MIGLITOL equiv)	-	High Cost Generics
acarbose tab (PRECOSE equiv)	-	Select

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN INJ 120 (QL= 11ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart)	QL-ST	Non-Pref erred Brands
SYMLINPEN INJ 60 (QL= 6ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart)	QL-ST	Non-Pref erred Brands

ANTIDIABETIC COMBINATIONS

pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	High Cost Generics
ACTOPLUS MET TAB	-	Non-Pref erred Brands
ACTOPLUS MET XR TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred Brands
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred Brands
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin and pioglitazone tab)	QL-ST	Non-Pref erred Brands
AVANDAMET TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred Brands

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
AVANDARYL TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred Brands
DUETACT TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred Brands
INVOKAMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Pref erred Brands
INVOKAMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY or SYNJARDY XR)	QL-ST	Non-Pref erred Brands
JANUMET TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred Brands
JANUMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred Brands
KOMBIGLYZE XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred Brands
PRANDIMET TAB	-	Non-Pref erred Brands
QTERN TAB	-	Non-Pref erred Brands
SEGLUROMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Pref erred Brands
SOLIQUA INJ (QL= 18ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands
STEGLUJAN TAB (Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	ST	Non-Pref erred Brands
TRIJARDY XR TAB	-	Non-Pref erred Brands
XULTOPHY INJ (QL= 15ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Preferred Brands
JENTADUETO TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferred Brands
JENTADUETO XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferred Brands
REPAGLINIDE TAB	-	Preferred Brands
SYNJARDY TAB (QL= 2 tabs/day)	QL	Preferred Brands

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

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	Preferred Brands
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	Preferred Brands
glipizide/metformin tab (METAGLIP equiv)	-	Select
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Select
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value
BIGUANIDES		
metformin ER osmotic tab (FORTAMET equiv)	-	High Cost Generics
metformin ER osmotic tab (GLUMETZA equiv) (Step Therapy requires trial of metformin or metformin ER)	--ST	High Cost Generics
metformin soln (RIOMET equiv)	-	High Cost Generics
FORTAMET TAB	-	Non-Preferred Brands
GLUMETZA TAB 1000MG (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
GLUMETZA TAB 500MG (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
RIOMET ER SUSP (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value
metformin tab (GLUCOPHAGE equiv)	-	Value
DIABETIC OTHER		
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill, 2 fills/month)	QL	High Cost Generics
ZEGALOGUE INJ	-	NC
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	Non-Preferred Brands
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Preferred Brands
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Preferred Brands
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	Preferred Specialty

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
diazoxide susp (PROGLYCEM equiv)	-	Select
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN TAB, NESINA TAB (Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	ST	Non-Pref erred Brands
JANUVIA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred Brands
ONGLYZA TAB (Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	ST	Non-Pref erred Brands
TRADJENTA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferred Brands
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred Brands
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
ADLYXIN INJ (QL= 6ml/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	PA-QL-ST	Non-Pref erred Brands
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands
BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands
BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands
BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands
RYBELSUS TAB (QL= 1 tab/day; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands
TANZEUM INJ (QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred Brands
OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferred Brands
OZEMPIC INJ (QL= 3 ml/28 days; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferred Brands
TRULICITY INJ (QL= 2 ml/28 days; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferred Brands
VICTOZA INJ (QL= 9ml/30 days; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Preferred Brands
INSULIN		

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	Step Therapy		Vaccine Program		

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ANTIDIABETICS Cont.		
ADMELOG INJ, INSULIN LISPRO INJ (QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands
AFREZZA INH POWDER (QL= 180 inhalations/28 days)	PA-QL	Non-Pref erred Brands
AFREZZA INH POWDER (QL= 360 inhalations/28 days)	PA-QL	Non-Pref erred Brands
AFREZZA INH POWDER (QL= 630 inhalations/30 days)	PA-QL	Non-Pref erred Brands
APIDRA INJ (QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands
APIDRA SOLOSTAR INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands
BASAGLAR INJ (QL= 60ml/30 days; Step Therapy requires trial of LANTUS SOLOSTAR INJ, LANTUS INJ, TOUJEO SOLOSTAR INJ, or TOUJEO MAX SOLOSTAR INJ)	QL-ST	Non-Pref erred Brands
HUMALOG INJ (QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands
HUMALOG KWIKPEN INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands
HUMALOG KWIKPEN INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands
HUMALOG MIX INJ (QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands
HUMALOG PEN INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred Brands
HUMULIN MIX INJ (QL= 40ml/28 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred Brands
HUMULIN MIX PEN INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred Brands
HUMULIN N INJ (QL= 40ml/28 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred Brands

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
HUMULIN N PEN INJ (QL= 30ml/28 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred Brands
HUMULIN R INJ (QL= 40ml/28days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred Brands
LYUMJEV INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	Non-Pref erred Brands
LYUMJEV KWIKPEN INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	Non-Pref erred Brands
SEMGLEE INJ (QL= 60ml/30 days; Step Therapy requires trial of LANTUS SOLOSTAR INJ, LANTUS INJ, TOUJEO SOLOSTAR INJ, or TOUJEO MAX SOLOSTAR INJ)	QL-ST	Non-Pref erred Brands
SEMGLEE SOLN (QL= 60ml/30 days; Step Therapy requires trial of LANTUS SOLOSTAR INJ, LANTUS INJ, TOUJEO SOLOSTAR INJ, or TOUJEO MAX SOLOSTAR INJ)	QL-ST	Non-Pref erred Brands
FIASP FLEXTOUCH INJ (QL= 30ml/28 days)	QL	Preferred Brands
FIASP INJ (QL= 40ml/28 days)	QL	Preferred Brands
FIASP PENFILL INJ (QL= 60ml/30 days)	QL	Preferred Brands
LANTUS INJ (QL= 40ml/28 days)	QL	Preferred Brands
LANTUS SOLOSTAR INJ (QL= 30ml/28 days)	QL	Preferred Brands
LEVEMIR FLEXTOUCH INJ (QL= 30ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO)	QL-ST	Preferred Brands
LEVEMIR INJ (QL= 40ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO)	QL-ST	Preferred Brands
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/28 days)	QL	Preferred Brands
TOUJEO SOLOSTAR INJ (QL= 13.5ml/28 days)	QL	Preferred Brands
TRESIBA FLEXTOUCH INJ (QL= 30ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO)	QL-ST	Preferred Brands
TRESIBA INJ (QL= 30ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO)	QL-ST	Preferred Brands
HUMULIN R INJ U-500 (QL= 40ml/28 days)	QL	Select
HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/28 days)	QL	Select
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 30ml/28 days)	QL	Select
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60ml/30 days)	QL	Select
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 30ml/28 days)	QL	Select
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 40ml/28 days)	QL	Select
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 30ml/28 days)	QL	Select
NOVOLIN 70/30 FLEXPEN INJ (QL= 30ml/28 days)	OTC-QL	Select
NOVOLIN 70/30 INJ (QL= 40ml/28 days)	QL	Select
NOVOLIN N FLEXPEN INJ (QL= 30ml/28 days)	QL	Select
NOVOLIN N FLEXPEN INJ (QL= 30ml/28days)	QL	Select

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
NOVOLIN N INJ (QL= 40ml/28 days)	QL	Select
NOVOLIN R FLEXPEN INJ (QL= 60ml/30 days)	QL	Select
NOVOLIN R INJ (QL= 40ml/28 days)	QL	Select
NOVOLOG FLEXPEN INJ (QL= 30ml/28 days)	QL	Select
NOVOLOG INJ (QL= 60ml/30 days)	QL	Select
NOVOLOG MIX FLEXPEN INJ (QL= 30ml/28 days)	QL	Select
NOVOLOG MIX INJ (QL= 40ml/28 days)	QL	Select
NOVOLOG PENFILL INJ (QL= 30ml/28 days)	QL	Select
INSULIN SENSITIZING AGENTS		
AVANDIA TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
pioglitazone tab (ACTOS equiv)	-	Select
MEGLITINIDE ANALOGUES		
nateglinide tab (STARLIX equiv)	-	Select
repaglinide tab (PRANDIN equiv)	-	Select
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
INVOKANA TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands
STEGLATRO TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB)	QL-ST	Non-Preferred Brands
FARXIGA TAB (QL= 1 tab/day)	QL	Preferred Brands
JARDIANCE TAB (QL= 1 tab/day)	QL	Preferred Brands
SULFONYLUREAS		
TOLBUTAMIDE TAB	-	Preferred Brands
chlorpropamide tab (DIABINESE equiv)	-	Select
glyburide micronized tab (GLYNASE equiv)	-	Select
tolazamide tab (TOLINASE equiv)	-	Select
glimepiride tab (AMARYL equiv)	-	Value
glipizide ER tab (GLUCOTROL XL equiv)	-	Value
glipizide tab (GLUCOTROL equiv)	-	Value
glyburide tab (MICRONASE equiv)	-	Value
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
ANTI-DIARRHEA LIQ	-	EXC
LOPERAMIDE SOLN	-	NC
DIPHENOXYLATE/ATROPINE LIQUID	-	Preferred Brands
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		

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DrugName	Special Code	Tier
ANTIDIARRHEALS Cont.		
MYTESI TAB	-	Non-Pref erred Brands
ANTIDIARRHEAL AGENTS - MISC.		
VSL #3 CAP	-	Non-Pref erred Brands Select
REZYST CHEW TAB	-	
ANTIDIARRHEAL COMBINATIONS		
EVIVO LIQUID	-	NC
ANTIPERISTALTIC AGENTS		
opium tincture	-	High Cost Generics
MOTOFEN TAB	-	Non-Pref erred Brands
PAREGORIC TINCTURE	-	Non-Pref erred Brands
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Select
loperamide cap (IMODIUM equiv)	-	Select
ANTIDOTES		
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Preferred Specialty
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	Non-Pref erred Brands
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Pref erred Specialty
OPIOID ANTAGONISTS		
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Pref erred Brands
NARCAN NASAL SPRAY	-	Preferred Brands
VIVITROL INJ	AMSP	Preferred Specialty
naltrexone tab (REVIA equiv)	-	Select
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet (JADENU equiv)	AMSP-PA	Generic Specialty
deferasirox tab (EXJADE equiv)	AMSP-PA	Generic Specialty

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DrugName	Special Code	Tier
ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Generic Specialty
deferiprone tab (FERRIPROX equiv) (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Generic Specialty
FERRIPROX 2 DAY TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Pref erred Specialty
FERRIPROX TAB 500MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Pref erred Specialty
JADENU SPRINKLE	AMSP-PA	Non-Pref erred Specialty

ANTIDOTES AND SPECIFIC ANTAGONISTS

CETYLEV TAB	-	Non-Pref erred Brands
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OPIOID ANTAGONISTS

EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Pref erred Brands
naloxone inj	-	Select
naloxone prefilled inj	-	Select
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month)	--QL	Select

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

SUSTOL INJ	-	NC
ANZEMET TAB (QL= 1 tab/30 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Pref erred Brands
GRANISOL SOLN (QL= 60ml/30 days)	QL	Non-Pref erred Brands
KYTRIL TAB (QL= 8 tabs/30 days)	QL	Non-Pref erred Brands
SANCUSO PATCH (QL= 4 patches/28 days; Step Therapy requires trial of granisetron)	QL-ST	Non-Pref erred Brands
ZOFRAN SOLN (QL= 50ml/fill, 1 fill/15 days)	QL	Non-Pref erred Brands
ZUPLENZ SL FILM (Step Therapy requires trial of ondansetron)	ST	Non-Pref erred Brands
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Select
ondansetron ODT (ZOFRAN equiv)	-	Select
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Select
ONDANSETRON TAB	-	Select
ondansetron tab (ZOFRAN equiv)	-	Select

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DrugName	Special Code	Tier
ANTIEMETICS Cont.		
ANTIEMETICS - ANTICHOLINERGIC		
MECLIZINE 50MG TAB	-	NC
TRANSDERM-SCOP PATCH (QL= 10 patches/30 days)	QL	Non-Pref erred Brands
maldemar tab (SCOPACE equiv)	-	Select
meclizine chew tab (BONINE equiv)	OTC	Select
meclizine tab (ANTIVERT equiv) (Rx Only)	-	Select
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Select
trimethobenzamide cap (TIGAN equiv)	-	Select
ANTIEMETICS - MISCELLANEOUS		
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	High Cost Generics
AKYNZEO CAP (QL= 1 cap/28 days; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of aprepitant, granisetron, or ondansetron)	QL-RS-ST	Non-Pref erred Brands
CESAMET CAP (Step Therapy requires trial of ondansetron)	ST	Non-Pref erred Brands
DICLEGIS TAB (QL= 120 tabs/30 days)	QL	Non-Pref erred Brands
MARINOL CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands
SYNDROS SOLN (QL= 60ml/30 days)	QL	Non-Pref erred Brands
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Select
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
EMEND CAP 125MG (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Pref erred Brands
EMEND CAP 40MG (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Pref erred Brands
EMEND CAP 80MG (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Pref erred Brands
EMEND PAK (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Non-Pref erred Brands
EMEND SUSP (QL= 3 doses/fill, 2 fills/month; Restricted to Oncology or Hematology Specialist)	QL-RS	Non-Pref erred Brands
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of ondansetron)	QL-RS-ST	Preferred Brands
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Select
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP Ardon Mandatory Specialty Pharmacy Program	EXC Plan Exclusion	LD Limited Distribution
LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	VAC Vaccine Program	

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DrugName	Special Code	Tier
ANTIEMETICS Cont.		
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Select
ANTIFUNGALS		
ANTIFUNGALS		
griseofulvin micro tab (GRIFULVIN V equiv)	-	High Cost Generics
griseofulvin tab (GRIS-PEG equiv)	-	High Cost Generics
flucytosine cap (ANCOBON equiv)	-	Select
griseofulvin susp (GRIFULVIN equiv)	-	Select
nystatin powder	-	Select
nystatin tab	-	Select
terbinafine tab (LAMISIL equiv)	-	Select
IMIDAZOLE-RELATED ANTIFUNGALS		
itraconazole soln (SPORANOX equiv)	-	High Cost Generics
posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	High Cost Generics
CRESEMBA CAP (QL= 34 caps/30 days)	QL	Non-Pref erred Brands
SPORANOX SOLN	-	Non-Pref erred Brands
TOLSURA CAP (QL= 4 caps/day; Step Therapy requires trial of itraconazole)	QL-ST	Non-Pref erred Brands
NOXAFIL SUSP (Step Therapy requires trial of fluconazole, itraconazole or VFEND)	ST	Preferred Brands
NOXAFIL TAB (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	Preferred Brands
fluconazole susp (DIFLUCAN equiv)	-	Select
fluconazole tab (DIFLUCAN equiv)	-	Select
itraconazole cap (SPORANOX equiv)	-	Select
ketoconazole tab (NIZORAL equiv)	-	Select
voriconazole susp (VFEND equiv)	-	Select
voriconazole tab (VFEND equiv)	-	Select
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
DEXCHLORPHENIRAMINE SYRUP	-	NC
MICLARA LIQUID	-	Non-Pref erred Brands
RYCLORA SYRUP	-	Non-Pref erred Brands
chlorpheniramine ER cap	-	Select
ANTIHISTAMINES - ETHANOLAMINES		

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

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DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
KARBINAL ER SUSP (QL= 960ml/30 days)	QL	Non-Pref erred Brands
RYVENT TAB (QL= 4 tabs/day)	QL	Non-Pref erred Brands
CARBINOXAMINE SOLN	-	Select
carbinoxamine soln (PALGIC equiv)	-	Select
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Select
clemastine tab	OTC	Select
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Select
diphenhydramine inj	-	Select
ANTIHISTAMINES - NON-SEDATING		
CLARINEX SYRUP	-	EXC
CLARITIN CAP	OTC	EXC
DESLORATADINE ODT	-	EXC
loratadine cap (CLARITIN equiv)	OTC	EXC
CLARINEX TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
XYZAL SOLN (QL= 10ml/day)	QL	Non-Pref erred Brands
desloratadine tab (CLARINEX equiv) (QL= 1 tab/day)	QL	Select
levocetirizine soln (XYZAL equiv) (QL= 10ml/day)	QL	Select
levocetirizine tab (XYZAL equiv)	-	Select
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine inj (PHENERGAN equiv)	-	Select
promethazine supp (PHENERGAN equiv)	-	Select
promethazine syrup	-	Select
promethazine tab (PHENERGAN equiv)	-	Select
PROMETHEGAN SUPP	-	Select
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	Select
cyproheptadine tab	-	Select
ANTIHYPERTENSIVES		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands
ANTIHYPERTENSIVES - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	High Cost Generics
OMEGA-3 RX PAK COMPLETE	-	NC
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANTIHYPERSLIPIDEMICS Cont.		
ROSZET TAB (QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Pref erred Brands
VYTORIN TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
ANTIHYPERSLIPIDEMICS - MISC.		
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	High Cost Generics
LOVAZA CAP (QL= 4 caps/day)	QL	Non-Pref erred Brands
VASCEPA CAP 0.5GM (QL= 4 caps/day)	QL	Non-Pref erred Brands
VASCEPA CAP 1GM (QL= 4 caps/day)	QL	Non-Pref erred Brands
KYNAMRO INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty Select
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	
BILE ACID SEQUESTRANTS		
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	High Cost Generics
WELCHOL PACK	-	Non-Pref erred Brands
WELCHOL TAB	-	Non-Pref erred Brands
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Select
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Select
cholestyramine powder (QUESTRAN equiv)	-	Select
cholestyramine powder pack (QUESTRAN equiv)	-	Select
colesevelam tab (WELCHOL equiv)	-	Select
colestipol granule (COLESTID equiv)	-	Select
colestipol powder packet (COLESTID equiv)	-	Select
colestipol tab (COLESTID equiv)	-	Select
FIBRIC ACID DERIVATIVES		
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	High Cost Generics
ANTARA CAP, LOFIBRA CAP	-	Non-Pref erred Brands
FENOFIBRIC TAB, FIBRICOR TAB	-	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
TRIGLIDE TAB	-	Non-Pref erred Brands
TRILIPIX CAP	-	Non-Pref erred Brands
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Preferred Brands
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Select
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Select
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Select
fenofibric acid DR cap (TRILIPIX equiv)	-	Select
gemfibrozil tab (LOPID equiv)	-	Select
HMG COA REDUCTASE INHIBITORS		
ADVICOR TAB 1000-20MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
ADVICOR TAB 500-20MG, 1000-40MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
ADVICOR TAB 750-20MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
ALTOPREV TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
CRESTOR TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab)	QL-ST	Non-Pref erred Brands
EZALLOR SPRINKLE CAP (QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, fluvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin)	QL-ST	Non-Pref erred Brands
FLOLIPID SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Non-Pref erred Brands
LESCOL CAP (QL= 2 caps/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.)	QL-ST	Non-Pref erred Brands
LESCOL XL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.)	QL-ST	Non-Pref erred Brands
LIPITOR TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
LIVALO TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Pref erred Brands
MEVACOR TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
PRAVACHOL TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
SIMCOR TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
ZOCOR TAB 5MG, 10MG, 20MG, 40MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
ZOCOR TAB 80MG (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands
ZYPITAMAG TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Pref erred Brands
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Preferred Brands
atorvastatin tab 10mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventiv e
atorvastatin tab 20mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventiv e
atorvastatin tab 40mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventiv e
atorvastatin tab 80mg (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventiv e
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventiv e
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventiv e
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventiv e
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventiv e
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventiv e
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventiv e
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventiv e
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ZETIA TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Select
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
NICOTINIC ACID DERIVATIVES		

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

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

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
niacin ER tab (NIASPAN equiv)	-	High Cost Generics
NIACOR TAB	-	Non-Pref erred Brands
NIASPAN ER TAB	-	Non-Pref erred Brands

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

PRALUENT INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
PRALUENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
REPATHA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty

ANTIHYPERTENSIVES

ACE INHIBITORS

captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors)	ST	High Cost Generics
EPANED PREMIXED SOLN	PA	Non-Pref erred Brands
EPANED SOLN	PA	Non-Pref erred Brands
QBRELIS SOLN	-	Non-Pref erred Brands
benazepril tab (LOTENSIN equiv)	-	Select
fosinopril tab (MONOPRIL equiv)	-	Select
moexipril tab (UNIVASC equiv)	-	Select
perindopril tab (ACEON equiv)	-	Select
quinapril tab (ACCUPRIL equiv)	-	Select
ramipril cap (ALTACE equiv)	-	Select
trandolapril tab (MAVIK equiv)	-	Select
enalapril tab (VASOTEC equiv)	-	Value
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value

AGENTS FOR PHEOCHROMOCYTOMA

metirosine cap (DEMSEER equiv) (QL= 448 caps/28 days)	QL	High Cost Generics
phenoxybenzamine cap (DIBENZYLINE equiv)	-	High Cost Generics
DEMSEER CAP (QL= 448 caps/28 days)	QL	Non-Pref erred Brands

ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
ATACAND TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
EDARBI TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
EPROSARTAN TAB	-	Non-Pref erred Brands
MICARDIS TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
candesartan tab (ATACAND equiv) (Step Therapy requires trial of 2: irbesartan, losartan, or valsartan)	ST	Select
irbesartan tab (AVAPRO equiv)	-	Select
olmesartan tab (BENICAR equiv)	-	Select
telmisartan tab (MICARDIS equiv)	-	Select
valsartan tab (DIOVAN equiv)	-	Select
losartan tab (COZAAR equiv)	-	Value

ANTIADRENERGIC ANTIHYPERTENSIVES

clonidine patch (CATAPRES-TTS equiv)	-	High Cost Generics
CATAPRES-TTS PATCH	-	Non-Pref erred Brands
GUANABENZ TAB	-	Non-Pref erred Brands
NEXICLON XR SUSP	-	Non-Pref erred Brands
NEXICLON XR TAB	-	Non-Pref erred Brands
RESERPINE TAB	-	Preferred Brands
clonidine tab (CATAPRES equiv)	-	Select
doxazosin tab (CARDURA equiv)	-	Select
guanfacine IR tab (TENEX equiv)	-	Select
methyldopa tab (ALDOMET equiv)	-	Select
prazosin cap (MINIPRESS equiv)	-	Select
terazosin cap (HYTRIN equiv)	-	Select

ANTIHYPERTENSIVE COMBINATIONS

olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	High Cost Generics
telmisartan/amlodipine tab (TWYNSTA equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	High Cost Generics
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	High Cost Generics
telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	High Cost Generics

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

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	High Cost Generics
AMTURNIDE TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
ATACAND HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
AZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
BENICAR HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
BYVALSON TAB	-	Non-Pref erred Brands
CORZIDE TAB 80-5MG	-	Non-Pref erred Brands
DUTOPROL TAB (QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers)	QL-ST	Non-Pref erred Brands
EDARBYCLOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
MICARDIS HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
PRESTALIA TAB (Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor)	ST	Non-Pref erred Brands
TARKA TAB	-	Non-Pref erred Brands
TEKAMLO TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
TEKTURNA HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
TRIBENZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
TWYNSTA TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
VALTURNA TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred Brands
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	Preferred Brands

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

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

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	Preferred Brands
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	Preferred Brands
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	Preferred Brands
amlodipine/benazepril cap (LOTREL equiv)	-	Select
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Select
amlodipine/valsartan tab (EXFORGE equiv)	-	Select
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	Select
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Select
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Select
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Select
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	Select
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Select
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Select
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Select
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	Select
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	Select
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	Select
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Select
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Select
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Select
trandolapril/verapamil ER tab (TARKA equiv)	-	Select
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Select
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	AMSP-PA	Non-Preferred Specialty
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	High Cost Generics
TEKTURNA TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	Non-Preferred Brands
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPIRA equiv)	-	Select
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	Select
minoxidil tab (LONITEN equiv)	-	Select

ANTI-INFECTIVE AGENTS - MISC.

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

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole cap (FLAGYL equiv)	-	High Cost Generics
pentamidine neb soln (NEBUPENT equiv)	-	High Cost Generics
tinidazole tab (TINDAMAX equiv)	-	High Cost Generics
AEMCOLO TAB (QL= 12 tabs/fill, 2 fills/month)	QL	Non-Preferred Brands
FIRST METRONIDAZOLE SUSP	-	Non-Preferred Brands
FLAGYL ER TAB	-	Non-Preferred Brands
XIFAXAN TAB 200MG (QL= 9 tabs/fill, 2 fills/month)	PA-QL	Non-Preferred Brands
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands
PRIMSOL SOLN	-	Preferred Brands
IMPAVIDO CAP (QL= 3 caps/day; Restricted to Infectious Disease Specialist)	AMSP-QL-RS	Preferred Specialty Select
metronidazole tab (FLAGYL equiv)	-	Select
trimethoprim tab (PROLOPRIM equiv)	-	Select
ANTI-INFECTIVE MISC. - COMBINATIONS		
USTELL CAP	-	EXC
ustell cap	-	High Cost Generics
UROGESIC-BLUE TAB	-	Non-Preferred Brands
UTA CAP	-	Non-Preferred Brands
HYOPHEN TAB	-	Preferred Brands
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	Select
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Select
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Select
UTA cap	-	Select
ANTIPROTOZOAL AGENTS		
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/fill, 2 fills/month)	QL	High Cost Generics
LAMPIT TAB	-	NC

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

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
ALINIA SUSP (QL= 60ml/fill, 2 fills/month)	QL	Non-Pref erred Brands
ALINIA TAB (QL= 6 tabs/fill, 2 fills/month)	QL	Non-Pref erred Brands
atovaquone susp (MEPRON equiv)	-	Select
GLYCOPEPTIDES		
VANOCIN CAP 125MG (QL= 56 caps/30 days)	QL	Non-Pref erred Brands
VANOCIN CAP 250MG (QL= 112 caps/30 days)	QL	Non-Pref erred Brands
VANCOMYCIN SOLN (Step Therapy requires trial of vancomycin cap)	ST	Non-Pref erred Brands
FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days)	QL	Preferred Brands
FIRVANQ SOLN 50MG/ML (QL= 280ml/28 days)	QL	Preferred Brands
FIRST-VANCOMYCIN SOLN, VANCOMYCIN INJ	-	Select
vancomycin cap 125mg (VANOCIN equiv) (QL= 56 caps/30 days)	QL	Select
vancomycin cap 250mg (VANOCIN equiv) (QL= 112 caps/30 days)	QL	Select
KETOLIDES		
KETEK TAB	-	Non-Pref erred Brands
LEPROSTATICS		
dapsone tab	-	Select
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	Select
clindamycin soln (CLEOCIN equiv)	-	Select
MONOBACTAMS		
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
OXAZOLIDINONES		
SIVEXTRO INJ	-	EXC
SIVEXTRO TAB (QL= 6 tabs/fill)	QL-RS	Preferred Brands
linezolid susp	-	Select
linezolid tab (ZYVOX equiv)	-	Select
PLEUROMUTILINS		
XENLETA TAB (QL= 10 tabs/fill, 1 fill/month)	AMSP-PA-QL	Non-Pref erred Specialty
POLYMYXINS		
colistimethate inj (COLY-MYCIN M equiv)	-	NC

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

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powder pack (MONUROL equiv)	-	High Cost Generics
MONUROL GRANULE PACK	-	Non-Preferred Brands
methenamine hippurate tab (HIPREX equiv)	-	Select
methenamine mandelate tab	-	Select
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Select
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Select
nitrofurantoin susp (FURADANTIN equiv)	-	Select
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
COARTEM TAB	-	Non-Preferred Brands
FANSIDAR TAB	-	Non-Preferred Brands
atovaquone/proguanil tab (MALARONE equiv)	-	Select
ANTIMALARIALS		
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
primaquine tab (PRIMAQUINE equiv)	-	High Cost Generics
ARAKODA TAB	-	Non-Preferred Brands
QUALAQUIN CAP	-	Non-Preferred Brands
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Preferred Brands
MEFLOQUINE TAB	-	Preferred Brands
chloroquine tab (ARALEN equiv)	-	Select
hydroxychloroquine tab (PLAQUENIL equiv)	-	Select
mefloquine tab (LARIAM equiv)	-	Select
quinine sulfate cap (QUALAQUIN equiv)	-	Select
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine soln (MESTINON equiv)	-	High Cost Generics

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

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DrugName	Special Code	Tier
ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.		
PYRIDOSTIGMINE TAB 30MG	-	Non-Pref erred Brands
FIRDAPSE TAB (QL= 8 tabs/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Pref erred Specialty
RUZURGI TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Pref erred Specialty
GUANIDINE TAB	-	Select
pyridostigmine CR tab (MESTINON equiv)	-	Select
pyridostigmine tab (MESTINON equiv)	-	Select

ANTIMYCOBACTERIAL AGENTS

ANTI TB COMBINATIONS

RIFAMATE CAP	-	Non-Pref erred Brands
RIFATER TAB	-	Non-Pref erred Brands

ANTIMYCOBACTERIAL AGENTS

CAPASTAT INJ	-	NC
CYCLOSERINE CAP	-	Non-Pref erred Brands
PASER GRANULE	-	Non-Pref erred Brands
PRIFTIN TAB	-	Non-Pref erred Brands
TRECTOR TAB	-	Non-Pref erred Brands
PRETOMANID TAB (QL= 1 tab/day)	AMSP-QL	Non-Pref erred Specialty
PYRAZINAMIDE TAB	-	Preferred Brands
SIRTURO TAB (Restricted to Infectious Disease Specialist; Only available through MMS Solutions 855-691-0963)	LD-RS	Preferred Specialty
cycloserine cap (CYCLOSERINE equiv)	-	Select
ethambutol tab (MYAMBUTOL equiv)	-	Select
ISONIAZID SYRUP	-	Select
isoniazid tab	-	Select
pyrazinamide tab	-	Select
rifabutin cap (MYCOBUTIN equiv)	-	Select
rifampin cap (RIFADIN equiv)	-	Select

ANTINEOPLASTICS

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

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

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**Moda Large Group Commercial Formulary
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DrugName	Special Code	Tier
ANTINEOPLASTICS Cont.		
ALKYLATING AGENTS		
LEUKERAN TAB	-	Non-Preferred Brands
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
MYLERAN TAB	AMSP	Preferred Specialty
cyclophosphamide tab (CYTOXAN equiv)	-	Select
ANTIMETABOLITES		
TABLOID TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands
mercaptapurine tab (PURINETHOL equiv)	-	Select
methotrexate tab (TREXALL equiv)	-	Select
ANTINEOPLASTIC ENZYME INHIBITORS		
NEXAVAR TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Preferred Specialty
SUTENT CAP (Only available through Walgreens 888-347-3416)	LD-PA-SF	Preferred Specialty
ZOLINZA CAP	LMSP-PA-SF	Preferred Specialty
ANTINEOPLASTICS MISC.		
ALFERON-N INJ	-	EXC
tretinoin cap (VESANOID equiv)	AMSP-PA	Generic Specialty
PROLEUKIN INJ	-	NC
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
INTRON-A INJ	AMSP	Preferred Specialty
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
hydroxyurea cap (HYDREA equiv)	-	Select
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
MESNEX TAB	AMSP	Preferred Specialty
leucovorin tab	-	Select
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	-	Select
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	LMSP-PA	Preferred Specialty

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS		
PEPAXTO INJ	-	EXC

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
cyclophosphamide cap	-	Generic Specialty
melphalan tab (ALKERAN equiv)	AMSP-PA	Generic Specialty
temozolomide cap (TEMODAR equiv)	AMSP	Generic Specialty
CYCLOPHOSPHAMIDE TAB	-	Non-Pref erred Brands
GLEOSTINE/LOMUSTINE CAP	-	Non-Pref erred Brands
ALKERAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
AFINITOR TAB 10MG (QL= 1 tab/day)	AMSP-PA-QL-SF	Preferred Specialty
ANTIMETABOLITES		
capecitabine tab (XELODA equiv)	AMSP	Generic Specialty
ONUREG TAB	-	NC
XATMEP SOLN (QL= 60ml/30 days)	PA-QL	Non-Pref erred Brands
XELODA TAB	AMSP	Non-Pref erred Specialty
PURIXAN SUSP	AMSP-PA	Preferred Specialty
METHOTREXATE INJ	-	Select
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	Preferred Specialty
ANTINEOPLASTIC - ANTIBODIES		
JEMPERLI SOLN	-	EXC
ZYNLONTA SOLN	-	EXC
BLENREP INJ	-	NC
RIABNI SOLN	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
MARGENZA INJ	-	EXC
TUKYSA TAB (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	Preferred Specialty

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	Preferred Specialty
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
ABECMA INJ	-	EXC
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
erlotinib tab 25mg (TARCEVA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
TARCEVA TAB 100MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
TARCEVA TAB 150MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
TARCEVA TAB 25MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
VIZIMPRO TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	Preferred Specialty
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	Preferred Specialty
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
DAURISMO TAB 25MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty
ODOMZO CAP	AMSP-PA-SF	Preferred Specialty
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
abiraterone tab 250mg (ZYTIGA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Generic Specialty
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	AMSP-ST	Generic Specialty
ORGOVYX TAB	-	NC

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
EMCYT CAP	PA	Non-Pref erred Brands
FLUTAMIDE CAP	-	Non-Pref erred Brands
SOLTAMAX SOLN	-	Non-Pref erred Brands
FARESTON TAB (Only available through Walgreens 888-347-3416; Step Therapy requires trial of tamoxifen)	LD-ST	Non-Pref erred Specialty
NILANDRON TAB (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Non-Pref erred Specialty
XTANDI CAP (QL= 4 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
XTANDI TAB 40MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
XTANDI TAB 80MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
YONSA TAB (QL= 4 tabs/day)	AMSP-PA-QL-SF	Non-Pref erred Specialty
ZYTIGA TAB 250MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Pref erred Specialty
ZYTIGA TAB 500MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Pref erred Specialty
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Preferred Specialty
FIRMAGON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
HYDROXYPROGESTERONE CAPROATE INJ	AMSP-PA	Preferred Specialty
LUPRON DEPOT INJ	AMSP-PA	Preferred Specialty
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
anastrozole tab (ARIMIDEX equiv)	-	Preventiv e
exemestane tab (AROMASIN equiv)	-	Preventiv e
letrozole tab (FEMARA equiv)	-	Preventiv e

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	Preventive
bicalutamide tab (CASODEX equiv)	-	Select
flutamide cap (EULEXIN equiv)	-	Select
megestrol susp (MEGACE equiv)	-	Select
megestrol tab (MEGACE equiv)	-	Select
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO TAB (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO INJ	-	NC
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO SOLN	-	EXC
HERCEPTIN HYLECTA INJ	-	NC
INQOVI TAB (QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
KISQALI PAK (QL= 91 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
ANTINEOPLASTIC ENZYME INHIBITORS		
everolimus tab (AFINITOR equiv)	AMSP-PA	Generic Specialty
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	AMSP-PA-QL	Generic Specialty
imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Generic Specialty
lapatinib ditosylate tab (TYKERB equiv)	AMSP-PA	Generic Specialty
FOTIVDA CAP	-	NC
GAVRETO CAP	-	NC
UKONIQ TAB	-	NC
AFINITOR TAB 2.5MG, 5MG, 7.5MG	AMSP-PA	Non-Preferred Specialty
ALUNBRIG PAK (QL= 1 pack/365 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	Non-Pref erred Specialty
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	Non-Pref erred Specialty
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	Non-Pref erred Specialty
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	Non-Pref erred Specialty
BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	Non-Pref erred Specialty
FARYDAK CAP (QL= 6 caps/21 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
GLEEVEC TAB 100 MG (QL= 3 tabs/day)	AMSP-PA-QL	Non-Pref erred Specialty
GLEEVEC TAB 400MG (QL= 2 tabs/day)	AMSP-PA-QL	Non-Pref erred Specialty
IDHIFA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
INREBIC CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Pref erred Specialty
KISQALI TAB (QL= 63 tabs/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
KOSELUGO CAP (QL= 120 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Pref erred Specialty
LORBRENA TAB 100MG (QL= 1 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
LORBRENA TAB 25MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	Non-Pref erred Specialty
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Non-Pref erred Specialty

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty
PIQRAY TAB	AMSP-PA-SF	Non-Pref erred Specialty
QINLOCK TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty
RETEVMO CAP 40MG (QL= 180 caps/30 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Pref erred Specialty
RETEVMO CAP 80MG (QL= 120 caps/30 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Pref erred Specialty
ROZLYTREK CAP 100MG (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
ROZLYTREK CAP 200MG (QL= 3 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
RYDAPT CAP	AMSP-PA	Non-Pref erred Specialty
TABRECTA TAB (QL= 112 tabs/28 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Pref erred Specialty
TALZENNA CAP 0.25MG (QL= 3 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
TALZENNA CAP 1MG (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Pref erred Specialty
TEPMETKO TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty
TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	Non-Pref erred Specialty
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty
TYKERB TAB	AMSP-PA	Non-Pref erred Specialty
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	Non-Pref erred Specialty

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
VITRAKVI CAP 25MG (QL= 8 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	Non-Pref erred Specialty
VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	Non-Pref erred Specialty
XOSPATA TAB (QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Non-Pref erred Specialty
AFINITOR DISPERZ (QL= 1 tab/day)	AMSP-PA-QL-SF	Preferred Specialty
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Preferred Specialty
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Preferred Specialty
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Preferred Specialty
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	Preferred Specialty
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	Preferred Specialty
COTELLIC TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
IBRANCE CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
IBRANCE TAB (QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Preferred Specialty
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Preferred Specialty
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Preferred Specialty
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Preferred Specialty
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Preferred Specialty
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
NINLARO CAP	AMSP-PA	Preferred Specialty
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	Preferred Specialty
SPRYCEL TAB	AMSP-PA-SF	Preferred Specialty
STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Preferred Specialty
TASIGNA CAP	AMSP-PA-SF	Preferred Specialty
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
VOTRIENT TAB	AMSP-PA-SF	Preferred Specialty
XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	Preferred Specialty
ZELBORAF TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	Preferred Specialty
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Preferred Specialty
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
ANTINEOPLASTICS MISC.		
bexarotene cap (TARGRETIN equiv)	AMSP-PA	Generic Specialty
SYLATRON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Preferred Specialty
MITOTIC INHIBITORS		
ETOPOSIDE CAP	-	Preferred Brands
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	Select
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	Select
trihexyphenidyl tab (ARTANE equiv)	-	Select
ANTIPARKINSON COMT INHIBITORS		
tolcapone tab (TASMAR equiv) (QL= 3 caps/day)	QL	High Cost Generics

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
TASMAR TAB (QL= 3 tabs/day)	QL	Non-Pref erred Brands Select
entacapone tab (COMTAN equiv)	-	Select
ANTIPARKINSON DOPAMINERGICS		
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	High Cost Generics
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	High Cost Generics
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	Non-Pref erred Brands
GOCOVRI CAP (Step Therapy requires trial of amantadine)	ST	Non-Pref erred Brands
MIRAPEX ER TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
NEUPRO PATCH (QL= 1 patch/day)	QL	Non-Pref erred Brands
REQUIP XL TAB (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	Non-Pref erred Brands
RYTARY CAP (QL= 10 caps/day; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Pref erred Brands
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferred Specialty Select
amantadine cap (SYMMETREL equiv)	-	Select
amantadine syrup (SYMMETREL equiv)	-	Select
amantadine tab	-	Select
bromocriptine cap (PARLODEL equiv)	-	Select
bromocriptine tab (PARLODEL equiv)	-	Select
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Select
carbidopa/levodopa ODT (PARCOPA equiv)	-	Select
carbidopa/levodopa tab (SINEMET equiv)	-	Select
pramipexole tab (MIRAPEX equiv)	-	Select
ropinirole tab (REQUIP equiv)	-	Select
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
ZELAPAR ODT	-	Non-Pref erred Brands
XADAGO TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Pref erred Specialty Select
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Select

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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
selegiline cap (ELDEPRYL equiv)	-	Select
selegiline tab (ELDEPRYL equiv)	-	Select
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
NOURIANZ TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	Select
ANTIPARKINSON COMT INHIBITORS		
ONGENTYS CAP (Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline)	ST	Non-Pref erred Brands
ANTIPARKINSON DOPAMINERGICS		
OSMOLEX ER TAB (QL= 1 tab/day; Step Therapy requires trial of amantadine)	QL-ST	Non-Pref erred Brands
OSMOLEX ER TAB (Step Therapy requires trial of amantadine)	QL-ST	Non-Pref erred Brands
INBRIJA INH POWDER (QL= 4 units/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
KYNMOBI FILM (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
KYNMOBI TITRATION KIT (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
SELEGILINE TAB	-	Preferred Brands
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM CARBONATE CAP	-	Non-Pref erred Brands
LITHIUM CITRATE SOLN	-	Non-Pref erred Brands
lithium carbonate cap (ESKALITH ER equiv)	-	Select
lithium carbonate ER tab (LITHOBID equiv)	-	Select
lithium carbonate tab	-	Select
lithium citrate soln	-	Select
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP (Step Therapy requires trial of aripiprazole)	ST	Non-Pref erred Brands

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
EQUETRO CAP	-	Non-Pref erred Brands
GEODON CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands
VRAYLAR CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands
VRAYLAR PACK (QL= 2 packs/plan year)	QL	Non-Pref erred Brands
NUPLAZID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
NUPLAZID TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine or quetiapine XR)	QL-ST	Preferred Brands
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Select
BENZISOXAZOLES		
FANAPT TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
FANAPT TITRATION PACK (QL= 1 pack/plan year)	QL	Non-Pref erred Brands
INVEGA TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
RISPERDAL M ODT (QL= 2 tabs/day)	QL	Non-Pref erred Brands
RISPERDAL SOLN (QL= 8 ml/day)	QL	Non-Pref erred Brands
RISPERDAL TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
INVEGA INJ	AMSP-PA	Non-Pref erred Specialty
RISPERIDONE ODT (QL= 2 tabs/day)	QL	Preferred Brands
PERSERIS INJ	PA	Preferred Specialty
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Select
risperidone ODT (RISPERDAL M equiv) (QL= 2 tabs/day)	QL	Select
risperidone soln (RISPERDAL equiv) (QL= 8ml/day)	QL	Select
risperidone tab (RISPERDAL equiv) (QL= 2 tabs/day)	QL	Select

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

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Category/Class**

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
BUTYROPHENONES		
haloperidol decanoate inj	AMSP	Preferred Specialty
haloperidol lactate conc (HALDOL equiv)	-	Select
haloperidol tab (HALDOL equiv)	-	Select
DIBENZAPINES		
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	High Cost Generics
ADASUVE INHALER	-	NC
CLOZAPINE ODT, FAZACLO ODT (QL= 3 tabs/day)	QL	Non-Preferred Brands
CLOZARIL TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
FAZACLO ODT 12.5MG, 25MG, 100MG (QL= 3 tabs/day)	QL	Non-Preferred Brands
SAPHRIS SL TAB (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Preferred Brands
SECUADO PATCH (QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Preferred Brands
SEROQUEL TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
SEROQUEL XR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
VERSACLOZ SUSP	-	Non-Preferred Brands
ZYPREXA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ZYPREXA ZYDIS TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
CLOZAPINE ODT (QL= 3 tabs/day)	QL	Select
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Select
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Select
loxapine cap (LOXITANE equiv)	-	Select
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Select
olanzapine tab (ZYPREXA equiv) (QL= 1 tab/day)	QL	Select
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Select
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Select
DIHYDROINDOLONES		
MOLINDONE TAB	-	Preferred Brands

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

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	Select
fluphenazine tab (PROLIXIN equiv)	-	Select
perphenazine tab (TRILAFON equiv)	-	Select
prochlorperazine supp (COMPAZINE equiv)	-	Select
prochlorperazine tab (COMPAZINE equiv)	-	Select
thioridazine tab (MELLARIL equiv)	-	Select
trifluoperazine tab (STELAZINE equiv)	-	Select
QUINOLINONE DERIVATIVES		
ABILIFY TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
REXULTI TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
ABILIFY MAINTENA INJ	AMSP	Non-Pref erred Specialty
ABILIFY MYCITE TAB (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Pref erred Specialty
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Select
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Select
aripiprazole tab (ABILIFY equiv) (QL= 1 tab/day)	QL	Select
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	Select
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
CHLORINE ANTISEPTICS		
PHISOHEX LIQUID	-	Non-Pref erred Brands
IODINE ANTISEPTICS		
BETADINE SOLN	-	EXC
IODOFLEX PAD	-	Non-Pref erred Brands
ANTIVIRALS		
ANTIRETROVIRALS		
VOCABRIA TAB	-	EXC
CABENUVA IM SUSP	-	NC
COMBIVIR TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
DOVATO TAB	-	Non-Pref erred Brands
EMTRIVA CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands
EPIVIR SOLN (QL= 960ml/30 days)	QL	Non-Pref erred Brands
EPIVIR TAB 150MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
EPIVIR TAB 300MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
EPZICOM TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
KALETRA SOLN (QL= 480ml/30 days)	QL	Non-Pref erred Brands
LEXIVA SUSP (QL= 1800ml/30 days)	QL	Non-Pref erred Brands
LEXIVA TAB (QL= 4 tabs/day)	QL	Non-Pref erred Brands
NORVIR TAB (QL= 12 tabs/day)	QL	Non-Pref erred Brands
RETROVIR CAP (QL= 6 caps/day)	QL	Non-Pref erred Brands
RETROVIR SYRUP (QL= 1920ml/30 days)	QL	Non-Pref erred Brands
RETROVIR TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
REYATAZ CAP 150 MG (QL= 2 caps/day)	QL	Non-Pref erred Brands
REYATAZ CAP 200MG (QL= 2 caps/day)	QL	Non-Pref erred Brands
REYATAZ CAP 300MG (QL= 1 cap/day)	QL	Non-Pref erred Brands
RUKOBIA ER TAB (QL= 60 tabs/30 days)	PA-QL	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
STAVUDINE CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands
SUSTIVA TAB	-	Non-Pref erred Brands
SYMFI (LO) TAB	-	Non-Pref erred Brands
TRIZIVIR TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
TRUVADA TAB (QL= 30 tabs/30 days)	QL	Non-Pref erred Brands
VIRAMUNE SUSP (QL= 1200ml/30 days)	QL	Non-Pref erred Brands
VIRAMUNE TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
VIRAMUNE XR TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
VIREAD TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
ZERIT CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands
ZERIT SOLN (QL= 2400ml/30 days)	QL	Non-Pref erred Brands
ZIAGEN SOLN (QL= 960ml/30 days)	QL	Non-Pref erred Brands
ZIAGEN TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
APTIVUS CAP (QL= 4 caps/day)	QL	Preferred Brands
APTIVUS SOLN (QL= 380ml/30 days)	QL	Preferred Brands
ATRIPLA TAB (QL= 1 tab/day)	QL	Preferred Brands
BIKTARVY TAB (QL= 1 tab/day)	QL	Preferred Brands
CIMDUO TAB	-	Preferred Brands
COMPLERA TAB (QL= 1 tab/day)	QL	Preferred Brands

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
CRIVAN CAP	-	Preferred Brands
DELSTRIGO TAB	-	Preferred Brands
DESCOVY TAB (QL= 1 tab/day)	QL	Preferred Brands
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Preferred Brands
EDURANT TAB (QL= 1 tab/day)	QL	Preferred Brands
EMTRIVA SOLN (QL= 850ml/30 days)	QL	Preferred Brands
EVOTAZ TAB (QL= 1 tab/day)	QL	Preferred Brands
GENVOYA TAB (QL= 1 tab/day)	QL	Preferred Brands
INTELENCE TAB 100MG (QL= 4 tabs/day)	QL	Preferred Brands
INTELENCE TAB 200MG (QL= 2 tabs/day)	QL	Preferred Brands
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Preferred Brands
INVIRASE CAP (QL= 10 caps/day)	QL	Preferred Brands
INVIRASE TAB (QL= 4 tabs/day)	QL	Preferred Brands
ISENTRESS (HD) TAB (QL= 2 tabs/day)	QL	Preferred Brands
ISENTRESS CHEW TAB (QL= 6 tabs/day)	QL	Preferred Brands
ISENTRESS POWDER PACK (QL= 2 packets/day)	QL	Preferred Brands
JULUCA TAB (QL= 1 tab/day)	QL	Preferred Brands
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Preferred Brands
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Preferred Brands
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Preferred Brands
NEVIRAPINE SUSP (VIRAMUNE equiv) (QL= 1200ml/30 days)	QL	Preferred Brands
NORVIR CAP (QL= 12 caps/day)	QL	Preferred Brands
NORVIR POWDER PACK (QL= 12 packets/day)	QL	Preferred Brands
NORVIR SOLN (QL= 480ml/30 days)	QL	Preferred Brands
ODEFSEY TAB (QL= 1 tab/day)	QL	Preferred Brands
PIFELTRO TAB	-	Preferred Brands

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
PREZCOBIX TAB (QL= 1 tab/day)	QL	Preferred Brands
PREZISTA SUSP (QL= 400ml/30 days)	QL	Preferred Brands
PREZISTA TAB 150MG (QL= 8 tabs/day)	QL	Preferred Brands
PREZISTA TAB 300MG (QL= 2 tabs/day)	QL	Preferred Brands
PREZISTA TAB 400MG (QL= 2 tabs/day)	QL	Preferred Brands
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Preferred Brands
PREZISTA TAB 75MG (QL= 16 tabs/day)	QL	Preferred Brands
PREZISTA TAB 800MG (QL= 1 tab/day)	QL	Preferred Brands
RESCRIPTOR TAB	-	Preferred Brands
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Preferred Brands
SELZENTRY SOLN (QL= 31ml/day)	QL	Preferred Brands
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Preferred Brands
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Preferred Brands
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Preferred Brands
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Preferred Brands
STRIBILD TAB (QL= 1 tab/day)	QL	Preferred Brands
SYMTUZA TAB	-	Preferred Brands
TIVICAY PD TAB (QL= 180 tabs/30 days)	QL	Preferred Brands
TIVICAY TAB (QL= 180 tabs/30 days)	QL	Preferred Brands
TRIUMEQ TAB (QL= 1 tab/day)	QL	Preferred Brands
TYBOST TAB	-	Preferred Brands
VIDEX SOLN (QL= 600ml/30 days)	QL	Preferred Brands
VIRACEPT POWDER	-	Preferred Brands
VIRACEPT TAB	-	Preferred Brands
VIREAD POWDER	-	Preferred Brands
VIREAD TAB (QL= 1 tab/day)	QL	Preferred Brands

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
VITEKTA TAB (QL= 1 tab/day)	QL	Preferred Brands
FUZEON INJ	AMSP	Preferred Specialty
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Preventive
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Select
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Select
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Select
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Select
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Select
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Select
efavirenz cap (SUSTIVA equiv)	-	Select
efavirenz tab (SUSTIVA equiv)	-	Select
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Select
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Select
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day)	QL	Select
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Select
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Select
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Select
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Select
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Select
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day)	QL	Select
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days)	QL	Select
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Select
nevirapine susp (VIRAMUNE equiv) (QL= 1200ml/30 days)	QL	Select
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Select
ritonavir tab (NORVIR equiv) (QL= 12 tabs/30 days)	QL	Select
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Select
stavudine soln (ZERIT equiv) (QL= 2400ml/30 days)	QL	Select
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day)	QL	Select
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Select
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Select
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Select
CMV AGENTS		
PREVYMIS TAB	AMSP-PA	Non-Preferred Specialty
GANCICLOVIR CAP	-	Preferred Brands
valganciclovir soln (VALCYTE equiv)	-	Select
valganciclovir tab (VALCYTE equiv)	-	Select
HEPATITIS AGENTS		
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Generic Specialty

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	AMSP-QL	Generic Specialty
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty
ribavirin cap (REBETOL equiv)	AMSP	Generic Specialty
ribavirin tab (COPEGUS equiv)	AMSP	Generic Specialty
INCIVEK TAB	-	NC
VICTRELIS CAP	-	NC
BARACLUDE TAB (QL= 1 tab/day)	AMSP-QL	Non-Pref erred Specialty
DAKLINZA TAB (Only available through Lumicera 855-847-3553)	LMSP-PA	Non-Pref erred Specialty
EPCLUSA TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Pref erred Specialty
EPIVIR HBV TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Pref erred Specialty
HARVONI PELLETT PAK (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
HARVONI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
HEPSERA TAB (QL= 1 tab/day)	AMSP-QL	Non-Pref erred Specialty
MODERIBA TAB	AMSP-PA	Non-Pref erred Specialty
OLYSIO CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
SOVALDI PELLETT PAK	AMSP	Non-Pref erred Specialty
SOVALDI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
VIEKIRA PAK TAB (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Pref erred Specialty
VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Pref erred Specialty

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
ZEPATIER TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Preferred Specialty
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-PA-QL	Preferred Specialty
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
MAVYRET TAB (QL= 3 tabs/day)	AMSP-PA-QL	Preferred Specialty
PEGASYS INJ	AMSP	Preferred Specialty
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP	Preferred Specialty
REBETOL SOLN	AMSP	Preferred Specialty
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Preferred Specialty
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty

HERPES AGENTS

SITAVIG TAB (QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir)	QL-ST	Non-Preferred Brands
acyclovir cap (ZOVIRAX equiv)	-	Select
acyclovir susp (ZOVIRAX equiv)	-	Select
acyclovir tab (ZOVIRAX equiv)	-	Select
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select
famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/fill, 2 fills/month)	QL	Select
valacyclovir tab (VALTREX equiv)	-	Select

INFLUENZA AGENTS

TAMIFLU CAP 30MG (QL= 40 caps/183 days)	QL	Non-Preferred Brands
TAMIFLU CAP 45MG (QL= 40 caps/183 days)	QL	Non-Preferred Brands
TAMIFLU CAP 75MG (QL= 20 caps/183 days)	QL	Non-Preferred Brands

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
TAMIFLU SUSP (QL= 360ml/183 days)	QL	Non-Pref erred Brands
XOFLUZA TAB (QL= 2 tabs/fill)	QL	Non-Pref erred Brands
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Preferred Brands
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Select
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Select
RIMANTADINE TAB	-	Select
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	EXC

ASSORTED CLASSES

CHELATING AGENTS		
D-PENAMINE TAB	-	Preferred Brands
IMMUNOMODULATORS		
REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
IMMUNOSUPPRESSIVE AGENTS		
cyclosporine cap (SANDIMMUNE equiv)	-	High Cost Generics
sirolimus tab (RAPAMUNE equiv)	-	High Cost Generics
AZASAN TAB	-	Non-Pref erred Brands
ENVARUSUS XR TAB	-	Non-Pref erred Brands
SANDIMMUNE SOLN 100MG/ML	-	Non-Pref erred Brands
ZORTRESS TAB 1MG	PA	Non-Pref erred Brands
azathioprine tab (IMURAN equiv)	-	Select
cyclosporine modified cap (NEORAL equiv)	-	Select
cyclosporine modified soln (NEORAL equiv)	-	Select
mycophenolate DR tab (MYFORTIC equiv)	-	Select
mycophenolate mofetil cap (CELLCEPT equiv)	-	Select
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Select
mycophenolate mofetil tab (CELLCEPT equiv)	-	Select
tacrolimus cap (PROGRAF equiv)	-	Select

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

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**Moda Large Group Commercial Formulary
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DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
POTASSIUM REMOVING RESINS		
sodium polystyrene powder (KAYEXALATE equiv)	-	High Cost Generics
sodium polystyrene susp (SPS equiv)	-	High Cost Generics
VELTASSA POWDER (QL= 1 packet/day; Step Therapy requires trial of LOKELMA)	QL-ST	Non-Preferred Brands
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate ER cap (COREG CR equiv)	-	High Cost Generics
labetalol tab (NORMODYNE equiv)	-	Select
carvedilol tab (COREG equiv)	-	Value
BETA BLOCKERS CARDIO-SELECTIVE		
FIRST ATENOLOL SOLN	-	Non-Preferred Brands
FIRST METOPROLOL ORAL SOLN	-	Non-Preferred Brands
KAPSPARGO CAP	-	Non-Preferred Brands
BYSTOLIC TAB	-	Preferred Brands
acebutolol cap (SECTRAL equiv)	-	Select
betaxolol tab (KERLONE equiv)	-	Select
bisoprolol tab (ZEBETA equiv)	-	Select
atenolol tab (TENORMIN equiv)	-	Value
metoprolol ER tab (TOPROL XL equiv)	-	Value
metoprolol tab (LOPRESSOR equiv)	-	Value
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL SOLN	-	Non-Preferred Brands
INDERAL XL CAP, INNOPRAN XL CAP	-	Non-Preferred Brands
LEVATOL TAB	-	Non-Preferred Brands
SOTYLIZE SOLN	-	Non-Preferred Brands
nadolol tab (CORGARD equiv)	-	Select
pindolol tab (VISKEN equiv)	-	Select
propranolol ER cap (INDERAL LA equiv)	-	Select
PROPRANOLOL SOLN	-	Select

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DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
propranolol tab (INDERAL equiv)	-	Select
sotalol AF tab (BETAPACE AF equiv)	-	Select
sotalol tab (BETAPACE equiv)	-	Select
timolol maleate tab (BLOCADREN equiv)	-	Select

BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SL TAB	PA	Non-Pref erred Brands
ORALAIR SL TAB	PA	Non-Pref erred Brands
RAGWITEK SL TAB	PA	Non-Pref erred Brands

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKER COMBINATIONS

CONSENSI TAB (QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib)	QL-ST	Non-Pref erred Brands
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CALCIUM CHANNEL BLOCKERS

nimodipine cap (NIMOTOP equiv)	-	High Cost Generics
nisoldipine ER tab (SULAR equiv)	-	High Cost Generics
CARDENE SR CAP	-	Non-Pref erred Brands
CONJUPRI TAB	-	Non-Pref erred Brands
COVERA-HS TAB	-	Non-Pref erred Brands
DYNACIRC CR TAB	-	Non-Pref erred Brands
KATERZIA SUSP (Step Therapy requires trial of amlodipine)	ST	Non-Pref erred Brands
NYMALIZE SOLN	-	Non-Pref erred Brands
VERELAN PM ER CAP 100MG, 300MG	-	Non-Pref erred Brands
VERELAN SR CAP 360mg	-	Non-Pref erred Brands

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DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
VERAPAMIL SR CAP 360mg	-	Preferred Brands
diltiazem ER cap (CARDIZEM CD equiv)	-	Select
diltiazem ER cap (CARDIZEM SR equiv)	-	Select
diltiazem ER cap (DILACOR XR equiv)	-	Select
diltiazem ER cap (TIAZAC equiv)	-	Select
diltiazem ER tab (CARDIZEM LA equiv)	-	Select
diltiazem tab (CARDIZEM equiv)	-	Select
felodipine ER tab (PLENDIL equiv)	-	Select
isradipine cap (DYNACIRC equiv)	-	Select
nicardipine cap (CARDENE equiv)	-	Select
nifedipine cap (PROCARDIA equiv)	-	Select
nifedipine ER tab (ADALAT CC equiv)	-	Select
VERAPAMIL CAP 100MG	-	Select
VERAPAMIL ER CAP 200MG	-	Select
VERAPAMIL ER CAP 300MG	-	Select
verapamil SR cap (VERELAN equiv)	-	Select
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Select
verapamil tab (CALAN equiv)	-	Select
amlodipine tab (NORVASC equiv)	-	Value

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin soln (LANOXIN equiv)	-	High Cost Generics
LANOXIN INJ	-	NC
LANOXIN INJ 0.1MG/ML	-	Non-Preferred Brands
LANOXIN TAB 0.0625MG, 0.1875MG	-	Non-Preferred Brands
digoxin tab (LANOXIN equiv)	-	Select

CARDIOVASCULAR AGENTS - MISC.

CARDIOPLEGIC SOLUTIONS

ADENOCAINE INJ	-	EXC
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine/atorvastatin tab (CADUET equiv) (QL= 1 tab/day)	QL	High Cost Generics
BIDIL TAB	-	Non-Preferred Brands
CADUET TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ENTRESTO TAB (QL= 2 tabs/day)	QL	Preferred Brands

IMPOTENCE AGENTS

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
CIALIS TAB (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Non-Pref erred Brands
tadalafil tab (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Select
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB	-	Non-Pref erred Brands
PROSTAGLANDIN VASODILATORS		
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
REMODULIN INJ 10MG/ML (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Pref erred Specialty
REMODULIN INJ 1MG/ML (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Pref erred Specialty
REMODULIN INJ 2.5MG/ML (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Pref erred Specialty
REMODULIN INJ 5MG/ML (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Pref erred Specialty
ORENITRAM TAB (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferred Specialty
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
bosentan tab (TRACLEER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
LETAIRIS TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
TRACLEER TAB 62.5MG, 125MG (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Preferred Specialty
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Generic Specialty
REVATIO TAB (QL= 3 tabs/day)	QL	Non-Pref erred Brands
REVATIO SUSP (QL= 224ml/30 days)	AMSP-PA-QL	Non-Pref erred Specialty
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Select
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Select
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty
SINUS NODE INHIBITORS		
CORLANOR SOLN	PA	Non-Pref erred Brands
CORLANOR TAB	PA	Non-Pref erred Brands
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
VYNDAQEL CAP (QL= 4 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB	-	NC
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
CEFADROXIL TAB	-	Non-Pref erred Brands
DAXBIA CAP	-	Non-Pref erred Brands
cefadroxil cap (DURICEF equiv)	-	Select
cefadroxil susp (DURICEF equiv)	-	Select
cefadroxil tab (DURICEF equiv)	-	Select
cephalexin cap (KEFLEX equiv)	-	Select
cephalexin susp (KEFLEX equiv)	-	Select
CEPHALEXIN TAB	-	Select

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CEPHALOSPORINS - 2ND GENERATION		
cefaclor susp (CEFACLOR equiv)	-	High Cost Generics
CEFACLOR CAP	-	Non-Pref erred Brands
CEFACLOR ER TAB	-	Non-Pref erred Brands
CEFACLOR SUSP	-	Non-Pref erred Brands
cefaclor cap (CECLOR equiv)	-	Select
cefprozil susp (CEFZIL equiv)	-	Select
cefprozil tab (CEFZIL equiv)	-	Select
cefuroxime susp (CEFTIN equiv)	-	Select
cefuroxime tab (CEFTIN equiv)	-	Select
CEPHALOSPORINS - 3RD GENERATION		
CEDAX CAP	-	Non-Pref erred Brands
CEDAX SUSP	-	Non-Pref erred Brands
CEFDITOREN TAB	-	Non-Pref erred Brands
SPECTRACEF TAB	-	Non-Pref erred Brands
SUPRAX CAP	-	Non-Pref erred Brands
SUPRAX CHEW TAB	-	Non-Pref erred Brands
SUPRAX SUSP	-	Non-Pref erred Brands
SUPRAX TAB	-	Non-Pref erred Brands
cefdinir cap (OMNICEF equiv)	-	Select
cefdinir susp (OMNICEF equiv)	-	Select
cefixime cap (SUPRAX equiv)	-	Select
cefixime susp (SUPRAX equiv)	-	Select
cefpodoxime proxetil susp (VANTIN equiv)	-	Select
cefpodoxime proxetil tab (VANTIN equiv)	-	Select

CONTRACEPTIVES

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
COMBINATION CONTRACEPTIVES - ORAL		
NEXTSTELLIS TAB	-	NC
YASMIN TAB	-	NC
BEYAZ TAB	-	Non-Pref erred Brands
FALESSA KIT	-	Non-Pref erred Brands
LOESTRIN 24 FE TAB	-	Non-Pref erred Brands
norethindrone/ethinyl estradiol 21 tab (LOESTRIN 21 equiv)	-	Non-Pref erred Brands
SEASONIQUE TAB (QL= 91 tabs/84 days)	QL	Non-Pref erred Brands
YAZ TAB	-	Non-Pref erred Brands
amethyst tab (LYBREL equiv)	-	Preventiv e
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventiv e
BALCOLTRA TAB	-	Preventiv e
cryselle tab	-	Preventiv e
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventiv e
enpresse tab (TRI-LEVELLEN equiv)	-	Preventiv e
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventiv e
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventiv e
junel FE tab (LOESTRIN FE equiv)	-	Preventiv e
junel tab (LOESTRIN equiv)	-	Preventiv e
kelnor tab (DEMULEN equiv)	-	Preventiv e
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventiv e
LO LOESTRIN TAB	-	Preventiv e
mibelas chew tab (MINASTRIN equiv)	-	Preventiv e
NATAZIA TAB	-	Preventiv e

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventive
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive
norethindrone/ethinyl estradiol tab (LOESTRIN equiv)	-	Preventive
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive
nortrel tab (OVCON 35 equiv)	-	Preventive
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive
tri-legest tab (ESTROSTEP FE equiv)	-	Preventive
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventive
TYBLUME TAB	-	Preventive
velivet tab (CYCLESSA equiv)	-	Preventive
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventive
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventive

COMBINATION CONTRACEPTIVES - TRANSDERMAL

ORTHO-EVRA PATCH (QL= 3 patches/28 days)	QL	Non-Preferred Brands
TWIRLA PATCH	-	Preventive
zafemy patch (XULANE equiv)	-	Preventive

COMBINATION CONTRACEPTIVES - VAGINAL

ANNOVERA RING	-	Preventive
eluryng vaginal ring (NUVARING equiv)	-	Preventive
NUVARING	-	Preventive

COPPER CONTRACEPTIVES - IUD

PARAGARD IUD	-	Preventive
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EMERGENCY CONTRACEPTIVES

ELLA TAB	-	Preventive
levonorgestrel tab (PLAN B equiv)	OTC	Preventive
LEVONORGESTREL TAB 0.75MG	-	Preventive
PLAN B TAB	OTC	Preventive

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CONTRACEPTIVES Cont.		
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ (QL= 1 inj/84 days)	QL	Preventive
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD	-	Preventive
MIRENA IUD	-	Preventive
SKYLA IUD	-	Preventive
PROGESTIN CONTRACEPTIVES - ORAL		
SLYND TAB	-	Non-Pref erred Brands
norethindrone tab (NORA-QD equiv)	-	Preventive

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS		
budesonide ER tab (UCERIS equiv)	-	High Cost Generics
prednisolone ODT (ORAPRED equiv)	-	High Cost Generics
prednisolone soln (PEDIAPRED equiv)	-	High Cost Generics
HEMADY TAB	-	NC
LIDOLOG KIT	-	NC
PREDNISON/DIPHENHYDRAMINE KIT	-	NC
ALKINDI SPRINKLE CAP	-	Non-Pref erred Brands
DXEVO 11-DAY PAK (Step Therapy requires trial of prednisone)	ST	Non-Pref erred Brands
FLO-PRED SUSP	-	Non-Pref erred Brands
MILLIPRED DP PAK	-	Non-Pref erred Brands
MILLIPRED TAB	-	Non-Pref erred Brands

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
ORTIKOS ER CAP	-	Non-Preferred Brands
RAYOS TAB	PA	Non-Preferred Brands
EMFLAZA SUSP (Only available through US Bioservices 888-518-7246)	LD-PA	Non-Preferred Specialty
EMFLAZA TAB (Only available through US Bioservices 888-518-7246)	LD-PA	Non-Preferred Specialty
CORTISONE ACETATE TAB	-	Preferred Brands
DEXAMETHASONE CONC	-	Preferred Brands
DEXAMETHASONE SOLN	-	Preferred Brands
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Preferred Brands
PREDNISOLONE SOLN	-	Preferred Brands
budesonide SR cap (ENTOCORT EC equiv)	-	Select
dexamethasone elixir	-	Select
dexamethasone pak (DEXPAK equiv)	-	Select
dexamethasone tab (DECADRON equiv)	-	Select
hydrocortisone tab (CORTEF equiv)	-	Select
methylprednisolone dose pack (MEDROL equiv)	-	Select
methylprednisolone tab (MEDROL equiv)	-	Select
PREDNISOLONE SYRUP	-	Select
prednisolone syrup (PRELONE equiv)	-	Select
prednisone pack	-	Select
PREDNISONONE SOLN	-	Select
prednisone tab (DELTASONE equiv)	-	Select
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	Select

COUGH/COLD/ALLERGY

ANTITUSSIVES

HYCODAN SYRUP	-	Non-Preferred Brands
benzonatate cap (TESSALON equiv)	-	Select
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Select
tussion tab (HYCODAN equiv)	-	Select

COUGH/COLD/ALLERGY COMBINATIONS

ADVIL COLD/SINUS CAP	-	EXC
DECON-A LIQUID	OTC	EXC
pseudoephedrine-ibuprofen cap	-	EXC

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
ACTINEL PEDIATRIC LIQUID (QL= 2400ml/30 days)	QL	Non-Pref erred Brands
ALLEGRA-D 24-HOUR TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
ALLEGRA-D TAB 12 HOUR (QL= 60 tabs/30 days)	QL	Non-Pref erred Brands
CLARINEX-D TAB (QL= 2 tabs/day)	QL	Non-Pref erred Brands
CLARINEX-D TAB 12 HOUR (QL= 2 tabs/day)	QL	Non-Pref erred Brands
CLARITIN-D TAB 10-240MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
CLARITIN-D TAB 5-120MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
HYCOFENIX SOLN (QL= 473ml/30 days)	QL	Non-Pref erred Brands
LORTUSS DM LIQUID (QL= 1200ml/30 days)	QL	Non-Pref erred Brands
MUCINEX LIQUID	-	Non-Pref erred Brands
OBREDON SOLN (QL= 1800ml/30 days)	QL	Non-Pref erred Brands
POLY-TUSSIN DM SYRUP	-	Non-Pref erred Brands
SEMPREX-D CAP 8-60MG	-	Non-Pref erred Brands
TUSNEL C SYRUP (QL= 1200ml/30 days)	QL	Non-Pref erred Brands
TUSNEL SYRUP (QL= 1200ml/30 days)	QL	Non-Pref erred Brands
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	Non-Pref erred Brands
TUSSI-ORGANI SYRUP (QL= 240ml/fill, 2 fills/month)	QL	Non-Pref erred Brands

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
TUSSLIN LIQUID	OTC	Non-Pref erred Brands
TUXARIN ER TAB (QL= 20 tabs/fill, 2 fills/30 days)	QL	Non-Pref erred Brands
TUZISTRA XR SUSP (QL= 120ml/fill, 2 fills/30 days)	QL	Non-Pref erred Brands
ZYRTEC-D TAB 5-120MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands
ALLEGRA-D TAB (QL= 1 tab/day)	QL	Preferred Brands
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Preferred Brands
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Preferred Brands
GLENTUSS LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Preferred Brands
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Preferred Brands
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Preferred Brands
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Preferred Brands
VANACOF LIQUID	-	Preferred Brands
ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days)	QL	Select
BROMFED DM SYRUP	-	Select
cetirizine/pseudoephedrine tab 5-120mg (QL= 2 tabs/day)	QL	Select
cold/allergy elx children (QL= 2400ml/30 days)	QL	Select
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv) (QL= 1 tab/day)	QL	Select
fexofenadine/pseudoephedrine tab 60-120mg (QL= 60 tabs/30 days)	QL	Select
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Select
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Select
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Select
loratadine/pseudoephedrine tab 10-240mg (QL= 1 tab/day)	QL	Select
loratadine/pseudoephedrine tab 5-120mg (QL= 2 tabs/day)	QL	Select
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Select
mucus D max tab	-	Select
promethazine DM syrup	-	Select
promethazine VC syrup (PHENERGAN VC equiv)	-	Select
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Select

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COUGH/COLD/ALLERGY Cont.		
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Select
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Select
trispec pse liquid (QL= 1200ml/30 days)	QL	Select
tussin cf liquid (QL= 1200ml/30 days)	QL	Select
EXPECTORANTS		
GUAIFENESEN SYRUP	-	NC
MUCINEX TAB	-	Non-Pref erred Brands
SSKI SOLN	-	Preferred Brands
MISC. RESPIRATORY INHALANTS		
NEBUSAL NEB SOLN	-	Non-Pref erred Brands
sodium chloride neb soln (HYPER-SAL equiv)	-	Select
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	Select
DERMATOLOGICALS		
ACNE PRODUCTS		
CLENIA PLUS SUSP	-	EXC
CLINDAVIX KIT	-	EXC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	High Cost Generics
clindamycin foam (EVOCLIN equiv)	-	High Cost Generics
clindamycin/tretinoin gel (ZIANA equiv) (Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or tretinoin)	ST	High Cost Generics
dapsone gel (ACZONE equiv) (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	High Cost Generics
tretinoin gel (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	High Cost Generics
BENZAC WASH	-	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
WINLEVI CREAM	-	NC
ABSORICA CAP (Step Therapy requires trial of amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, or zenatane cap)	ST	Non-Pref erred Brands
ABSORICA LD CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands
ACZONE GEL 5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Pref erred Brands
ADAPALENE/BENZOYL PEROXIDE PAD (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
AKLIEF CREAM (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel, tretinoin cream, or tretinoin gel)	ST	Non-Pref erred Brands
ALTRENO LOTION (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands
AMZEEQ FOAM (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands
ARAZLO LOTION (1 bottle/30 days; Step therapy requires trial of tretinoin AND adapalene)	QL-ST	Non-Pref erred Brands
ATRALIN GEL, RETIN-A GEL (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands
AVAR AEROSOL FOAM	-	Non-Pref erred Brands
AVAR PAD	-	Non-Pref erred Brands
AZELEX CREAM	-	Non-Pref erred Brands
BENZACLIN GEL (Step Therapy requires trial of clindamycin or clindamycin/benzoyl peroxide)	ST	Non-Pref erred Brands
CLINDACIN KIT (Step Therapy requires trial of clindamycin or clindamycin/benzoyl peroxide)	ST	Non-Pref erred Brands
CLINDAGEL (Step Therapy requires trial of clindamycin or clindamycin/benzoyl peroxide)	ST	Non-Pref erred Brands
DIFFERIN CREAM (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel)	ST	Non-Pref erred Brands
DIFFERIN GEL (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel)	ST	Non-Pref erred Brands
DIFFERIN LOTION (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin cream)	ST	Non-Pref erred Brands
DIFFERIN OTC GEL 0.1%	OTC	Non-Pref erred Brands
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization; Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands
EPIDUO GEL 0.1-2.5%	-	Non-Pref erred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ERYGEL GEL	-	Non-Pref erred Brands
FABIOR AEROSOL FOAM (Step Therapy requires trial of tazarotene cream)	ST	Non-Pref erred Brands
NUCARARXPAK KIT	-	Non-Pref erred Brands
ONEXTON GEL (Step Therapy requires trial of clindamycin or clindamycin/benzoyl peroxide)	ST	Non-Pref erred Brands
RETIN-A CREAM (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands
RETIN-A MICRO GEL 0.04%, 0.1% (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands
RETIN-A MICRO GEL 0.08%, 0.06% (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands
ROSULA WASH	-	Non-Pref erred Brands
SUMADAN XLT KIT	-	Non-Pref erred Brands
SUMAXIN TS SUSP (Step Therapy requires trial of sodium sulfacetamide/sulfur)	ST	Non-Pref erred Brands
TRETIN-X CREAM (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands
TRETIN-X KIT (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred Brands
ZIANA GEL (Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or tretinoin)	ST	Non-Pref erred Brands
AVAR GEL	-	Preferred Brands
PRASCION RA CREAM	-	Preferred Brands
SODIUM SULFACETAMIDE/SULFUR LOTION	-	Preferred Brands
SODIUM SULFACETAMIDE/SULFUR SUSP	-	Preferred Brands
adapalene cream (DIFFERIN equiv)	-	Select
adapalene gel (DIFFERIN equiv)	-	Select
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	Select
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv)	-	Select

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
benzoyl peroxide foam	-	Select
clindamycin gel (CLEOCIN GEL equiv)	-	Select
clindamycin lotion (CLEOCIN- T equiv)	-	Select
clindamycin pad (CLEOCIN-T equiv)	-	Select
clindamycin topical soln (CLEOCIN-T equiv)	-	Select
clindamycin/benzoyl peroxide gel (BENZACLIN equiv) (Step Therapy requires trial of clindamycin)	ST	Select
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	ST--	Select
ERY PAD	-	Select
erythromycin gel	-	Select
erythromycin pad	-	Select
erythromycin soln	-	Select
erythromycin/benzoyl peroxide gel	-	Select
sodium sulfacetamide lotion (KLARON equiv)	-	Select
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	Select
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	Select
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	Select
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	Select
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	Select
sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	Select
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	Select
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	Select
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	Select
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	Select
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	Select
tretinoin cream (RETIN-A CREAM equiv)	-	Select
tretinoin gel (RETIN-A GEL equiv)	-	Select
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	Non-Pref erred Brands
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		
ALTABAX OINT	-	Non-Pref erred Brands
BACTROBAN CREAM	-	Non-Pref erred Brands
CENTANY OINT	-	Non-Pref erred Brands

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DERMATOLOGICALS Cont.		
CORTISPORIN CREAM	-	Non-Pref erred Brands
CORTISPORIN OINT	-	Non-Pref erred Brands
NEO-SYNALAR CREAM	-	Non-Pref erred Brands
NEO-SYNALAR KIT	-	Non-Pref erred Brands
XEPI CREAM (QL= 30gm/30 days)	QL	Non-Pref erred Brands
gentamicin sulfate cream	-	Select
gentamicin sulfate oint	-	Select
mupirocin cream (BACTROBAN CREAM equiv)	-	Select
mupirocin oint (BACTROBAN OINT equiv)	-	Select
ANTIFUNGALS - TOPICAL		
HIXDEFRIMA SOLN	-	EXC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	High Cost Generics
ketoconazole foam 2% (EXTINA equiv)	-	High Cost Generics
naftifine cream (NAFTIN equiv)	-	High Cost Generics
naftifine gel (NAFTIN equiv)	-	High Cost Generics
oxiconazole nitrate cream (OXISTAT equiv)	-	High Cost Generics
tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	High Cost Generics
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
CICLODAN KIT	-	NC
ECONASIL KIT	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
ONYCHO-MED KIT	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
VYTONE CREAM 1.9-1%	-	NC
ZOLPAK KIT	-	NC
ALOQUIN GEL	-	Non-Pref erred Brands
ECOZA FOAM	-	Non-Pref erred Brands
ERTACZO CREAM	-	Non-Pref erred Brands

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DERMATOLOGICALS Cont.		
EXELDERM CREAM, SULCONAZOLE CREAM	-	Non-Pref erred Brands
EXELDERM SOLN, SULCONAZOLE SOLN	-	Non-Pref erred Brands
EXTINA FOAM	-	Non-Pref erred Brands
JUBLIA SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Pref erred Brands
KERYDIN SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Pref erred Brands
LOPROX CREAM	-	Non-Pref erred Brands
LOPROX SUSP	-	Non-Pref erred Brands
LULICONAZOLE CREAM, LUZU CREAM (QL= 60gm/28 days)	QL	Non-Pref erred Brands
MENTAX CREAM	-	Non-Pref erred Brands
NAFTIN GEL	-	Non-Pref erred Brands
NIZORAL SHAMPOO	-	Non-Pref erred Brands
OXISTAT LOTION	-	Non-Pref erred Brands
XOLEGEL	-	Non-Pref erred Brands
XOLEGEL COREPAK KIT	-	Non-Pref erred Brands
NAFTIFINE CREAM 1%	-	Preferred Brands
ciclopirox cream (LOPROX CREAM equiv)	-	Select
ciclopirox gel (LOPROX GEL equiv)	-	Select
ciclopirox nail soln (PENLAC SOLN equiv)	-	Select
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Select
ciclopirox topical susp (LOPROX SUSP equiv)	-	Select
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	Select
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Select

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Select
econazole cream (SPECTAZOLE equiv)	-	Select
iodoquinol/hydrocortisone cream 1% (VYTONA equiv)	-	Select
ketoconazole cream (NIZORAL CREAM equiv)	-	Select
ketoconazole shampoo	-	Select
nizoral a-d shampoo (NIZORAL equiv)	OTC	Select
nystatin cream (MYCOSTATIN CREAM equiv)	-	Select
nystatin oint	-	Select
nystatin topical powder	-	Select
nystatin/triamcinolone cream	-	Select
nystatin/triamcinolone oint	-	Select
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac soln 1.5% (PENNSAID equiv)	-	High Cost Generics
DICLOTREX PAK	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
REXAPHENAC CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
DICLOFENAC PATCH, FLECTOR PATCH (QL= 60 patches/30 days)	QL	Non-Pref erred Brands
DST PLUS PAK KIT	-	Non-Pref erred Brands
LICART PATCH	-	Non-Pref erred Brands
PENNSAID SOLN (Step Therapy requires trial of oral nonsteroidal anti-inflammatory agents (NSAIDs) and topical diclofenac)	ST	Non-Pref erred Brands
VOPAC 5 CREAM	-	Non-Pref erred Brands
diclofenac gel 1% (VOLTAREN equiv)	-	Select
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac gel (SOLARAZE equiv)	-	EXC
ROAOXIA GEL	-	EXC
FLUORAC CREAM	-	NC
KLISYRI OINT	-	NC
SOLARAVIX PAK	-	NC
CARAC CREAM	-	Non-Pref erred Brands
FLUOROPLEX CREAM	-	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
PANRETIN GEL	-	Non-Pref erred Brands
PICATO GEL (QL= 2 tubes/60 days)	QL	Non-Pref erred Brands
PICATO GEL (QL= 3 tubes/60 days)	QL	Non-Pref erred Brands
SOLARAZE GEL (QL= 100gm/fill, 2 fills/month; Step Therapy requires trial of fluorouracil cream or imiquimod cream)	QL-ST	Non-Pref erred Brands
TARGRETIN GEL	AMSP-PA	Non-Pref erred Specialty
FLUOROURACIL CREAM 0.5%	-	Preferred Brands
FLUOROURACIL SOLN	-	Preferred Brands
LEVULAN SOLN	PA	Preferred Specialty
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779)	LD-PA-QL	Preferred Specialty
fluorouracil cream (EFUDEX CREAM equiv)	-	Select
ANTIPRURITICS - TOPICAL		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (Step Therapy requires trial of 1 topical corticosteroid and topical tacrolimus)	ST	Non-Pref erred Brands
ANTIPSORIATICS		
acitretin cap (SORIATANE equiv) (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	High Cost Generics
tazarotene cream 0.1% (TAZORAC equiv)	-	High Cost Generics
8-MOP CAP	-	Non-Pref erred Brands
CALCIPOTRIENE FOAM, SORILUX FOAM (QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln)	QL-ST	Non-Pref erred Brands
CALCITRIOL OINT	-	Non-Pref erred Brands
METHOXSALEN CAP	-	Non-Pref erred Brands
TAZORAC CREAM 0.05% (Step Therapy requires trial of tazarotene cream)	ST	Non-Pref erred Brands
TAZORAC GEL (Step Therapy requires trial of tazarotene cream)	ST	Non-Pref erred Brands

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ZITHRANOL SHAMPOO	-	Non-Pref erred Brands
ILUMYA INJ	PA	Non-Pref erred Specialty
SILIQ INJ (QL= 4 inj/28 days)	LMSP-PA-QL	Non-Pref erred Specialty
SORIATANE CAP (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel; Only available through Walgreens 888-347-3416)	LD-ST	Non-Pref erred Specialty
TALTZ INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
TREMFYA INJ (QL= 1 inj/56 days)	AMSP-PA-QL	Non-Pref erred Specialty
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
SKYRIZI INJ (QL= 2 inj/84 days)	AMSP-PA-QL	Preferred Specialty
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
calcipotriene cream (DOVONEX CREAM equiv)	-	Select
calcipotriene oint	-	Select
calcipotriene soln (DOVONEX SOLN equiv)	-	Select
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Select
ANTISEBORRHEIC PRODUCTS		
ESKATA SOLN	-	Non-Pref erred Brands
OVACE PLUS CREAM	-	Non-Pref erred Brands
OVACE PLUS LOTION	-	Non-Pref erred Brands
OVACE PLUS FOAM	-	Non-Pref erred Brands
SELRX SHAMPOO	-	Non-Pref erred Brands
seb-prev cream (OVACE CREAM equiv)	-	Select
selenium sulfide lotion	-	Select
selenium sulfide shampoo (SELSEB equiv)	-	Select

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
sodium sulfacetamide gel (OVACE PLUS equiv)	-	Select
sodium sulfacetamide shampoo (OVACE equiv)	-	Select
sodium sulfacetamide wash (OVACE WASH equiv)	-	Select
sodium sulfacetamide/urea pad (ROSULA equiv)	-	Select
ANTIVIRALS - TOPICAL		
acyclovir cream (ZOVIRAX equiv)	-	High Cost Generics
acyclovir oint (ZOVIRAX OINT equiv)	-	High Cost Generics
DENAVIR CREAM	-	Non-Pref erred Brands
XERESE CREAM	-	Non-Pref erred Brands
ZOVIRAX OINT	-	Non-Pref erred Brands
BURN PRODUCTS		
SULFAMYLON CREAM	-	Preferred Brands
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Select
CAUTERIZING AGENTS		
SILVER NITRATE SOLN	-	Preferred Brands
ARZOL SILVER NITRATE APPLICATOR	-	Select
CORTICOSTEROIDS - TOPICAL		
ALA-SCALP LOTION	-	EXC
HC BUTYRATE CREAM	-	EXC
hydrocortisone lotion	-	EXC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	High Cost Generics
calcipotriene/betamethasone oint (TACLONEX equiv)	-	High Cost Generics
calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/ BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	High Cost Generics
clobetasol E foam (OLUX E equiv)	-	High Cost Generics
desonate gel	-	High Cost Generics
desoximetasone spray 0.25% (TOPICORT equiv)	-	High Cost Generics
diflorasone oint	-	High Cost Generics
fluocinonide cream 0.1%	-	High Cost Generics
flurandrenolide cream (CORDRAN equiv)	-	High Cost Generics
flurandrenolide lotion (CORDRAN equiv)	-	High Cost Generics

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ST	Step Therapy	VAC	Vaccine Program		

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
flurandrenolide oint (CORDRAN equiv)	-	High Cost Generics
fluticasone propionate lotion (CUTIVATE equiv)	-	High Cost Generics
halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	ST	High Cost Generics
hydrocortisone lotion (LOCOID equiv)	-	High Cost Generics
triamcinolone acetonide oint (TRIANEX equiv) (Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%)	ST	High Cost Generics
triamcinolone spray (KENALOG equiv)	-	High Cost Generics
BESER KIT 0.05%	-	NC
CLOBETAVIX KIT	-	NC
FLUOPAR KIT	-	NC
FLUOVIX PAK	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	NC
MEXPAROX HC CREAM	-	NC
PRAMOSONE OINT	-	NC
QUINIXIL PAK	-	NC
TASOPROL CREAM KIT	-	NC
TOVET KIT	-	NC
TRILOCICLO KIT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	Non-Pref erred Brands
BRYHALI LOTION, ULTRAVATE LOTION (Step Therapy requires trial of 1 topical corticosteroid lotion)	ST	Non-Pref erred Brands
CALCIPOTRIENE/ BETAMETHASONE SUSP (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	Non-Pref erred Brands
CAPEX SHAMPOO	-	Non-Pref erred Brands
CLOCORTOLONE CREAM	-	Non-Pref erred Brands
CLODERM CREAM	-	Non-Pref erred Brands
CORDRAN CREAM 0.025%	-	Non-Pref erred Brands
CORDRAN TAPE	-	Non-Pref erred Brands
DERMACINRX KIT (QL= 1 kit/30 days)	QL	Non-Pref erred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
DESONATE GEL	-	Non-Pref erred Brands
DESOWEN CREAM	-	Non-Pref erred Brands
DESOWEN CREAM KIT	-	Non-Pref erred Brands
DESOWEN LOTION	-	Non-Pref erred Brands
DESOWEN LOTION KIT	-	Non-Pref erred Brands
DESOWEN OINT KIT	-	Non-Pref erred Brands
DIFLORASONE CREAM	-	Non-Pref erred Brands
DUOBRII LOTION (Step Therapy requires trial of 2: high potency corticosteroids, tazarotene cream)	ST	Non-Pref erred Brands
ENSTILAR FOAM	-	Non-Pref erred Brands
EPIFOAM AEROSOL	-	Non-Pref erred Brands
HALOG CREAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Pref erred Brands
HALOG OINT	-	Non-Pref erred Brands
HALOG SOLN	-	Non-Pref erred Brands
IMPEKLO LOTION	-	Non-Pref erred Brands
IMPOYZ CREAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Pref erred Brands
LEXETTE FOAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Pref erred Brands
NOVACORT GEL	-	Non-Pref erred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
PANDEL CREAM	-	Non-Pref erred Brands
PRAMOSONE LOTION	-	Non-Pref erred Brands
SERNIVO SPRAY (Step Therapy requires trial of betamethasone dipropionate)	ST	Non-Pref erred Brands
SILALITE PAK MIS	-	Non-Pref erred Brands
SYNALAR CREAM	-	Non-Pref erred Brands
SYNALAR OINT	-	Non-Pref erred Brands
SYNALAR SOLN	-	Non-Pref erred Brands
TOPICORT SPRAY 0.25%	-	Non-Pref erred Brands
TRIANEX OINT	-	Non-Pref erred Brands
VANOS CREAM	-	Non-Pref erred Brands
VERDESO FOAM	-	Non-Pref erred Brands
WYNZORA CREAM	-	Non-Pref erred Brands
AMCINONIDE LOTION	-	Preferred Brands
AMCINONIDE OINT	-	Preferred Brands
HC BUTYRATE SOLN	-	Preferred Brands
MICORT-HC CREAM	-	Preferred Brands
PRAMOSONE CREAM 1-1%	-	Preferred Brands
PRAMOSONE E CREAM	-	Preferred Brands
PREDNICARBATE CREAM	-	Preferred Brands
PREDNICARBATE OIN	-	Preferred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
U-CORT CREAM	-	Preferred Brands
alclometasone cream (ACLOVATE equiv)	-	Select
alclometasone oint (ACLOVATE OINT equiv)	-	Select
AMCINONIDE CREAM 0.1%	-	Select
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	Select
BETAMETHASONE AUGMENTED GEL	-	Select
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	Select
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Select
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	Select
betamethasone dipropionate lotion	-	Select
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	Select
betamethasone valerate cream	-	Select
betamethasone valerate lotion	-	Select
betamethasone valerate oint	-	Select
clobetasol foam (OLUX equiv)	-	Select
clobetasol lotion (CLOBEX equiv)	-	Select
clobetasol propionate cream (TEMOVATE equiv)	-	Select
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	Select
clobetasol propionate gel (TEMOVATE GEL equiv)	-	Select
clobetasol propionate oint (TEMOVATE equiv)	-	Select
clobetasol propionate soln (TEMOVATE equiv)	-	Select
clobetasol shampoo (CLOBEX equiv)	-	Select
clobetasol spray (CLOBEX equiv)	-	Select
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Select
desonide cream	-	Select
desonide lotion	-	Select
desonide oint	-	Select
desoximetasone cream (TOPICORT CREAM equiv)	-	Select
desoximetasone gel (TOPICORT equiv)	-	Select
desoximetasone oint (TOPICORT equiv)	-	Select
fluocinolone acetonide cream	-	Select
fluocinolone acetonide oil	-	Select
fluocinolone acetonide oint	-	Select
fluocinolone acetonide soln	-	Select
fluocinonide cream 0.05% (LIDEX equiv)	-	Select
fluocinonide emollient cream	-	Select
fluocinonide gel	-	Select
fluocinonide oint	-	Select
fluocinonide soln	-	Select
fluticasone propionate cream (CUTIVATE equiv)	-	Select
fluticasone propionate oint (CUTIVATE equiv)	-	Select
halobetasol propionate cream (ULTRAVATE equiv)	-	Select
halobetasol propionate oint (ULTRAVATE equiv)	-	Select
halonate pac kit (ULTRAVATE KIT equiv)	-	Select
hydrocortisone butyrate cream (LOCOID equiv)	-	Select
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Select

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DERMATOLOGICALS Cont.		
hydrocortisone butyrate oint (LOCOID equiv)	-	Select
hydrocortisone butyrate soln (LOCOID equiv)	-	Select
hydrocortisone cream (PROCTOCORT equiv)	-	Select
hydrocortisone lotion (HYTONE equiv)	-	Select
hydrocortisone oint	-	Select
hydrocortisone valerate cream	-	Select
hydrocortisone valerate oint (WESTCORT equiv)	-	Select
mometasone cream (ELOCON equiv)	-	Select
mometasone oint (ELOCON equiv)	-	Select
mometasone soln (ELOCON equiv)	-	Select
paramox hc gel (NOVACORT GEL equiv)	-	Select
prednicarbate cream (DERMATOP equiv)	-	Select
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Select
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Select
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Select
triamcinolone cream	-	Select
triamcinolone lotion	-	Select
ECZEMA AGENTS		
DUPIXENT INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Preferred Specialty
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
DUPIXENT PEN INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Preferred Specialty
EMOLLIENT/KERATOLYTIC AGENTS		
umecta mouss aer (HYDRO 40 equiv)	-	High Cost Generics
CARMOL LOTION	-	Non-Pref erred Brands
HYDRO 40 FOAM	-	Non-Pref erred Brands
KERAFOAM	-	Non-Pref erred Brands
KERALAC CREAM	-	Non-Pref erred Brands
UMECTA EMULSION	-	Non-Pref erred Brands
UMECTA PD EMULSION	-	Non-Pref erred Brands
UMECTA SUSP	-	Non-Pref erred Brands

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DERMATOLOGICALS Cont.		
URAMAXIN CREAM	-	Non-Pref erred Brands
URAMAXIN GEL	-	Non-Pref erred Brands
UREA EMULSION	-	Non-Pref erred Brands
UREA NAIL KIT	-	Non-Pref erred Brands
UREA SUSP	-	Non-Pref erred Brands
urea cream	-	Select
urea gel (URAMAXIN equiv)	-	Select
urea lotion (KERALAC LOTION equiv)	-	Select
urea susp 40% (UMECTA equiv)	-	Select
EMOLLIENTS		
LACTIC ACID E CREAM	-	EXC
LACTIC ACID LOTION	-	EXC
HYLINATE LOTION	-	NC
ammonium lactate cream (LAC-HYDRIN equiv)	-	Select
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Select
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	Non-Pref erred Brands
HAIR GROWTH AGENTS		
finasteride tab (PROPECIA equiv)	-	EXC
bimatoprost ophth soln	-	NC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	High Cost Generics
ALDARA CREAM 5% (QL= 24gm/30 days)	QL	Non-Pref erred Brands
IMIQUIMOD CREAM 3.75% (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	Non-Pref erred Brands
ZYCLARA CREAM 2.5% (QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream)	QL-ST	Non-Pref erred Brands
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Select
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		

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

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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
OXIANUJO CREAM	-	EXC
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	High Cost Generics
ELIDEL CREAM (Step Therapy requires trial of tacrolimus oint)	ST	Non-Pref erred Brands
tacrolimus oint (PROTOPIC OINT equiv)	-	Select
KERATOLYTIC/ANTIMITOTIC AGENTS		
GEAMETDRAY GEL	-	EXC
salicylic acid aerosol	-	High Cost Generics
SALEX LOTION KIT	-	NC
CONDYLOX GEL	-	Non-Pref erred Brands
KERALYT GEL	-	Non-Pref erred Brands
SALEX SHAMPOO	-	Non-Pref erred Brands
SALIMEZ FORTE CREAM	-	Non-Pref erred Brands
SALVAX AEROSOL	-	Non-Pref erred Brands
SALVAX DUO PLUS KIT	-	Non-Pref erred Brands
VIRASAL LIQUID	-	Non-Pref erred Brands
XALIX SOL	-	Non-Pref erred Brands
PODOCON SOLN	-	Preferred Brands
podofilox soln (CONDYLOX equiv)	-	Select
salicylic acid soln	-	Select
salicylic acid liquid	-	Select
salicylic acid shampoo (SALEX equiv)	-	Select
LOCAL ANESTHETICS - TOPICAL		
BURN RELIEF GEL	-	EXC
lidocaine patch	-	EXC
lidocaine-menthol gel (LIDOZENGEL equiv)	-	EXC
LIDOZENGEL GEL/LIDO-MENTHOL GEL	-	EXC
capsaicin/menthol topical patch (SINELEE equiv)	-	High Cost Generics

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

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Last Updated* 6/1/2021

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
lidocaine cream 3% (LIDAMANTLE equiv)	-	High Cost Generics
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	High Cost Generics
lidocaine gel (XYLOCAINE equiv)	-	High Cost Generics
lidocaine lotion	-	High Cost Generics
DERMALID PAK	-	NC
GEN7T LOTION	-	NC
GEN7T PLUS LOTION	-	NC
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC
LIDOVEX CREAM	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MICROVIX LP PAK	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS KIT	-	NC
ZILACAINE PAK	-	NC
ADAZIN CREAM	-	Non-Pref erred Brands
ANACAINE OINT	-	Non-Pref erred Brands
ANASTIA LOTION	-	Non-Pref erred Brands
APRIZIO PAK KIT	-	Non-Pref erred Brands
GEN7T PLUS PAD	-	Non-Pref erred Brands
L.E.T. GEL	-	Non-Pref erred Brands
LIDOCAINE CREAM	-	Non-Pref erred Brands
LIDOCAINE HC CREAM	-	Non-Pref erred Brands
LIDOCIN GEL	-	Non-Pref erred Brands
LIDOSTREAM KIT	-	Non-Pref erred Brands

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

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**Moda Large Group Commercial Formulary
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Last Updated* 6/1/2021

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LIDOTREX GEL	-	Non-Pref erred Brands
PLIAGLIS CREAM	-	Non-Pref erred Brands
PROZENA PAD	-	Non-Pref erred Brands
SILVERA PAD	-	Non-Pref erred Brands
SOLAICE PATCH	-	Non-Pref erred Brands
SYNERA PATCH	-	Non-Pref erred Brands
SYNVEXIA TC CREAM	-	Non-Pref erred Brands
WPR PLUS	-	Non-Pref erred Brands
LIDOCAINE GEL	-	Select
lidocaine gel (GLYDO equiv)	-	Select
lidocaine oint (QL= 8gm/day)	QL	Select
lidocaine soln (XYLOCAINE equiv)	-	Select
lidocaine/prilocaine cream (EMLA equiv)	-	Select
MISC. DERMATOLOGICAL PRODUCTS		
HALUCORT GEL	-	Non-Pref erred Brands
NEOSALUS FOAM	-	Non-Pref erred Brands
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	NC
DERMACINRX CREAM	-	NC
HYCLODEX SOLN	-	Non-Pref erred Brands
QBREXZA PAD (QL= 1 pad/day)	PA-QL	Non-Pref erred Brands
DRYSOL SOLN	-	Preferred Brands
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		

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

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Last Updated* 6/1/2021

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
EUCRISA OINT (Step Therapy requires trial of 2: High potency corticosteroids, tacrolimus oint, pimecrolimus cream)	ST	Non-Pref erred Brands
PIGMENTING-DEPIGMENTING AGENTS		
TRI-LUMA CREAM	-	EXC
hydroquinone cream (LUSTRA equiv)	-	NC
ROSACEA AGENTS		
azelaic acid gel (FINACEA equiv)	-	High Cost Generics
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	High Cost Generics
metronidazole gel (METROGEL equiv)	-	High Cost Generics
MIRVASO GEL	-	NC
RHOFADE CREAM	-	NC
ZILXI FOAM	-	NC
DOXYCYCLINE CAP, ORACEA CAP (QL= 1 cap/day; Step Therapy requires trial of doxycycline hyclate, doxycycline hyclate DR, or doxycycline monohydrate)	QL-ST	Non-Pref erred Brands
FINACEA FOAM	-	Non-Pref erred Brands
IVERMECTIN CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Pref erred Brands
NORITATE CREAM (Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT)	ST	Non-Pref erred Brands
ROSADAN KIT (Step Therapy requires trial of metronidazole cream)	ST	Non-Pref erred Brands
SOOLANTRA CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Pref erred Brands
FINACEA PLUS KIT	-	Preferred Brands
metronidazole cream (METROCREAM equiv)	-	Select
metronidazole lotion (METROLOTION equiv)	-	Select
SCABICIDES & PEDICULICIDES		
SKLICE LOTION	-	EXC
IVERMECTIN LOTION (QL= 117 grams/30 days)	QL	Non-Pref erred Brands
LINDANE LOTION	-	Non-Pref erred Brands
NATROBA SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Non-Pref erred Brands

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

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Last Updated* 6/1/2021

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ULESFIA LOTION (QL= 4 bottles/fill, 2 fills/month)	QL	Non-Pref erred Brands
CROTAN LOTION	-	Preferred Brands
EURAX CREAM	-	Preferred Brands
LINDANE SHAMPOO	-	Preferred Brands
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Preferred Brands
lindane lotion	-	Select
lindane shampoo	-	Select
malathion lotion (OVIDE equiv)	-	Select
permethrin cream (ELIMITE CREAM equiv)	-	Select
SCAR TREATMENT PRODUCTS		
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SCARCIN GEL	-	Non-Pref erred Brands
SILIPAC KIT	-	Non-Pref erred Brands
TAR PRODUCTS		
coal tar shampoo (IONIL-T equiv)	-	EXC
IONIL-T SHAMPOO	-	EXC
WOUND CARE PRODUCTS		
cicatrace kit (REXASIL equiv)	-	High Cost Generics
ALEVICYN SOLN DERMAL	-	Non-Pref erred Brands
BIAFINE EMULSION	-	Non-Pref erred Brands
REGRANEX GEL (QL= 30gm/30 days)	QL	Non-Pref erred Brands
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
TRICOPHYTON MENTAGRO SOLN	-	NC
DIAGNOSTIC DRUGS		
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
GLUCAGEN INJ	-	Preferred Brands
DIAGNOSTIC PRODUCTS, MISC.		

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	Step Therapy		Vaccine Program		

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Last Updated* 6/1/2021

DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	EXC
KETO-DIASTIX TEST STRIP	OTC	EXC
KETOSTIX	OTC	EXC
PRECISION XTRA KETONE TEST STRIP	OTC	EXC
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	NC
ACCU-CHEK GUIDE TEST STRIP	OTC	NC
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	NC
ACCU-CHEK TEST STRIP	OTC	NC
TEST STRIP (all other test strips)	OTC	NC
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Preferred Brands
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
FREESTYLE LITE TEST STRIP (QL= 300 strips/30 days)	QL	Preferred Brands
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Preferred Brands
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
RADIOGRAPHIC CONTRAST MEDIA		
OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
METAFOLBIC PLUS TAB	-	Non-Preferred Brands
ZYTAZE CAP	-	Non-Preferred Brands
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	Non-Preferred Brands
PANCRELIPASE CAP	-	Non-Preferred Brands

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
DIGESTIVE AIDS Cont.		
SUCRAID SOLN	-	Non-Pref erred Brands
VIOKACE TAB	-	Non-Pref erred Brands
CREON CAP	-	Preferred Brands
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
methazolamide tab (NEPTAZANE equiv)	-	High Cost Generics
KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty Select
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Select
acetazolamide tab	-	Select
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Select
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Select
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Select
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	Select
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Select
LOOP DIURETICS		
ethacrynic tab (EDECIN equiv)	-	High Cost Generics
BUMEX TAB	-	Non-Pref erred Brands
bumetanide tab (BUMEX equiv)	-	Select
torseamide tab (DEMADEX equiv)	-	Select
FUROSEMIDE SOLN	-	Value
furosemide soln (LASIX equiv)	-	Value
furosemide tab (LASIX equiv)	-	Value
POTASSIUM SPARING DIURETICS		
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	High Cost Generics
CAROSPIR SUSP	PA	Non-Pref erred Brands
DYRENIUM CAP (Step Therapy requires trial of amiloride or spironolactone)	ST	Non-Pref erred Brands
amiloride tab (MIDAMOR equiv)	-	Select
spironolactone tab (ALDACTONE equiv)	-	Value
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
DIURIL SUSP	-	Preferred Brands
CHLOROTHIAZIDE TAB	-	Select

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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ST	Step Therapy	VAC	Vaccine Program		

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DrugName	Special Code	Tier
DIURETICS Cont.		
chlorothiazide tab (DIURIL equiv)	-	Select
CHLORTHALIDONE TAB	-	Select
indapamide tab (LOZOL equiv)	-	Select
METHYCLOTHIAZIDE TAB	-	Select
metolazone tab (ZAROXOLYN equiv)	-	Select
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value

ENDOCRINE AND METABOLIC AGENTS - MISC.

ADRENAL STEROID INHIBITORS

ISTURISA TAB 1MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Pref erred Specialty
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BONE DENSITY REGULATORS

calcitonin inj (MIACALCIN equiv)	-	High Cost Generics
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	High Cost Generics
risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	High Cost Generics
ACTONEL TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	Non-Pref erred Brands
ACTONEL TAB 30MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
ACTONEL TAB 35MG (QL= 4 tabs/28 days)	QL	Non-Pref erred Brands
ACTONEL TAB 5MG (QL= 1 tab/day)	QL	Non-Pref erred Brands
ATELVIA TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	Non-Pref erred Brands
BINOSTO TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate)	QL-ST	Non-Pref erred Brands
FORTICAL NASAL SPRAY	-	Non-Pref erred Brands
FOSAMAX+D TAB (Step Therapy requires trial of alendronate and ibandronate)	ST	Non-Pref erred Brands
MIACALCIN INJ	-	Non-Pref erred Brands
SKELID TAB	-	Non-Pref erred Brands

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	Step Therapy		Vaccine Program		

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Last Updated* 6/1/2021

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
FORTEO INJ (QL= 2.4 units/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
PROLIA INJ	PA	Preferred Specialty
TERIPARATIDE INJ (QL= 2.48 units/28 days)	AMSP-PA-QL	Preferred Specialty
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Preferred Specialty
XGEVA INJ	PA	Preferred Specialty
alendronate sodium oral soln (FOSAMAX equiv)	-	Select
calcitonin nasal spray (MIACALCIN equiv)	-	Select
ibandronate tab 150mg (BONIVA equiv)	-	Select
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	Select
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select
alendronate tab (FOSAMAX equiv)	-	Value
ALENDRONATE TAB 40MG	-	Value
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	Non-Pref erred Brands
GANIRELIX AC INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	Non-Pref erred Brands
GROWTH HORMONES		
HUMATROPE INJ, ZOMACTON INJ	AMSP-PA	Non-Pref erred Specialty
NORDITROPIN INJ, NUTROPIN AQ INJ	AMSP-PA	Non-Pref erred Specialty
OMNITROPE INJ	AMSP-PA	Non-Pref erred Specialty

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	Step Therapy		Vaccine Program		

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Last Updated* 6/1/2021

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	AMSP-PA	Non-Preferred Specialty
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Preferred Specialty
HORMONE RECEPTOR MODULATORS		
EVISTA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
OSPHENA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	Preferred Brands
FENSOLVI INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
LUPRON INJ	AMSP-PA	Preferred Specialty
METABOLIC MODIFIERS		
CITRULLINE EASY TAB	-	EXC
NULIBRY INJ	-	EXC

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

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

**Moda Large Group Commercial Formulary
Category/Class**

Last Updated* 6/1/2021

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
nitisinone cap (ORFADIN equiv)	LMSP-PA	Generic Specialty
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Generic Specialty
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Generic Specialty
sodium phenylbutyrate powder (BUPHENYL equiv)	AMSP-PA	Generic Specialty
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Generic Specialty
doxercalciferol cap (HECTOROL equiv)	-	High Cost Generics NC
CALCITRIOL INJ	-	NC
RAYALDEE CAP (QL= 2 caps/day)	PA-QL	Non-Pref erred Brands
ROCALTROL SOLN	-	Non-Pref erred Brands
SENSIPAR TAB 30MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
SENSIPAR TAB 60MG (QL= 2 tabs/day)	QL	Non-Pref erred Brands
SENSIPAR TAB 90MG (QL= 4 tabs/day)	QL	Non-Pref erred Brands
BUPHENYL POWDER (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
BUPHENYL TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
GALAFOLD CAP (QL= 15 caps/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
KUVAN TAB	AMSP-PA	Non-Pref erred Specialty
MYALEPT INJ (QL= 1 inj/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Pref erred Specialty
NITYR TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	Non-Pref erred Specialty
ORFADIN CAP (Only available through Eversana 636-519-2400)	LD-PA	Non-Pref erred Specialty

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

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**Moda Large Group Commercial Formulary
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Last Updated* 6/1/2021

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ORFADIN SUSP (Only available through Eversana 636-519-2400)	LD-PA	Non-Pref erred Specialty
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	Non-Pref erred Specialty
RAVICTI LIQUID (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
XURIDEN POWDER (Only available through Biomatrix 855-359-9679)	LD-PA	Non-Pref erred Specialty
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
CYSTADANE POWDER	PA	Preferred Specialty
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Preferred Specialty
calcitriol cap (ROCALTROL equiv)	-	Select
calcitriol soln (CALCITRIOL equiv)	-	Select
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Select
levocarnitine soln (CARNITOR equiv)	-	Select
levocarnitine tab (CARNITOR equiv)	-	Select
paricalcitol cap (ZEMPLAR equiv)	-	Select
POSTERIOR PITUITARY HORMONES		
DDAVP NASAL SOLN	-	Non-Pref erred Brands
NOCDURNA SL TAB	-	Non-Pref erred Brands
NOCTIVA EMULSION SPRAY (QL= 3.8gm/30 days)	QL	Non-Pref erred Brands
STIMATE NASAL SOLN	-	Preferred Brands
desmopressin acetate inj (DDAVP equiv)	-	Select
desmopressin acetate nasal spray (DDAVP equiv)	-	Select
desmopressin acetate tab (DDAVP equiv)	-	Select
desmopressin nasal soln (DDAVP equiv)	-	Select
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB	-	Non-Pref erred Brands
mifepristone tab (MIFEPREX equiv)	-	Select
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	Select

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

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**Moda Large Group Commercial Formulary
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Last Updated* 6/1/2021

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Generic Specialty
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
SIGNIFOR LAR INJ	-	NC
SANDOSTATIN LAR INJ KIT	AMSP	Preferred Specialty
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Preferred Specialty
SOMATULINE INJ	AMSP-PA	Preferred Specialty
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
SAMSCA TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
SAMSCA TAB, TOLVAPTAN TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ESTROGENS		
ESTROGEN COMBINATIONS		
ANGELIQ TAB	-	Non-Preferred Brands
BIJUVA CAP	-	Non-Preferred Brands
CLIMARA PRO PATCH	-	Non-Preferred Brands
COMBIPATCH	-	Non-Preferred Brands
PREFEST TAB	-	Non-Preferred Brands
ORIAHNN CAP (QL= 2 caps/day)	AMSP-PA-QL	Non-Preferred Specialty
PREMPHASE TAB, PREMPRO TAB	-	Preferred Brands
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Select

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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Category/Class**

Last Updated* 6/1/2021

DrugName	Special Code	Tier
ESTROGENS Cont.		
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	Select
jinteli tab (FEMHRT equiv)	-	Select
ESTROGENS		
estradiol valerate inj	-	High Cost Generics
ALORA PATCH (QL= 8 patches/28 days)	QL	Non-Pref erred Brands
CENESTIN TAB	-	Non-Pref erred Brands
CLIMARA PATCH (QL= 4 patches/28 days)	QL	Non-Pref erred Brands
DELESTROGEN INJ	-	Non-Pref erred Brands
DIVIGEL GEL, ELESTRIN GEL	-	Non-Pref erred Brands
EVAMIST SPRAY	-	Non-Pref erred Brands
MENOSTAR PATCH	-	Non-Pref erred Brands
VIVELLE-DOT PATCH (QL= 8 patches/28 days)	QL	Non-Pref erred Brands
MENEST TAB	-	Preferred Brands
PREMARIN TAB	-	Preferred Brands
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Select
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Select
estradiol tab (ESTRACE equiv)	-	Select
ESTROPIPATE TAB	-	Select
estropipate tab (OGEN equiv)	-	Select

FLUOROQUINOLONES

FLUOROQUINOLONES		
BAXDELA TAB (QL= 2 tabs/day)	PA-QL	Non-Pref erred Brands
CIPRO SUSP 5%	-	Non-Pref erred Brands
CIPROFLOXACIN 100MG TAB	-	Non-Pref erred Brands

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

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Last Updated* 6/1/2021

DrugName	Special Code	Tier
FLUOROQUINOLONES Cont.		
CIPROFLOXACIN ER TAB	-	Non-Pref erred Brands
FACTIVE TAB	-	Non-Pref erred Brands
LEVAQUIN SOLN	-	Non-Pref erred Brands
NOROXIN TAB	-	Non-Pref erred Brands
OFLOXACIN TAB	-	Non-Pref erred Brands
PROQUIN XR TAB	-	Non-Pref erred Brands
ciprofloxacin susp (CIPRO equiv)	-	Select
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Select
levofloxacin soln (LEVAQUIN equiv)	-	Select
levofloxacin tab (LEVAQUIN equiv)	-	Select
moxifloxacin tab (AVELOX equiv)	-	Select
ofloxacin tab (FLOXIN equiv)	-	Select

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

MOTEGRITY TAB	PA	Non-Pref erred Brands
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AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB	-	Preferred Brands
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ANTIFLATULENTS

BEANO TAB	-	EXC
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BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	Non-Pref erred Specialty
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FARNESOID X RECEPTOR (FXR) AGONISTS

OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
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GALLSTONE SOLUBILIZING AGENTS

RELTONE CAP	-	Non-Pref erred Brands
CHENODAL TAB	PA	Preferred Specialty
ursodiol cap (ACTIGALL equiv)	-	Select

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

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Last Updated* 6/1/2021

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
ursodiol tab (URSO (FORTE) equiv)	-	Select
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	Select
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP, LUBIPROSTONE CAP (Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC)	ST	Non-Pref erred Brands
GASTROINTESTINAL STIMULANTS		
GIMOTI NASAL SPRAY	-	NC
METOZOLV ODT (Step Therapy requires trial of metoclopramide)	ST	Non-Pref erred Brands
metoclopramide soln (REGLAN equiv)	-	Select
metoclopramide tab (REGLAN equiv)	-	Select
INFLAMMATORY BOWEL AGENTS		
mesalamine kit (Step Therapy requires trial of mesalamine enema)	ST	High Cost Generics
mesalamine tab (ASACOL equiv)	-	High Cost Generics
APRISO CAP (QL= 4 caps/day)	QL	Non-Pref erred Brands
ASACOL HD TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Pref erred Brands
ASACOL HD TAB, MESALAMINE TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Pref erred Brands
CANASA SUPP (QL= 1 tab/day)	QL	Non-Pref erred Brands
DELZICOL CAP (QL= 6 caps/day)	QL	Non-Pref erred Brands
DIPENTUM CAP	-	Non-Pref erred Brands
LIALDA TAB (QL= 4 tabs/day)	QL	Non-Pref erred Brands
PENTASA CAP (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Pref erred Brands
ROWASA KIT (Step Therapy requires trial of mesalamine enema)	ST	Non-Pref erred Brands
CIMZIA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty

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

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	AMSP-PA-QL	Non-Pref erred Specialty
balsalazide cap (COLAZAL equiv)	-	Select
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Select
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Select
mesalamine enema (ROWASA equiv)	-	Select
mesalamine ER cap (APRISO equiv) (QL= 4 caps/day)	QL	Select
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Select
sulfasalazine EC tab (AZULFIDINE equiv)	-	Select
sulfasalazine tab (AZULFIDINE equiv)	-	Select
INTESTINAL ACIDIFIERS		
lactulose soln	-	Select
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
ZELNORM TAB	-	NC
LINZESS CAP (Step Therapy requires trial of TRULANCE)	ST	Non-Pref erred Brands
VIBERZI TAB	-	Non-Pref erred Brands
alosetron tab (LOTROXEX equiv)	-	Select
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap (ENTEREG equiv)	-	NC
ENTEREG CAP	-	NC
RELISTOR INJ (QL= 0.4ml/day)	AMSP-PA-QL	Non-Pref erred Specialty
RELISTOR INJ (QL= 0.6ml/day)	AMSP-PA-QL	Non-Pref erred Specialty
RELISTOR INJ KIT (QL= 0.6ml/day)	AMSP-PA-QL	Non-Pref erred Specialty
RELISTOR TAB (QL= 3 tabs/day)	AMSP-PA-QL	Non-Pref erred Specialty
MOVANTIK TAB	PA	Preferred Brands
SYMPROIC TAB	PA	Preferred Brands
PHOSPHATE BINDER AGENTS		
lanthanum carbonate chew tab (FOSRENOL equiv)	-	High Cost Generics
sevelamer powder pak (RENVELA equiv)	-	High Cost Generics
sevelamer tab (RENVELA TAB equiv)	-	High Cost Generics

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	Step Therapy		Vaccine Program		

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Last Updated* 6/1/2021

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
AURYXIA TAB	-	Non-Pref erred Brands
FOSRENOL CHEW TAB	-	Non-Pref erred Brands
FOSRENOL POWDER PACK	-	Non-Pref erred Brands
REVELA TAB	-	Non-Pref erred Brands
VELPHORO CHEW TAB	-	Non-Pref erred Brands
PHOSLYRA SOLN	-	Preferred Brands
RENAGEL TAB	-	Preferred Brands
RENAGEL TAB 800MG	-	Preferred Brands
calcium acetate cap (PHOSLO equiv)	-	Select
sevelamer hydrochloride tab (RENAGEL equiv)	-	Select

SHORT BOWEL SYNDROME (SBS) AGENTS

GATTEX KIT (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Pref erred Specialty
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TRYPTOPHAN HYDROXYLASE INHIBITORS

XERMELO TAB (QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-ST	Non-Pref erred Specialty
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GENERAL ANESTHETICS

ANESTHETICS - MISC.

KETAMINE HCL TROCHES	-	NC
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GENITOURINARY AGENTS - MISCELLANEOUS

ACIDIFIERS

K-PHOS TAB	-	Non-Pref erred Brands
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ALKALINIZERS

ORACIT SOLN	-	Preferred Brands
CYTRA K CRYSTALS	-	Select
CYTRA-3 SYRUP	-	Select
potassium citrate CR tab (UROKIT-K TAB equiv)	-	Select
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Select
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	Select
sodium citrate/citric acid soln (BICITRA equiv)	-	Select

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
tricitrates soln (POLYCITRA-LC equiv)	-	Select
CYSTINOSIS AGENTS		
PROCYSBI CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
PROCYSBI GRANULES PACKET (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
CYSTAGON CAP (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferred Specialty
INTERSTITIAL CYSTITIS AGENTS		
PENTOSAN CAP	-	NC
ELMIRON CAP	-	Preferred Brands
PROSTATIC HYPERTROPHY AGENTS		
dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride and tamsulosin)	ST	High Cost Generics
silodosin cap (RAPAFLO equiv)	-	High Cost Generics
CARDURA XL TAB	-	Non-Preferred Brands
JALYN CAP (Step Therapy requires trial of finasteride and tamsulosin)	ST	Non-Preferred Brands
alfuzosin SR tab (UROXATRAL equiv)	-	Select
dutasteride cap (AVODART equiv)	-	Select
finasteride tab (PROSCAR equiv)	-	Select
tamsulosin cap (FLOMAX equiv)	-	Select
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	Select
URINARY STONE AGENTS		
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Generic Specialty
LITHOSTAT TAB	-	Non-Preferred Brands
THIOLA EC TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty
THIOLA TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty

GOUT AGENTS

GOUT AGENT COMBINATIONS		
DUZALLO TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
colchicine/probenecid tab (COL-BENEMID equiv)	-	Select

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DrugName	Special Code	Tier
GOUT AGENTS Cont.		
GOUT AGENTS		
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	High Cost Generics
COLCRYS TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands
GLOPERBA SOLN (QL= 300ml/30 days; Step Therapy requires trial of colchicine)	QL-ST	Non-Preferred Brands
MITIGARE CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
ULORIC TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ZURAMPIC TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
COLCHICINE CAP (QL= 2 caps/day)	QL	Preferred Brands
allopurinol tab (ZYLOPRIM equiv)	-	Select
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Select
URICOSURICS		
probenecid tab (BENEMID equiv)	-	Select

HEMATOLOGICAL AGENTS - MISC.

ANTIHEMOPHILIC PRODUCTS		
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
HEMLIBRA INJ	AMSP-PA	Preferred Specialty

BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (FIRAZYR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Generic Specialty
FIRAZYR INJ (QL= 36ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty

COMPLEMENT INHIBITORS		
EMPAVELI INJ	-	NC
BERINERT INJ (QL= 20 ml/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
RUCONEST INJ (QL= 16 vials/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Preferred Specialty
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty

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

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
HEMATOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	Select
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP	-	NC
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
PLASMA PROTEINS		
ALBUKED INJ	-	EXC
PLATELET AGGREGATION INHIBITORS		
aspirin/dipyridamole cap (AGGRENOX equiv)	-	High Cost Generics
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
BRILINTA TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
DURLAZA CAP	-	Non-Preferred Brands
EFFIENT TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
PLAVIX TAB 300MG (QL= 4 tabs/30 days)	QL	Non-Preferred Brands
PLAVIX TAB 75MG	-	Non-Preferred Brands
ZONTIVITY TAB (Step Therapy requires trial of clopidogrel)	ST	Non-Preferred Brands
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
anagrelide cap (AGRYLIN equiv)	-	Select
cilostazol tab (PLETAL equiv)	-	Select
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Select
clopidogrel tab 75mg (PLAVIX equiv)	-	Select
dipyridamole tab (PERSANTINE equiv)	-	Select
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day; Step Therapy requires trial of clopidogrel)	QL-ST	Select
ticlopidine tab (TICLID equiv)	-	Select

HEMATOPOIETIC AGENTS

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	Generic Specialty
ZAVESCA CAP (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
CERDELGA CAP	LMSP-PA	Preferred Specialty
AGENTS FOR SICKLE CELL ANEMIA		
SIKLOS TAB (Step Therapy requires trial of DROXIA CAP)	ST	Non-Preferred Brands
OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	Non-Preferred Specialty
DROXIA CAP	-	Preferred Brands
ENDARI POWDER PACK (Only available through Lumicera 855-847-3553)	LMSP-PA	Preferred Specialty
COBALAMINS		
CALOMIST NASAL SPRAY	-	Non-Preferred Brands
NASCOBAL NASAL SPRAY	-	Non-Preferred Brands
cyanocobalamin inj	-	Select
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	Preventive
folic acid tab 400mcg (Covered for females only)	OTC	Preventive
folic acid tab 800mcg (Covered for females only)	OTC	Preventive
HEMATOPOIETIC GROWTH FACTORS		
EPOGEN INJ	AMSP-PA	Non-Preferred Specialty
FULPHILA INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty
GRANIX INJ	AMSP-PA	Non-Preferred Specialty
LEUKINE INJ	AMSP-PA	Non-Preferred Specialty
MIRCERA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
MULPLETA TAB (QL= 7 tabs/fill, 3 fills/365 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Pref erred Specialty
NEULASTA INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
NEUMEGA INJ	AMSP	Non-Pref erred Specialty
NEUPOGEN INJ	AMSP-PA	Non-Pref erred Specialty
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
PROCRIT INJ	AMSP-PA	Non-Pref erred Specialty
PROMACTA POWDER	AMSP-PA	Non-Pref erred Specialty
ARANESP INJ	AMSP-PA	Preferred Specialty
DOPTELET TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty
NIVESTYM INJ	AMSP	Preferred Specialty
PROMACTA TAB	AMSP-PA	Preferred Specialty
RETACRIT INJ	AMSP	Preferred Specialty
UDENYCA INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Preferred Specialty
ZARXIO INJ	AMSP	Preferred Specialty
ZIEXTENZO INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Preferred Specialty
HEMATOPOIETIC MIXTURES		
CORVITE 150 TAB	-	NC
FEONYX TAB	-	NC
BIFERARX TAB	-	Non-Pref erred Brands
NEPHRON FA TAB	-	Preferred Brands
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	Select
multigen folic tab (CHROMAGEN FA equiv)	-	Select
multigen plus tab (CHROMAGEN FORTE equiv)	-	Select
multigen tab (CHROMAGEN equiv)	-	Select
IRON		

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
ACCRUFER CAP	-	EXC
SLOW RELEASE IRON TAB	-	EXC
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	Preventive
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	Preventive
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	Preventive
ferrous sulfate syrup (FERROUS SULFATE equiv)	OTC	Preventive
IRON SUSP (Covered for members 1 year or younger)	OTC	Preventive

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

aminocaproic acid soln (AMICAR equiv)	AMSP-PA	Generic Specialty
aminocaproic acid tab (AMICAR equiv)	-	High Cost Generics
LYSTEDA TAB (QL= 180 tabs/30 days)	QL	Non-Preferred Brands
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Select

HYPNOTICS

NON-BARBITURATE HYPNOTICS

zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Select
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OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB (QL= 1 tab/day; Step therapy requires trial of zolpidem AND eszopiclone AND zaleplon, temazepam, trazodone, or doxepin)	QL-ST	Non-Preferred Brands
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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTIHISTAMINE HYPNOTICS

diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Select
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BARBITURATE HYPNOTICS

BUTISOL ELIXIR	-	Non-Preferred Brands
BUTISOL TAB	-	Non-Preferred Brands
SECONAL CAP	-	Non-Preferred Brands
phenobarbital elixir	-	Select
phenobarbital tab	-	Select

HYPNOTICS - TRICYCLIC AGENTS

doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	High Cost Generics
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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RS	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	SP	Restricted to Specialist
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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
SILENOR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Non-Pref erred Brands
NON-BARBITURATE HYPNOTICS		
temazepam cap 22.5mg (RESTORIL equiv)	-	High Cost Generics
temazepam cap 7.5mg (RESTORIL equiv)	-	High Cost Generics
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	High Cost Generics
AMBIEN CR TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
AMBIEN TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
DORAL TAB	-	Non-Pref erred Brands
EDLUAR SL TAB (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	ST	Non-Pref erred Brands
INTERMEZZO SL TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
LUNESTA TAB (QL= 1 tab/day)	QL	Non-Pref erred Brands
SOMNOTE CAP	-	Non-Pref erred Brands
SONATA CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands
ZOLPIMIST SPRAY (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	ST	Non-Pref erred Brands
estazolam tab (PROSOM equiv)	-	Select
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Select
FLURAZEPAM CAP	-	Select
midazolam hcl syrup	-	Select
midazolam inj (MIDAZOLAM equiv)	-	Select
temazepam cap 15mg (RESTORIL equiv)	-	Select
temazepam cap 30mg (RESTORIL equiv)	-	Select
triazolam tab (HALCION equiv)	-	Select
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	Select
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Select
OREXIN RECEPTOR ANTAGONISTS		
DAYVIGO TAB	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		

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

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DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	High Cost Generics
ROZEREM TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Non-Pref erred Brands
HETLIOZ CAP (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Pref erred Specialty
HETLIOZ SUSP (QL= 158ml/30 days)	AMSP-PA-QL	Non-Pref erred Specialty

LAXATIVES

LAXATIVE COMBINATIONS		
gavilyte-h kit	-	High Cost Generics
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	High Cost Generics NC
HALFLYTELY BOWEL PREP KIT	-	Non-Pref erred Brands
GOLYTELY SOLN	-	Non-Pref erred Brands
MOVIPREP SOLN	-	Non-Pref erred Brands
NULYTELY SOLN	-	Non-Pref erred Brands
PLENVU SOLN	-	Non-Pref erred Brands
SUCLEAR KIT	-	Non-Pref erred Brands
SUPREP SOLN	-	Non-Pref erred Brands
SUTAB TAB (Step Therapy requires trial of 2: CLENPIQ SOLN, trilyte soln, gavilyte-h kit, peg 3350/electrolytes soln, peg 3350 soln, or GAVILYTE-C SOLN)	ST	Non-Pref erred Brands
CLENPIQ SOLN	-	Preferred Brands
GAVILYTE-C SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventiv e
peg 3350/electrolytes soln (COLYTE equiv) (QL= 2 fills/calendar year)	QL	Preventiv e
trilyte soln (NULYTELY equiv) (QL= 2 fills/calendar year)	QL	Preventiv e

LAXATIVES - MISCELLANEOUS

GIALAX KIT	-	Non-Pref erred Brands
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DrugName	Special Code	Tier
LAXATIVES Cont.		
KRISTALOSE PACK	-	Non-Pref erred Brands
KRISTALOSE PACKET	-	Non-Pref erred Brands
LACTULOSE PACK (Step Therapy requires trial of lactulose)	ST	Non-Pref erred Brands
MIRALAX PACKET	-	Non-Pref erred Brands
MIRALAX POWDER	-	Non-Pref erred Brands
lactulose soln	-	Select
polyethylene glycol 3350 powder (MIRALAX equiv)	-	Select

SALINE LAXATIVES

OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	Non-Pref erred Brands
VISICOL TAB	-	Non-Pref erred Brands

LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

LIDOCAINE/EPINEPHRINE INJ	-	EXC
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MACROLIDES

AZITHROMYCIN

ZMAX SUSP	-	Non-Pref erred Brands
ZITHROMAX POWDER PACK	-	Preferred Brands
azithromycin susp (ZITHROMAX equiv)	-	Select
azithromycin tab (ZITHROMAX equiv)	-	Select

CLARITHROMYCIN

CLARITHROMYC SUSP	-	Preferred Brands
clarithromycin ER tab (BIAXIN XL equiv)	-	Select
clarithromycin susp (BIAXIN equiv)	-	Select
clarithromycin tab (BIAXIN equiv)	-	Select

ERYTHROMYCINS

ERYTHROCIN TAB	-	Non-Pref erred Brands
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	Non-Pref erred Brands

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DrugName	Special Code	Tier
MACROLIDES Cont.		
ERYTHROMYCIN EC CAP	-	Preferred Brands
PCE TAB	-	Preferred Brands
erythromycin DR cap (ERYC equiv)	-	Select
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Select
erythromycin stearate tab	-	Select
erythromycin tab (ERY-TAB equiv)	-	Select
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Select
FIDAXOMICIN		
DIFICID SUSP (QL= 136 mL/30 days; Step Therapy requires trial of vancomycin cap or VANCOMYCIN SOLN)	QL-ST	Non-Preferred Brands
DIFICID TAB (QL= 20 tabs/30 days; Step Therapy requires trial of vancomycin cap or VANCOMYCIN SOLN)	QL-ST	Preferred Brands
MEDICAL DEVICES		
PARENTERAL THERAPY SUPPLIES		
HYPODERMIC NEEDLES	OTC	Preferred Brands
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	-	Preventive
DIAPHRAGM	-	Preventive
FEMALE CONDOMS	OTC	Preventive
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS METER	OTC	NC
ACCU-CHEK GUIDE CARE METER	OTC	NC
ACCU-CHEK GUIDE ME KIT	OTC	NC
ACCU-CHEK NANO METER	OTC	NC
CONTOUR METER	OTC	NC
DIABETIC METER	OTC	NC
FREESTYLE FREEDOM LITE METER	OTC	NC
FREESTYLE INSULINX METER	OTC	NC
FREESTYLE LITE METER	OTC	NC
FREESTYLE METER	OTC	NC
FREESTYLE PRECISION NEO METER	OTC	NC
PRECISION XTRA METER	OTC	NC
DEXCOM G5 MIS TRANSMIT	PA	Non-Preferred Brands
ENLITE GLUCO MIS SENSOR	PA	Non-Preferred Brands

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
EVERSENSE MIS TRANSMTR	PA	Non-Pref erred Brands
G4 PLATINUM MIS TRANSMIT	PA	Non-Pref erred Brands
G5/G4 MIS SENSOR	PA	Non-Pref erred Brands
GUARDIAN CON MIS TRANSMIT	PA	Non-Pref erred Brands
GUARDIAN MIS LINK 3	PA	Non-Pref erred Brands
GUARDIAN RT MIS REPLACE	PA	Non-Pref erred Brands
MINIMED MIS SENSOR	PA	Non-Pref erred Brands
SOF-SENSOR MIS	PA	Non-Pref erred Brands
V-GO INJ KIT (QL= 1 kit/day)	QL	Non-Pref erred Brands
CALIBRATION LIQUID	OTC	Preferred Brands
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	Preferred Brands
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	Preferred Brands
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	Preferred Brands
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	Preferred Brands
FREESTYLE LIBRE 2 SENSOR (QL= 3 sensors/30 days)	PA-QL	Preferred Brands
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	Preferred Brands
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	Preferred Brands
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	Preferred Brands
LANCET KIT	OTC	Preferred Brands
LANCETS	OTC	Preferred Brands
OMNIPOD 5 PACK PODS (QL= 10 pods/30 days)	QL	Preferred Brands

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

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
OMNIPOD DASH PODS (QL= 10 pods/30 days)	QL	Preferred Brands
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	Preferred Brands
MISC. DEVICES		
ALCOHOL SWABS	OTC	EXC
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
EASY TOUCH PEN NEEDLE	-	NC
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
ALLERGY TRAY	-	Non-Preferred Brands
HYPODERMIC NEEDLES	OTC	Preferred Brands
SAFETY SYRINGE	-	Preferred Brands
SYRINGE LUER-LOK	OTC	Preferred Brands
B-D INSULIN SYRINGE	--OTC	Select
BD NEEDLES	OTC	Select
B-D PEN NEEDLE	OTC	Select
NOVOFINE PEN NEEDLE	OTC	Select
NOVOTWIST PEN NEEDLE	OTC	Select
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	Select
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	-	Non-Preferred Brands
PEAK FLOW METER	-	Non-Preferred Brands
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AJOVY INJ 225/1.5	-	NC
AJOVY INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
MIGRAINE COMBINATIONS		
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	High Cost Generics
sumatriptan/naproxen tab (TREXIMET equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics
CAFERGOT TAB (QL= 40 tabs/28 days)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
SUMANSETRON PAK (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	ST	Non-Pref erred Brands
TREXIMET TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Preferred Brands
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Preferred Brands
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Preferred Brands
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Select
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Select
PRODRIN TAB	-	Select
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	High Cost Generics
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics
D.H.E. INJ (QL= 24ml/28 days)	QL	Non-Pref erred Brands
ERGOMAR SL TAB	-	Non-Pref erred Brands
MIGRANAL SPRAY (QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AJOVY INJ 225/1.5	-	NC
NURTEC ODT (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
UBRELVY TAB (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
AIMOVIG INJ (QL= 1 pack/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
EMGALITY INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	AMSP-PA-QL	Non-Pref erred Specialty
AJOVY INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
MIGRAINE PRODUCTS - NSAIDS		

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
CAMBIA POWDER PACKET (QL= 9 packets/30 days)	QL	Non-Pref erred Brands
SEROTONIN AGONISTS		
eletriptan tab (RELPAQ equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics
frovatriptan tab (FROVA equiv) (QL= 10 tabs/30 days)	QL	High Cost Generics
sumatriptan inj (IMITREX equiv) (QL= 1 inj/7 days)	QL	High Cost Generics
sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days)	QL	High Cost Generics
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics
sumatriptan vial inj (IMITREX equiv) (QL= 1 inj/7 days)	QL	High Cost Generics
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	High Cost Generics
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	High Cost Generics
almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ (QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
AMERGE TAB (QL= 9 tabs/30 days)	QL	Non-Pref erred Brands
AXERT TAB (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
AXERT TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
FROVA TAB (QL= 10 tabs/30 days)	QL	Non-Pref erred Brands
IMITREX INJ (QL= 1 inj/7 days)	QL	Non-Pref erred Brands
IMITREX INJ (QL= 8 inj/30 days)	QL	Non-Pref erred Brands
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
IMITREX TAB (QL= 9 tabs/30 days)	QL	Non-Pref erred Brands
IMITREX VIAL INJ (QL= 1 inj/7 days)	QL	Non-Pref erred Brands
MAXALT MLT TAB (QL= 12 tabs/30 days)	QL	Non-Pref erred Brands
MAXALT TAB (QL= 12 tabs/30 days)	QL	Non-Pref erred Brands
ONZETRA XSAIL (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	ST	Non-Pref erred Brands
RELPAZ TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
REYVOW TAB 100mg (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
REYVOW TAB 50mg (QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
SUMAVEL DOSEPRO INJ	-	Non-Pref erred Brands
TOSYMRA SOLN (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
ZECUITY PAD (QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Pref erred Brands
ZOMIG TAB (QL= 9 tabs/30 days)	QL	Non-Pref erred Brands
ZOMIG ZMT (QL= 9 tabs/30 days)	QL	Non-Pref erred Brands
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Preferred Brands
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Select
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Select

MINERALS & ELECTROLYTES

CALCIUM

CALCIUM 1200 CHEW	-	EXC
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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
ELECTROLYTE MIXTURES		
D2.5W/NAACL INJ	-	EXC
D5W/NAACL INJ	-	EXC
dextrose w/ sodium chloride inj 2.5%-0.45% (D2.5W/NAACL equiv)	-	EXC
dextrose w/ sodium chloride inj 5%-0.225% (DW5-NAACL equiv)	-	EXC
dextrose w/ sodium chloride inj 5%-0.3% (D5W/NAACL equiv)	-	EXC
DW5-NAACL INJ	-	EXC
FLUORIDE		
FLORIVA DROPS	-	Preferred Brands
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
FLUOR-A-DAY CHEW TAB	-	Select
PHOSPHATE		
K-PHOS TAB	-	Preferred Brands
POTASSIUM		
POTASSIUM GLUCONATE TAB	-	EXC
potassium bicarbonate effer tab (K-LYTE equiv)	-	High Cost Generics
potassium chloride powder packet (KLOR-CON equiv)	-	High Cost Generics
potassium chloride soln	-	High Cost Generics
KLOR-CON POWDER PACKET 25MEQ	-	Non-Preferred Brands
KLOR-CON M15 TAB	-	Preferred Brands
K-TAB	-	Select
POT/CHLORIDE EFFER TAB	-	Select
potassium chloride effer tab (K-LYTE/CL equiv)	-	Select
potassium chloride ER cap (MICRO-K equiv)	-	Select
potassium chloride ER tab (K-TAB equiv)	-	Select
potassium chloride micro tab (K-DUR equiv)	-	Select
SODIUM		
sodium chloride inj	-	Select
ZINC		

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
GALZIN CAP	-	Non-Pref erred Brands
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine cap (CUPRIMINE equiv)	-	High Cost Generics
trientine cap (SYPRINE equiv) (Step Therapy requires trial of penicillamine tab)	ST	High Cost Generics
CUPRIMINE CAP	-	Non-Pref erred Brands
DEPEN TITRATAB (QL= 16 tabs/day)	QL	Non-Pref erred Brands
SYPRINE CAP (Step Therapy requires trial of penicillamine tab and trientine cap)	ST	Non-Pref erred Brands Select
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	High Cost Generics
IMMUNOSUPPRESSIVE AGENTS		
everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv)	-	High Cost Generics
sirolimus soln (RAPAMUNE equiv)	-	High Cost Generics
LUPKYNIS CAP	-	NC
ASTAGRAF XL CAP	-	Non-Pref erred Brands
PROGRAF PACKET	-	Non-Pref erred Brands
ENSPRYNG INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
POTASSIUM REMOVING AGENTS		
LOKELMA PAK (QL= 1 pak/day; Step Therapy requires trial of bumetanide, ethacrynic acid, furosemide, torsemide, metolazone, methyclothiazide, indapamide, hydrochlorothiazide, chlorthalidone, or chlorothiazide)	QL-ST	Non-Pref erred Brands
SPS SUSP	-	Preferred Brands
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP	-	NC
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Pref erred Specialty
BENLYSTA INJ (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Pref erred Specialty

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MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
benzocaine dental cream	-	EXC
FIRST MOUTHWASH BLM	-	Non-Preferred Brands
LIDOCAINE ORAL SOLN 4%	-	Preferred Brands
lidocaine viscous soln 2%	-	Select
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	Preferred Brands
ANTI-INFECTIVES - THROAT		
ORAVIG TAB	-	Non-Preferred Brands
clotrimazole troches (MYCELEX TROCHES equiv)	-	Select
nystatin susp	-	Select
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	Select
DENTAL PRODUCTS		
PREVIDENT PASTE	-	Non-Preferred Brands
PREVIDENT SOLN	-	Non-Preferred Brands
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
sodium fluoride gel (PREVIDENT equiv)	-	Select
sodium fluoride paste (PREVIDENT equiv)	-	Select
sodium fluoride rinse (PREVIDENT equiv)	-	Select
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	Select
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Select
THROAT PRODUCTS - MISC.		
GELCLAIR GEL	-	Non-Preferred Brands
NUMOISYN LOZENGE	-	Non-Preferred Brands
PROTHELIAL PASTE	-	Non-Preferred Brands
cevimeline cap (EVOXAC equiv)	-	Select
pilocarpine tab (SALAGEN equiv)	-	Select

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MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	Select
DIALYVITE/ZINC TAB	-	Select
FOLBEE PLUS CZ TAB	-	Select
IRON W/ VITAMINS		
iron w/ vitamin tab	-	EXC
MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Non-Pref erred Brands
MULTIPLE VITAMINS W/ MINERALS		
MULTIVITAMIN/MINERALS TAB	-	NC
VITRECYL IRON TAB	-	NC
VITRECYL TAB	-	NC
REMEDIENT CAP	-	Non-Pref erred Brands
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MV W/ FLUORIDE		
FLORIVA PLUS DROPS	-	Non-Pref erred Brands
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Non-Pref erred Brands
QUFLORA PEDIATRIC CHEW TAB	-	Non-Pref erred Brands
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventiv e
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventiv e
pediatric multiple vitamins/fluoride soln	-	Preventiv e
PEDIATRIC MULTIPLE VITAMINS		
NOVAMV PED DROPS	OTC	EXC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	Non-Pref erred Brands
PRENATAL VITAMINS		
PREGEN DHA CAP	-	NC
PRENATRIX TAB	-	NC
AZESCHEW TAB 13-1MG	-	Non-Pref erred Brands

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MULTIVITAMINS Cont.		
AZESCO TAB	-	Non-Preferred Brands
MYNATAL-Z TAB	-	Non-Preferred Brands
NEONATAL 19 TAB	-	Non-Preferred Brands
NEONATAL FE TAB	-	Non-Preferred Brands
PRENARA CAP	-	Non-Preferred Brands
PRENATAL VITAMINS (NON-PREFERRED)	-	Non-Preferred Brands
VITAFOL STRIPS	-	Non-Preferred Brands
CONCEPT DHA CAP	-	Preferred Brands
PRENATABS RX TAB	-	Preferred Brands
PRENATAL 19 CHEW TAB	-	Preferred Brands
PRENATAL 19 TAB	-	Preferred Brands
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Preferred Brands
VP-PNV-DHA CAP	-	Select

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics
chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics
cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics
cyclobenzaprine tab 7.5mg	-	High Cost Generics
metaxalone tab (SKELAXIN equiv)	-	High Cost Generics
tizanidine cap (ZANAFLEX equiv)	-	High Cost Generics
AMRIX CAP (QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands

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

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DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
METAXALONE TAB 400MG	-	Non-Pref erred Brands
OZOBAX SOLN	-	Non-Pref erred Brands
SOMA TAB (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Pref erred Brands
BACLOFEN TAB 5MG	-	Preferred Brands
CHLORZOXAZONE TAB 250MG (QL= 4 tabs/day)	QL	Preferred Brands
CHLORZOXAZONE TAB 250MG (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Preferred Brands
baclofen tab (BACLOFEN equiv)	-	Select
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Select
chlorzoxazone tab 500mg	-	Select
cyclobenzaprine tab (FLEXERIL equiv)	-	Select
methocarbamol tab (ROBAXIN equiv)	-	Select
orphenadrine citrate ER tab (NORFLEX equiv)	-	Select
tizanidine tab (ZANAFLEX equiv)	-	Select
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics
DANTRIUM CAP (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Pref erred Brands
MUSCLE RELAXANT COMBINATIONS		
NORGESIC TAB FORTE	-	Non-Pref erred Brands
TIZANIDINE COMFORT KIT	-	Non-Pref erred Brands
CARISOPRODOL/ASPIRIN TAB	-	Select
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Select
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Select
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Select
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	Select
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
AZENASE PAK	-	NC
DYMISTA SPRAY (QL= 23ml/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone)	QL-ST	Non-Pref erred Brands
azelastine/fluticasone nasal spray (DYMISTA equiv) (QL= 23ml/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone)	QL-ST	Select

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
NASAL AGENTS - MISC.		
TICANASE PAK	-	NC
ALZAIR NASAL SPRAY	-	Non-Pref erred Brands
NASAL ANESTHETICS		
GOPRELTO SOLN	-	Select
NASAL ANTIALLERGY		
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 60ml/30 days; Step Therapy requires trial of azelastine nasal spray)	QL-ST	High Cost Generics
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days, Step Therapy requires trial of budesonide, flunisolide, fluticasone, or triamcinolone)	QL-ST	High Cost Generics
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY (QL= 60ml/30 days; Step Therapy requires trial of azelastine nasal spray)	QL-ST	Non-Pref erred Brands
PATANASE NASAL SPRAY (QL= 30.5ml/30 days; Step Therapy requires trial of budesonide, flunisolide, fluticasone, or triamcinolone)	QL-ST	Non-Pref erred Brands
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 60ml/30 days)	QL	Select
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	Select
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	Non-Pref erred Brands
NASAL STEROIDS		
BECONASE AQ NASAL SPRAY	-	EXC
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC
FLUNISOLIDE NASAL SPRAY	-	EXC
NASACORT OTC NASAL SPRAY	OTC	EXC
OMNARIS NASAL SPRAY	-	EXC
QNASL NASAL SPRAY	-	EXC
ZETONNA NASAL SPRAY	-	EXC
mometasone nasal spray (NASONEX equiv) (QL= 17ml/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone)	QL-ST	High Cost Generics
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	NC
SINUVA NASAL IMPLANT	-	NC
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	NC
NASONEX NASAL SPRAY (QL= 17gm/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone)	QL-ST	Non-Pref erred Brands
RHINOCORT AQUA NASAL SPRAY (QL= 43 grams/75 days; Step Therapy requires trial of budesonide, flunisolide, fluticasone, or triamcinolone)	QL-ST	Non-Pref erred Brands
XHANCE NASAL EXHALER	-	Non-Pref erred Brands
fluticasone nasal spray (FLONASE equiv) (QL= 16gm/30 days)	QL	Select

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
SYMPATHOMIMETIC DECONGESTANTS		
epinephrine hcl nasal soln (ADRENALIN equiv)	-	High Cost Generics
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	High Cost Generics
ADRENALIN SOLN	-	Non-Preferred Brands
SUDAFD SINUS TAB 30MG (QL= 8 tabs/day)	QL	Non-Preferred Brands
SUDAFED CHILDRENS LIQUID 15MG/5ML (QL= 2400ml/30 days)	QL	Non-Preferred Brands
SUDAFED 24HR TAB 240MG (QL= 1 tab/day)	QL	Preferred Brands
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Select
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Select
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Select
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Select
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	AMSP-PA	Generic Specialty
EXSERVAN FILM (QL= 60 films/30 days)	PA-QL	Preferred Specialty
TIGLUTIK SUSP (Only available through Foundation Care 877-291-1122)	LD-PA	Preferred Specialty
MUSCULAR DYSTROPHY AGENTS		
AMONDYS INJ	-	EXC
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLN (QL= 240 ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-M-PA	Non-Preferred Specialty
NUTRIENTS		
LIPIDS		
DOJOLVI ORAL LIQUID (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Preferred Specialty
PROTEINS		
L-CARNITINE CAP	-	EXC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
PURE AND GENTLE DROPS	-	EXC

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
BETA-BLOCKERS - OPHTHALMIC		
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day)	QL	High Cost Generics
timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	High Cost Generics
timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	High Cost Generics
BETIMOL OPHTH SOLN	-	Non-Preferred Brands
BETOPTIC-S OPHTH SOLN	-	Non-Preferred Brands
COMBIGAN OPHTH SOLN	-	Non-Preferred Brands
COSOPT (PF) OPHTH SOLN (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Non-Preferred Brands
COSOPT OPHTH SOLN	-	Non-Preferred Brands
ISTALOL OPHTH SOLN	-	Non-Preferred Brands
ISTALOL OPHTH SOLN 0.5% (Step Therapy requires trial of timolol maleate ophth soln)	ST	Non-Preferred Brands
TIMOPTIC OCUDOSE OPHTH SOLN 0.25% (QL= 2ml/day)	QL	Non-Preferred Brands
TIMOPTIC OCUDOSE OPHTH SOLN 0.5% (QL= 2ml/day)	QL	Non-Preferred Brands
TIMOPTIC OPHTH SOLN 0.25%	-	Non-Preferred Brands
TIMOPTIC OPHTH SOLN 0.5%	-	Non-Preferred Brands
TIMOPTIC-XE OPHTH GEL (Step Therapy requires trial of timolol maleate ophth soln)	ST	Non-Preferred Brands
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Preferred Brands
METIPRANOLOL OPHTH SOLN	-	Preferred Brands
TIMOLOL OPHTH GEL SOLN (Step Therapy requires trial of timolol maleate ophth soln)	ST	Preferred Brands
betaxolol ophth soln (BETOPTIC-S equiv)	-	Select
CARTEOLOL OPHTH SOLN	-	Select

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OPHTHALMIC AGENTS Cont.		
carteolol ophth soln (OCUPRESS equiv)	-	Select
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Select
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Select
LEVOBUNOLOL OPHTH SOLN	-	Select
levobunolol ophth soln (BETAGAN equiv)	-	Select
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	Select
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	-	Select
CYCLOPLEGIC MYDRIATICS		
CYCLOMYDRIL OPHTH SOLN	-	Non-Preferred Brands
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	Non-Preferred Brands
HOMATROPINE OPHTH SOLN	-	Preferred Brands
ISOPTO HYOSCINE OPHTH SOLN	-	Preferred Brands
atropine ophth oint	-	Select
atropine ophth soln (ISOPTO ATROPINE equiv)	-	Select
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Select
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	Select
phenylephrine ophth soln (MYDFRIN equiv)	-	Select
tropicamide ophth soln (MYDRIACYL equiv)	-	Select
MIOTICS		
MIOSTAT INJ	-	Non-Preferred Brands
PHOSPHOLINE OPHTH SOLN	-	Non-Preferred Brands
PILOPINE HS OPHTH GEL	-	Non-Preferred Brands
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Select
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
LUCENTIS INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine ophth soln 0.5% (IOPIDINE equiv)	-	High Cost Generics
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	High Cost Generics
ALPHAGAN P OPHTH SOLN 0.15% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Non-Preferred Brands
IOPIDINE OPHTH SOLN 1% (Step Therapy requires trial of apraclonidine soln)	ST	Non-Preferred Brands

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OPHTHALMIC AGENTS Cont.		
SIMBRINZA OPHTH SUSP	-	Non-Pref erred Brands
ALPHAGAN P OPHTH SOLN 0.1% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Preferred Brands
LUMIFY OPHTH SOLN 0.25% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Preferred Brands
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Select
OPHTHALMIC ANTI-INFECTIVES		
gatifloxacin ophth soln (ZYMAXID equiv)	-	High Cost Generics
MOXIFLOXACIN SOLN	-	NC
VANCOMYCIN SOLN	-	NC
AZASITE SOLN	-	Non-Pref erred Brands
BESIVANCE OPHTH SUSP (Step Therapy requires trial of 2: ciprofloxacin ophth soln, levofloxacin ophth soln, ofloxacin ophth soln, or VIGAMOX OPHTH SOLN)	ST	Non-Pref erred Brands
BETADINE OPHTH SOLN	-	Non-Pref erred Brands
CILOXAN OPHTH OINT	-	Non-Pref erred Brands
MOXEZA OPHTH SOLN	-	Non-Pref erred Brands
TOBEX OPHTH OINT	-	Non-Pref erred Brands
VIGAMOX OPHTH SOLN	-	Non-Pref erred Brands
ZYMAXID OPHTH SOLN	-	Non-Pref erred Brands
BACITRACIN OPHTH OINT	-	Preferred Brands
NATACYN OPHTH SUSP	-	Preferred Brands
SULFACETAMIDE SODIUM OPHTH OINT	-	Preferred Brands
ZIRGAN OPHTH GEL	-	Preferred Brands
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Select
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Select
ciprofloxacin ophth soln (CILOXAN equiv)	-	Select
erythromycin ophth oint	-	Select
GENTAK OPHTH OINT	-	Select
gentamicin ophth oint (GARAMYCIN equiv)	-	Select

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OPHTHALMIC AGENTS Cont.		
gentamicin ophth soln (GARAMYCIN equiv)	-	Select
levofloxacin ophth soln (QUIXIN equiv)	-	Select
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Select
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Select
ofloxacin ophth soln (OCUFLOX equiv)	-	Select
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Select
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Select
tobramycin ophth soln (TOBREX equiv)	-	Select
TRIFLURIDINE OPHTH SOLN	-	Select
trifluridine ophth soln (VIROPTIC equiv)	-	Select
OPHTHALMIC IMMUNOMODULATORS		
CEQUA (PF) OPHTH SOLN (Step Therapy requires trial of RESTASIS OPHTH EMULSION)	ST	Non-Pref erred Brands
CYCLOSPORINE OPHTH EMULSION	-	Non-Pref erred Brands
RESTASIS MULTI-DOSE (QL= 5.5 ml/30 days)	QL	Preferred Brands
RESTASIS OPHTH EMULSION (QL= 60 vials/30 days)	QL	Preferred Brands
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN (QL= 60ml/30days; Step Therapy requires trial of RESTASIS OPHTH EMULSION)	QL-ST	Non-Pref erred Brands
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Pref erred Brands
ROCKLATAN OPHTH SOLN (Step Therapy requires trial of latanoprost ophth soln)	ST	Non-Pref erred Brands
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN OPHTH GEL	-	Non-Pref erred Brands
proparacaine ophth soln (ALCAINE equiv)	-	Select
tetracaine ophth soln	-	Select
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN (QL= 28ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA VISCOUS OPHTH SOLN	-	Non-Pref erred Brands
OPHTHALMIC STEROIDS		

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OPHTHALMIC AGENTS Cont.		
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5 grams/28 days; Step therapy requires trial of prednisolone 1% ophth soln or susp)	QL-ST	High Cost Generics
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	High Cost Generics
DEXTENZA OPHTH INSERT	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
BLEPHAMIDE S.O.P. OPHTH OINT	-	Non-Pref erred Brands
EYSUVIS OPHTH SUSP	-	Non-Pref erred Brands
FML FORTE OPHTH SUSP	-	Non-Pref erred Brands
FML S.O.P. OPHTH OINT	-	Non-Pref erred Brands
INVELTYS OPHTH SUSP	-	Non-Pref erred Brands
LOTEMAX OPHTH GEL (QL= 5 grams/28 days; Step therapy requires trial of prednisolone 1% ophth soln or susp)	QL-ST	Non-Pref erred Brands
LOTEMAX OPHTH SUSP	-	Non-Pref erred Brands
PRED FORTE OPHTH SUSP	-	Non-Pref erred Brands
PRED-G S.O.P OPHTH OINTMENT	-	Non-Pref erred Brands
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	Non-Pref erred Brands
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	Non-Pref erred Brands
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	Non-Pref erred Brands
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	Non-Pref erred Brands
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	Non-Pref erred Brands
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	Non-Pref erred Brands

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OPHTHALMIC AGENTS Cont.		
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	Non-Preferred Brands
TOBRADEX ST OPHTH SUSP	-	Non-Preferred Brands
VEXOL OPHTH SUSP	-	Non-Preferred Brands
ALREX OPHTH SUSP	-	Preferred Brands
BLEPHAMIDE OPHTH SOLN	-	Preferred Brands
DUREZOL OPHTH EMULSION	-	Preferred Brands
FLAREX OPHTH SUSP	-	Preferred Brands
LOTEMAX OPHTH GEL	-	Preferred Brands
LOTEMAX OPHTH OINT	-	Preferred Brands
LOTEMAX SM GEL	-	Preferred Brands
MAXIDEX OPHTH SOLN	-	Preferred Brands
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Preferred Brands
PRED MILD OPHTH SOLN	-	Preferred Brands
PRED-G OPHTH SOLN	-	Preferred Brands
TOBRADEX OPHTH OINT	-	Preferred Brands
ZYLET OPHTH SUSP	-	Preferred Brands
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Select
dexamethasone ophth soln	-	Select
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Select
loteprednol ophth susp (LOTEMAX equiv)	-	Select
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Select
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Select
PREDNISOLONE OPHTH SUSP	-	Select
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Select
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Select
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Select
OPHTHALMIC SURGICAL AIDS		
HEALON DUET INJ	-	EXC
HEALON GV INJ	-	EXC
OPHTHALMICS - MISC.		

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

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	High Cost Generics
bromfenac ophth soln (BROMDAY equiv)	-	High Cost Generics
ketorolac ophth soln .4% (ACULAR (LS) equiv)	-	High Cost Generics
olopatadine ophth soln 0.2% (PATADAY equiv)	-	High Cost Generics
ALOMIDE OPHTH SOLN	-	Non-Pref erred Brands
AZOPT OPHTH SUSP	-	Non-Pref erred Brands
AZOPT OPHTH SUSP (Step Therapy requires trial of dorzolamide 2% ophth soln)	--ST	Non-Pref erred Brands
BEPREVE OPHTH SOLN	-	Non-Pref erred Brands
EMADINE OPHTH SOLN	-	Non-Pref erred Brands
epinastine ophth soln (ELESTAT equiv)	-	Non-Pref erred Brands
LASTACAFT OPHTH SOLN (QL= 3ml/30 days)	QL	Non-Pref erred Brands
NEVANAC OPHTH SUSP, ILEVRO OPHTH SUSP	-	Non-Pref erred Brands
PATADAY OPHTH SOLN	-	Non-Pref erred Brands
PATANOL OPHTH SOLN	-	Non-Pref erred Brands
PAZEO OPHTH SOLN 0.7%	PA	Non-Pref erred Brands
PROLENSA OPHTH SOLN, BROMSITE OPHTH SOLN	-	Non-Pref erred Brands
UPNEEQ SOLN (QL= 30 droppers/30 days)	PA-QL	Non-Pref erred Brands
ZERVIATE OPHTH SOLN	-	Non-Pref erred Brands

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

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
CYSTADROPS SOLN (QL= 4 bottles/30 days)	PA-QL	Non-Pref erred Specialty
ACULAR (LS) OPHTH SOLN	-	Preferred Brands
ACUVAIL OPHTH SOLN	-	Preferred Brands
ALAMAST OPHTH SOLN	-	Preferred Brands
ALOCRIAL OPHTH SOLN	-	Preferred Brands
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Preferred Brands
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
azelastine ophth soln (OPTIVAR equiv)	-	Select
cromolyn ophth soln (CROLOM equiv)	-	Select
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Select
dorzolamide ophth soln (TRUSOPT equiv)	-	Select
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Select
olopatadine ophth soln 0.1% (PATANOL equiv)	-	Select
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	High Cost Generics
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	High Cost Generics
LATANOPROST OPHTH SOLN	-	Non-Pref erred Brands
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days;; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Pref erred Brands
TRAVATAN Z DROPS (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln or travoprost ophth soln)	QL-ST	Non-Pref erred Brands
VYZULTA SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Pref erred Brands
XELPROS OPHTH EMULSION (Step Therapy requires trial of latanoprost ophth soln)	ST	Non-Pref erred Brands
ZIOPTAN OPHTH SOLN (QL= 1 bottle/day; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Pref erred Brands
latanoprost ophth soln (XALATAN equiv)	-	Select

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

acetic acid otic soln (VOSOL equiv)	-	Select
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Select

OTIC ANTI-INFECTIVES

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
OTIC AGENTS Cont.		
CIPROFLOXACIN OTIC SOLN	-	Preferred Brands
ofloxacin otic soln (FLOXIN equiv)	-	Select
OTIC COMBINATIONS		
CORTIC-ND DROPS	-	EXC
CIPRO HC OTIC SUSP	-	Non-Preferred Brands
CIPRODEX	-	Non-Preferred Brands
COLY-MYCIN S OTIC SUSP	-	Non-Preferred Brands
COLY-MYCIN-S SUSP OTIC	-	Non-Preferred Brands
CORTANE-B OTIC SOLN	-	Non-Preferred Brands
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= 1 bottle/fill, 2 fills/month; Step Therapy required of neomycin/polymixin/hydrocortisone otic)	QL-ST	Non-Preferred Brands
OTOZIN OTIC DROPS	-	Non-Preferred Brands
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Select
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Select
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	Select
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	Select
otomax-HC otic soln (CORTANE-B equiv)	-	Select
OTIC STEROIDS		
ACETASOL HC OTIC SOLN	-	Non-Preferred Brands
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	Select
fluocinolone otic oil (DERMOTIC equiv)	-	Select
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL INSERTS	-	Non-Preferred Brands
PREPIDIL GEL	-	Non-Preferred Brands
PROSTIN E2 SUPP	-	Non-Preferred Brands
OXYTOCICS		

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
OXYTOCICS Cont.		
methylergonovine tab (METHERGINE equiv)	-	Select

PASSIVE IMMUNIZING AGENTS

IMMUNE SERUMS		
CUVITRU INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferred Specialty

PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS		
CUTAQUIG INJ (QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
XEMBIFY INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Preferred Specialty
HIZENTRA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty

MONOCLONAL ANTIBODIES		
REGEN-COVID INJ	-	EXC

PENICILLINS

AMINOPENICILLINS		
AMPICILLIN INJ	-	EXC
MOXATAG TAB (Step Therapy requires trial of amoxicillin)	ST	Non-Preferred Brands
amoxicillin cap (TRIMOX equiv)	-	Select
amoxicillin chew tab (AMOXIL equiv)	-	Select
AMOXICILLIN CHEW TAB 250MG	-	Select
amoxicillin susp (TRIMOX equiv)	-	Select
amoxicillin tab (AMOXIL equiv)	-	Select
ampicillin cap (PRINCIPEN equiv)	-	Select
ampicillin susp	-	Select

NATURAL PENICILLINS		
penicillin vk soln (VEETIDS equiv)	-	Select
penicillin vk tab (VEETIDS equiv)	-	Select

PENICILLIN COMBINATIONS		
AMOXICILLIN/CLAVULANATE ER TAB	-	Non-Preferred Brands
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	Select
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	Select
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Select
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Select

PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	Select

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

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PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
BASE D PEG GRANULES	-	EXC
POLYETHYLENE GLYCOL 8000 GRANULES	-	Preferred Brands
PROGESTINS		
PROGESTINS		
MAKENA INJ (QL= 4.4 ml/28 days)	QL	Preferred Specialty
medroxyprogesterone tab (PROVERA equiv)	-	Select
megestrol ES susp (MEGACE ES equiv)	-	Select
norethindrone tab (AYGESTIN equiv)	-	Select
progesterone cap (PROMETRIUM equiv)	-	Select
progesterone oil inj	-	Select
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
LUCEMYRA TAB (QL= 224 tabs/fill, 1 fill/month)	PA-QL	Preferred Brands
acamprosate calcium DR tab (CAMPRAL equiv)	-	Select
DISULFIRAM TAB	-	Select
disulfiram tab (ANTABUSE equiv)	-	Select
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050)	LD-PA-QL	Non-Preferred Specialty
XYWAV SOLN (Only available through Xyrem Central Pharmacy 314-587-4050)	LD-PA	Non-Preferred Specialty
ANTIDEMENTIA AGENTS		
memantine soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	High Cost Generics
rivastigmine patch (EXELON equiv) (QL= 1 patch/day)	QL	High Cost Generics
ARICEPT TAB 10MG	-	Non-Preferred Brands
ARICEPT TAB 5MG	-	Non-Preferred Brands
EXELON PATCH (QL= 1 patch/day)	QL	Non-Preferred Brands
NAMENDA SOLN (Step Therapy requires trial of memantine tab)	ST	Non-Preferred Brands
NAMENDA TAB (QL= 2 tabs/day; Step Therapy requires trial of memantine tab)	QL-ST	Non-Preferred Brands

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

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
NAMENDA TITRAPAK (QL= 49 tabs/28 days)	QL	Non-Pref erred Brands
NAMENDA XR CAP (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Non-Pref erred Brands
NAMZARIC STARTER PACK (QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Non-Pref erred Brands
RAZADYNE ER CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands
RAZADYNE TAB (QL= 60 tabs/30 days)	QL	Non-Pref erred Brands
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Preferred Brands
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Preferred Brands
donepezil ODT (ARICEPT equiv)	-	Select
donepezil tab 10mg (ARICEPT equiv)	-	Select
donepezil tab 23mg (ARICEPT equiv)	-	Select
donepezil tab 5mg (ARICEPT equiv)	-	Select
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Select
GALANTAMINE SOLN	-	Select
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Select
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Select
memantine tab (QL= 2 tabs/day)	QL	Select
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Select
rivastigmine cap (EXELON equiv)	-	Select
COMBINATION PSYCHOTHERAPEUTICS		
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	High Cost Generics
SYMBYAX CAP (QL= 1 cap/day)	QL	Non-Pref erred Brands
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Preferred Brands
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	Select
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Select
FIBROMYALGIA AGENTS		
SAVELLA PAK (Step Therapy requires trial of duloxetine and gabapentin)	ST	Non-Pref erred Brands
SAVELLA TAB (QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin)	QL-ST	Non-Pref erred Brands
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	EXC

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
VYLEESI INJ (QL= 2.4 ml/28 days)	PA-QL	Non-Pref erred Brands
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Generic Specialty
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Non-Pref erred Specialty
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Pref erred Specialty
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Pref erred Specialty
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Pref erred Specialty
INGREZZA PACK 40-80MG (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Pref erred Specialty
XENAZINE TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Generic Specialty
dimethyl fumarate DR cap (TECFIDERA equiv)	AMSP	Generic Specialty
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	AMSP-QL	Generic Specialty
glatiramer inj (COPAXONE equiv)	AMSP	Generic Specialty
BAFIERTAM CAP	-	NC
AMPYRA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
AUBAGIO TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Pref erred Specialty
BETASERON INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
EXTAVIA INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Pref erred Specialty
KESIMPTA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Pref erred Specialty

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
MAVENCLAD PAK (QL= 10 tabs/fill, 2 fills/year; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
MAYZENT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
MAYZENT TAB 0.25MG (QL= 112 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
MAYZENT TAB STARTER PACK (QL= 12 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
OCREVUS INJ (QL= 60ml/365 days)	AMSP-PA-QL	Non-Preferred Specialty
PLEGRIDY INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty
PLEGRIDY PEN INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty
PONVORY TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Specialty
PONVORY TAB STARTER PACK (QL= 14 tabs/14 days)	PA-QL	Non-Preferred Specialty
REBIF INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty
TECFIDERA CAP (Step Therapy requires trial of dimethyl fumarate AND avonex AND gilenya AND glatiramer)	AMSP-ST	Non-Preferred Specialty
TECFIDERA STARTER PACK (QL= 60 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
VUMERITY CAP (QL= 120 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
ZEPOSIA CAP (QL=30 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
ZEPOSIA STARTER PACK (QL= 7 units/30 days, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
ZINBRYTA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
AVONEX INJ (QL= 1 kit/28 days)	AMSP-QL	Preferred Specialty
GILENYA CAP (QL= 30 caps/30 days)	AMSP-QL	Preferred Specialty

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB (QL= 3 tabs/day)	PA-QL	Non-Preferred Brands
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE STARTER PACK	-	EXC
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	High Cost Generics
LYRICA CR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Non-Preferred Brands
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE TAB	-	Preferred Brands
FLUOXETINE CAP (PMDD)	-	Value
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	Preferred Brands
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES TAB	-	Non-Preferred Brands
PIMOZIDE TAB	-	Preferred Brands
ergoloid mesylates tab (HYDERGINE equiv)	-	Select
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB (QL= 1 tab/30 days)	PA-QL	Non-Preferred Brands
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive

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

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventive
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
VASOMOTOR SYMPTOM AGENTS		
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	High Cost Generics
BRISDELLE CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL CAP	-	NC
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
PULMOZYME INH SOLN	AMSP-PA	Preferred Specialty
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP (QL= 9 caps/day)	AMSP-PA-QL-SF	Preferred Specialty
ESBRIET TAB 267MG (QL= 9 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
ESBRIET TAB 801MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty

SULFONAMIDES

SULFONAMIDES		
SULFADIAZINE TAB	-	Select

TETRACYCLINES

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	Step Therapy		Vaccine Program		

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TETRACYCLINES Cont.		
AMINOMETHYLCYCLINES		
NUZYRA TAB (QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
TETRACYCLINE COMBINATIONS		
NICAZELDOXY KIT	-	Preferred Brands
TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	High Cost Generics
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	High Cost Generics
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	High Cost Generics
minocycline tab (DYNACIN equiv)	-	High Cost Generics
ACTICLATE TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Preferred Brands
ADOXA PAK (QL= 2 tabs/day)	QL	Non-Preferred Brands
ADOXA TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
DORYX MPC TAB (Step Therapy requires trial of doxycycline monohydrate)	ST	Non-Preferred Brands
DORYX TAB 50MG (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Preferred Brands
DOXYCYCLINE HYCLATE DR CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
MINOCYCLINE ER CAP (QL= 1 cap/day; Step Therapy requires trial of minocycline)	QL-ST	Non-Preferred Brands
MONODOX CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
MORGIDOX KIT (QL= 1 kit/30 days)	QL	Non-Preferred Brands

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	Step Therapy		Vaccine Program		

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DrugName	Special Code	Tier
TETRACYCLINES Cont.		
OCUDOX KIT	-	Non-Pref erred Brands
ORAXYL CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands
SEYSARA TAB	-	Non-Pref erred Brands
SOLODYN TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Brands
TARGADOX TAB (QL= 4 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Pref erred Brands
VIBRAMYCIN CAP (QL= 2 caps/day)	QL	Non-Pref erred Brands
VIBRAMYCIN SYRUP	-	Non-Pref erred Brands
demeclocycline tab (DECLOMYCIN equiv)	-	Select
doxycycline hyclate cap (QL= 2 caps/day)	QL	Select
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Select
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Select
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Select
doxycycline susp (VIBRAMYCIN equiv)	-	Select
minocycline cap (MINOCIN equiv)	-	Select
tetracycline cap	-	Select

THYROID AGENTS

ANTITHYROID AGENTS

methimazole tab (TAPAZOLE equiv)	-	Select
propylthiouracil tab	-	Select

THYROID HORMONES

LEVOTHYROXINE INJ	-	EXC
SYNTHROID TAB	-	Non-Pref erred Brands
THYQUIDITY SOLN (Step Therapy requires trial of levothyroxine)	ST	Non-Pref erred Brands
THYROLAR TAB	-	Non-Pref erred Brands
TIROSINT CAP	-	Non-Pref erred Brands

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DrugName	Special Code	Tier
THYROID AGENTS Cont.		
TIROSINT-SOL (Step therapy requires trial of levothyroxine)	ST	Non-Pref erred Brands
ARMOUR THYROID TAB, NATURE THROID TAB	-	Preferred Brands
levothyroxine tab (SYNTHROID equiv)	-	Select
lithyronine tab (CYTOMEL equiv)	-	Select
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	Select
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	Preventiv e
TETANUS/DIPHThERIA TOXOID INJ	VAC	Preventiv e
VAXELIS INJ	VAC	Preventiv e
ULCER DRUGS		
ANTISPASMODICS		
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	High Cost Generics
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	High Cost Generics
DONNATAL EXTENTABS	-	NC
CANTIL TAB	-	Non-Pref erred Brands
CUVPOSA SOLN	-	Non-Pref erred Brands
DONNATAL ELIXIR (QL= 1200ml/30 days)	QL	Non-Pref erred Brands
DONNATAL TAB (QL= 8 tabs/day)	QL	Non-Pref erred Brands
SYMAX DUOTAB	-	Non-Pref erred Brands
BELLADONNA ALKALOID/OPIUM SUPP	-	Preferred Brands
PROPANTHELINE TAB	-	Preferred Brands
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Select
dicyclomine cap (BENTYL equiv)	-	Select
dicyclomine soln (BENTYL equiv)	-	Select
dicyclomine tab (BENTYL equiv)	-	Select
glycopyrrolate tab (ROBINUL equiv)	-	Select
hyoscyamine sulfate CR tab (LEVVID equiv)	-	Select
hyoscyamine sulfate elixir (LEVSIN equiv)	-	Select

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	Select
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	Select
hyoscyamine sulfate soln (LEVSIN equiv)	-	Select
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	Select
hyoscyamine tab (LEVSIN equiv)	-	Select
methscopolamine tab (PAMINE equiv)	-	Select
H-2 ANTAGONISTS		
famotidine susp (PEPCID equiv) (Step Therapy requires trial of cimetidine or nizatidine)	ST	High Cost Generics
PEPCID SUSP (Step Therapy requires trial of cimetidine or nizatidine)	ST	Non-Pref erred Brands
ZANTAC EFFER TAB	-	Non-Pref erred Brands
CIMETIDINE SOLN	-	Select
cimetidine soln (CIMETIDINE equiv)	-	Select
cimetidine tab (TAGAMET equiv)	-	Select
famotidine tab (PEPCID equiv)	-	Select
nizatidine cap (AXID equiv)	-	Select
ranitidine cap (ZANTAC equiv)	-	Select
ranitidine syrup (ZANTAC equiv)	-	Select
ranitidine tab (Rx Only) (ZANTAC equiv)	-	Select
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	Select
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE CAP	-	EXC
ACIPHEX TAB	-	EXC
DEXILANT CAP	-	EXC
esomeprazole cap (NEXIUM equiv)	-	EXC
ESOMEPRAZOLE STRONTIUM CAP	-	EXC
FIRST OMEPRAZOLE SUSP	-	EXC
lansoprazole cap (PREVACID equiv)	OTC	EXC
LANSOPRAZOLE SUSP	-	EXC
NEXIUM CAP	-	EXC
NEXIUM GRANULE PACK	-	EXC
omeprazole DR cap (PRILOSEC equiv)	-	EXC
omeprazole magnesium delayed release tab (PRILOSEC OTC equiv)	OTC	EXC
pantoprazole EC tab (PROTONIX equiv)	-	EXC
PREVACID CAP	-	EXC
PRILOSEC POWDER PACKET (Covered for members age 17 or younger.)	-	EXC
rabeprazole EC tab (ACIPHEX equiv)	-	EXC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	Select
ULCER THERAPY COMBINATIONS		
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	EXC
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	EXC
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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	EXC
PREVPAC KIT	-	EXC
ZEGERID CAP	-	EXC
ZEGERID CAP OTC	OTC	EXC
ZEGERID POWDER PACK	-	EXC
PYLERA CAP	-	Non-Preferred Brands

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

GLYCATÉ TAB, GLYCOPYRROLATE TAB (Step Therapy requires trial of glycopyrrolate)	ST	Non-Preferred Brands
hyoscyamine inj (LEVSIN equiv)	-	Select

H-2 ANTAGONISTS

NIZATIDINE CAP	-	Preferred Brands
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MISC. ANTI-ULCER

sucralfate susp (CARAFATE equiv)	-	Select
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PROTON PUMP INHIBITORS

ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	EXC
esomeprazole DR granule pack (NEXIUM equiv)	-	EXC
lansoprazole odt (PREVACID SOLUTAB equiv)	-	EXC
NEXIUM GRANULE PACK	-	EXC
PREVACID SOLUTAB	-	EXC
PRILOSEC OTC TAB	OTC	EXC
omeprazole tab	OTC	NC

ULCER THERAPY COMBINATIONS

TALICIA CAP	-	EXC
HELIDAC PACK	-	NC

URINARY ANTI-INFECTIVES

URINARY ANTI-INFECTIVE COMBINATIONS

UROQID #2 TAB	-	Non-Preferred Brands
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URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)

tropium chloride SR cap (SANCTURA XR equiv)	-	High Cost Generics
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URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

darifenacin SR tab (ENABLEX equiv) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, tropium, or tropium ER)	ST	High Cost Generics
tolterodine SR cap (DETROL LA equiv)	-	High Cost Generics
tolterodine tab (DETROL equiv)	-	High Cost Generics

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URINARY ANTISPASMODICS Cont.		
trospium tab (SANCTURA equiv)	-	High Cost Generics
VESICARE LS SUSP	-	NC
ENABLEX TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Pref erred Brands
GELNIQUE (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Pref erred Brands
OXYTROL PATCH (OTC) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	OTC-ST	Non-Pref erred Brands
TOVIAZ TAB (Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap)	ST	Non-Pref erred Brands
VESICARE TAB (QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	QL-ST	Non-Pref erred Brands
oxybutynin ER tab (DITROPAN XL equiv)	-	Select
oxybutynin syrup	-	Select
oxybutynin tab (DITROPAN equiv)	-	Select
solifenacin tab (VESICARE equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	QL-ST	Select

URINARY ANTISPASMODICS

hyoscyamine tab (LEVSIN equiv)	-	Select
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URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA TAB	-	NC
MYRBETRIQ TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Pref erred Brands

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

bethanechol tab (URECHOLINE equiv)	-	Select
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URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)

flavoxate tab (URISPAS equiv)	-	Select
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VACCINES

BACTERIAL VACCINES

BEXSERO INJ	VAC	Preventiv e
MENACTRA INJ	VAC	Preventiv e
MENHIBRIX INJ	VAC	Preventiv e
MENOMUNE INJ	VAC	Preventiv e
MENVEO INJ	VAC	Preventiv e
PNEUMOVAX INJ	VAC	Preventiv e

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DrugName	Special Code	Tier
VACCINES Cont.		
PREVNAR 13 INJ	VAC	Preventive
TRUMENBA INJ	VAC	Preventive
VAXCHORA SUSP	VAC	Preventive
VIVOTIF CAP (QL= 4 caps/fill, 1 fill/year)	QL-VAC	Preventive
VIRAL VACCINES		
NOVAVAX VAC INJ COVID-19	-	EXC
STAMARIL INJ	-	NC
AFLURIA INJ	VAC	Preventive
AFLURIA INJ, FLUZONE INJ	VAC	Preventive
CERVARIX INJ	VAC	Preventive
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/365 days)	QL	Preventive
COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days; limit 2 fills/12 months)	QL	Preventive
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days; limit 2 fills/12 months)	QL	Preventive
ENGERIX-B INJ	VAC	Preventive
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive
FLUAD INJ	VAC	Preventive
FLUAD QUAD INJ	VAC	Preventive
FLUBLOK INJ	VAC	Preventive
FLUBLOK QUAD PF INJ	VAC	Preventive
FLUCELVAX INJ	VAC	Preventive
FLUCELVAX QUAD INJ	VAC	Preventive
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive
FLUVIRIN INJ	VAC	Preventive
FLUVIRIN PF INJ	VAC	Preventive
FLUZONE HD PF INJ	VAC	Preventive
FLUZONE HIGH DOSE PF INJ	VAC	Preventive

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

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DrugName	Special Code	Tier
VACCINES Cont.		
FLUZONE INTRADERMAL INJ	VAC	Preventive
FLUZONE QUAD INJ	VAC	Preventive
FLUZONE/FLUARIX QUAD INJ	VAC	Preventive
GARDASIL 9 INJ	VAC	Preventive
GARDASIL INJ	VAC	Preventive
HAVRIX INJ, VAQTA INJ	VAC	Preventive
HEPLISAV-B INJ	VAC	Preventive
M-M-R II INJ	VAC	Preventive
PROQUAD INJ	-	Preventive
SHINGRIX INJ (Covered for members age 50 or older)	VAC	Preventive
TWINRIX INJ	VAC	Preventive
VARIVAX INJ	VAC	Preventive
YF-VAX INJ	-	Preventive
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	Preventive

VAGINAL AND RELATED PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

VAGISIL CREAM	-	EXC
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (QL= 180gm/30 days)	QL	Non-Preferred Brands

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

FEM PH GEL	-	Non-Preferred Brands
INTRAROSA SUPP	-	Non-Preferred Brands
ACIDIC VAGINAL JELLY	-	Preferred Brands

SPERMICIDES

CONTRACEPTIVE FILM	OTC	Preventive
CONTRACEPTIVE FOAM	OTC	Preventive

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	Step Therapy		Vaccine Program		

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VAGINAL PRODUCTS Cont.		
CONTRACEPTIVE GEL	OTC	Preventive
CONTRACEPTIVE SUPP	OTC	Preventive
TODAY SPONGE	OTC	Preventive
VAGINAL ANTI-INFECTIVES		
metronidazole vaginal gel (METROGEL equiv)	-	High Cost Generics
CLEOCIN VAGINAL SUPP	-	Non-Preferred Brands
CLINDESSE VAGINAL CREAM	-	Non-Preferred Brands
GYNAZOLE CREAM	-	Non-Preferred Brands
AVC VAGINAL CREAM	-	Preferred Brands
clindamycin vaginal cream (CLEOCIN equiv)	-	Select
NYSTATIN VAGINAL TAB	-	Select
terconazole cream (TERAZOL equiv)	-	Select
TERCONAZOLE CREAM 0.8%	-	Select
terconazole supp (TERAZOL equiv)	-	Select
VAGINAL ESTROGENS		
ESTRACE VAGINAL CREAM	-	Non-Preferred Brands
FEMRING (3 copays per Rx)	-	Non-Preferred Brands
IMVEXXY SUPP	-	Non-Preferred Brands
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Preferred Brands
PREMARIN VAGINAL CREAM	-	Preferred Brands
estradiol cream (ESTRACE equiv)	-	Select
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Select
VAGINAL PROGESTINS		
CRINONE GEL	-	Non-Preferred Brands
PROGESTERONE SUPP	PA	Non-Preferred Brands
ENDOMETRIN INSERT	PA	Preferred Brands

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DrugName	Special Code	Tier
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENACLICK INJ, EPINEPHRINE INJ	-	Non-Preferred Brands
AUVI-Q INJ	-	Non-Preferred Brands
EPIPEN (JR) INJ	-	Non-Preferred Brands
SYMJEPI INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv)	-	Select
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
NORTHERA CAP (NORTHERA equiv) (QL= 180 caps/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
NORTHERA CAP 100MG (QL= 90 caps/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
VASOPRESSORS		
epinephrine inj	-	High Cost Generics
EPINEPHRINE INJ	-	Preferred Brands
midodrine tab (PROAMATINE equiv)	-	Select
VITAMINS		
OIL SOLUBLE VITAMINS		
BETA CAROTENE CAP	-	EXC
phytonadione tab (MEPHYTON equiv)	-	Select
vitamin D cap (RX strength only)	-	Select
WATER SOLUBLE VITAMINS		
VITAMIN B-6 TAB	-	EXC
POTABA POWDER PACKET	-	Preferred Brands
POTABA TAB	-	Preferred Brands

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Moda Large Group Commercial Formulary
Prior Authorization Drug List
Last Updated* 6/1/2021

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
abiraterone acetate tab 500mg	Generic Specialty
abiraterone tab 250mg	Generic Specialty
ABSTRAL SL TAB	Non-Preferred Brands
ACTEMRA ACTPEN INJ	Non-Preferred Specialty
ACTEMRA SC INJ	Non-Preferred Specialty
ACTIMMUNE INJ	Non-Preferred Specialty
ACTIQ LOZENGE	Non-Preferred Brands
ADEMPAS TAB	Non-Preferred Specialty
ADLYXIN INJ	Non-Preferred Brands
AFINITOR DISPERZ	Preferred Specialty
AFINITOR TAB 10MG	Preferred Specialty
AFINITOR TAB 2.5MG, 5MG, 7.5MG	Non-Preferred Specialty
AFREZZA INH POWDER	Non-Preferred Brands
AFSTYLA KIT	Preferred Specialty
AIMOVIG INJ	Non-Preferred Specialty
AJOVY INJ	Preferred Specialty
ALECENSA CAP	Preferred Specialty
ALKERAN TAB	Non-Preferred Specialty
ALUNBRIG PAK	Non-Preferred Specialty
ALUNBRIG TAB 30MG	Preferred Specialty
ALUNBRIG TAB 90MG, 180MG	Preferred Specialty
ambrisentan tab	Generic Specialty
aminocaproic acid soln	Generic Specialty
AMPYRA TAB	Non-Preferred Specialty
ANADROL TAB	Non-Preferred Brands
ANDRODERM PATCH	Non-Preferred Brands
APADAZ TAB	Non-Preferred Brands
APOKYN INJ	Preferred Specialty
ARANESP INJ	Preferred Specialty
ARCALYST INJ	Preferred Specialty
ARIKAYCE SUSP	Non-Preferred Specialty
AUBAGIO TAB	Non-Preferred Specialty
AUSTEDO TAB 12MG	Non-Preferred Specialty
AUSTEDO TAB 6MG	Non-Preferred Specialty
AUSTEDO TAB 9MG	Non-Preferred Specialty
AYVAKIT TAB	Non-Preferred Specialty
BALVERSA TAB 3MG	Non-Preferred Specialty
BALVERSA TAB 4MG	Non-Preferred Specialty
BALVERSA TAB 5MG	Non-Preferred Specialty
BANZEL SUSP	Non-Preferred Brands
BANZEL TAB	Preferred Brands
BARACLUDE SOLN	Preferred Specialty

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Moda Large Group Commercial Formulary cont.
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
BAXDELA TAB	Non-Preferred Brands
BENLYSTA AUTO-INJECTOR	Non-Preferred Specialty
BENLYSTA INJ	Non-Preferred Specialty
BENZNIDAZOLE TAB	Preferred Brands
BERINERT INJ	Non-Preferred Specialty
BETASERON INJ	Non-Preferred Specialty
BEVYXXA CAP	Non-Preferred Brands
bexarotene cap	Generic Specialty
bosentan tab	Generic Specialty
BOSULIF TAB	Preferred Specialty
BRAFTOVI CAP 75MG	Non-Preferred Specialty
BRUKINSA CAP	Non-Preferred Specialty
BUPHENYL POWDER	Non-Preferred Specialty
BUPHENYL TAB	Non-Preferred Specialty
CABLIVI INJ KIT	Non-Preferred Specialty
CABOMETYX TAB	Preferred Specialty
CALQUENCE CAP	Preferred Specialty
CAPRELSA TAB	Preferred Specialty
CARBAGLU TAB	Preferred Specialty
CAROSPIR SUSP	Non-Preferred Brands
CAYSTON INH SOLN	Preferred Specialty
CERDELGA CAP	Preferred Specialty
CHENODAL TAB	Preferred Specialty
CHOLBAM CAP	Non-Preferred Specialty
CIALIS TAB	Non-Preferred Brands
CIMZIA INJ	Non-Preferred Specialty
CIMZIA STARTER INJ KIT	Non-Preferred Specialty
CINQAIR INJ	Non-Preferred Specialty
CINRYZE INJ	Preferred Specialty
COMETRIQ KIT	Preferred Specialty
COPIKTRA CAP	Non-Preferred Specialty
CORLANOR SOLN	Non-Preferred Brands
CORLANOR TAB	Non-Preferred Brands
COSENTYX INJ (1-PACK)	Preferred Specialty
COSENTYX INJ (2-PACK)	Preferred Specialty
COTELLIC TAB	Preferred Specialty
CUTAQUIG INJ	Non-Preferred Specialty
CUVITRU INJ	Preferred Specialty
CYSTADANE POWDER	Preferred Specialty
CYSTADROPS SOLN	Non-Preferred Specialty
CYSTAGON CAP	Preferred Specialty
CYSTARAN OPHTH SOLN	Preferred Specialty

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 Prior Authorization Drug List
 Last Updated* 6/1/2021**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
DAKLINZA TAB	Non-Preferred Specialty
dalfampridine ER tab	Generic Specialty
DALIRESP TAB	Non-Preferred Brands
DARAPRIM TAB	Non-Preferred Specialty
DAURISMO TAB 100MG	Non-Preferred Specialty
DAURISMO TAB 25MG	Non-Preferred Specialty
deferasirox granules packet	Generic Specialty
deferasirox tab	Generic Specialty
deferasirox tab 90mg, 360mg	Generic Specialty
deferiprone tab	Generic Specialty
DEXCOM G5 MIS TRANSMIT	Non-Preferred Brands
DEXCOM G6 RECEIVER	Preferred Brands
DEXCOM G6 SENSOR	Preferred Brands
DEXCOM G6 TRANSMITTER	Preferred Brands
DIACOMIT CAP	Non-Preferred Specialty
DIACOMIT POWDER PACK	Non-Preferred Specialty
DOJOLVI ORAL LIQUID	Non-Preferred Specialty
DOPTELET TAB	Preferred Specialty
droxidopa cap	Generic Specialty
DUEXIS TAB	Non-Preferred Brands
DUPIXENT INJ	Preferred Specialty
DUPIXENT PEN INJ	Preferred Specialty
DUZALLO TAB	Non-Preferred Brands
EFFIENT TAB	Non-Preferred Brands
EMCYT CAP	Non-Preferred Brands
EMFLAZA SUSP	Non-Preferred Specialty
EMFLAZA TAB	Non-Preferred Specialty
EMGALITY INJ	Non-Preferred Specialty
EMGALITY INJ 100MG/ML	Non-Preferred Specialty
ENBREL INJ	Preferred Specialty
ENBREL INJ 25MG	Preferred Specialty
ENBREL INJ 50MG	Preferred Specialty
ENBREL MINI INJ	Preferred Specialty
ENBREL SURECLICK INJ 50MG	Preferred Specialty
ENDARI POWDER PACK	Preferred Specialty
ENDOMETRIN INSERT	Preferred Brands
ENLITE GLUCO MIS SENSOR	Non-Preferred Brands
ENSPRYNG INJ	Non-Preferred Specialty
EPANED PREMIXED SOLN	Non-Preferred Brands
EPANED SOLN	Non-Preferred Brands
EPCLUSA TAB	Non-Preferred Specialty
EPIDIOLEX SOLN	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
EPIVIR HBV SOLN	Preferred Specialty
EPIVIR HBV TAB	Non-Preferred Specialty
EPOGEN INJ	Non-Preferred Specialty
ERIVEDGE CAP	Preferred Specialty
ERLEADA TAB	Preferred Specialty
erlotinib tab 100mg	Generic Specialty
erlotinib tab 150mg	Generic Specialty
erlotinib tab 25mg	Generic Specialty
ESBRIET CAP	Preferred Specialty
ESBRIET TAB 267MG	Preferred Specialty
ESBRIET TAB 801MG	Preferred Specialty
everolimus tab	Generic Specialty
EVERSENSE MIS TRANSMTR	Non-Preferred Brands
EVRYSDI SOLN	Non-Preferred Specialty
EXSERVAN FILM	Preferred Specialty
EXTAVIA INJ	Non-Preferred Specialty
FARYDAK CAP	Non-Preferred Specialty
FASENRA INJ	Non-Preferred Specialty
FASENRA PEN INJ	Non-Preferred Specialty
FENSOLVI INJ	Preferred Specialty
fentanyl citrate lollipop	High Cost Generics
FENTORA TAB, FENTANYL BUCCAL TAB	Non-Preferred Brands
FERRIPROX 2 DAY TAB 1000MG	Non-Preferred Specialty
FERRIPROX SOLN	Non-Preferred Specialty
FERRIPROX TAB 500MG	Non-Preferred Specialty
FINTEPLA SOLN	Non-Preferred Specialty
FIRAZYR INJ	Non-Preferred Specialty
FIRDAPSE TAB	Non-Preferred Specialty
FIRMAGON INJ	Preferred Specialty
FORTEO INJ	Non-Preferred Specialty
FREESTYLE LIBRE 2 RECEIVER	Preferred Brands
FREESTYLE LIBRE 2 SENSOR	Preferred Brands
FREESTYLE LIBRE RECEIVER	Preferred Brands
FREESTYLE LIBRE SENSOR (10-DAY)	Preferred Brands
FREESTYLE LIBRE SENSOR (14-DAY)	Preferred Brands
FULPHILA INJ	Non-Preferred Specialty
G4 PLATINUM MIS TRANSMIT	Non-Preferred Brands
G5/G4 MIS SENSOR	Non-Preferred Brands
GALAFOLD CAP	Non-Preferred Specialty
GANIRELIX AC INJ	Preferred Specialty
GATTEX KIT	Non-Preferred Specialty
GILOTRIF TAB	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
GLEEVEC TAB 100 MG	Non-Preferred Specialty
GLEEVEC TAB 400MG	Non-Preferred Specialty
GRALISE TAB	Non-Preferred Brands
GRANIX INJ	Non-Preferred Specialty
GRASTEK SL TAB	Non-Preferred Brands
GUARDIAN CON MIS TRANSMIT	Non-Preferred Brands
GUARDIAN MIS LINK 3	Non-Preferred Brands
GUARDIAN RT MIS REPLACE	Non-Preferred Brands
HAEGARDA INJ 2000U	Preferred Specialty
HAEGARDA INJ 3000U	Preferred Specialty
HARVONI PELLETT PAK	Non-Preferred Specialty
HARVONI TAB	Non-Preferred Specialty
HEMLIBRA INJ	Preferred Specialty
HETLIOZ CAP	Non-Preferred Specialty
HETLIOZ SUSP	Non-Preferred Specialty
HIZENTRA INJ	Preferred Specialty
HORIZANT TAB	Non-Preferred Brands
HUMATROPE INJ, ZOMACTON INJ	Non-Preferred Specialty
HUMIRA INJ 10MG	Preferred Specialty
HUMIRA INJ 20MG	Preferred Specialty
HUMIRA INJ 40MG	Preferred Specialty
HUMIRA INJ 80MG	Preferred Specialty
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	Preferred Specialty
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	Preferred Specialty
HUMIRA INJ PEDIATRIC UC STARTER PACK	Preferred Specialty
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	Preferred Specialty
HUMIRA PEN INJ 40MG	Preferred Specialty
HYCAMTIN CAP	Preferred Specialty
HYDROXYPROGESTERONE CAPROATE INJ	Preferred Specialty
HYQVIA INJ	Preferred Specialty
IBRANCE CAP	Preferred Specialty
IBRANCE TAB	Preferred Specialty
icatibant inj	Generic Specialty
ICLUSIG TAB	Preferred Specialty
IDHIFA TAB	Non-Preferred Specialty
ILARIS INJ	Preferred Specialty
ILUMYA INJ	Non-Preferred Specialty
imatinib tab 100mg	Generic Specialty
imatinib tab 400mg	Generic Specialty
IMBRUVICA CAP 140MG	Preferred Specialty
IMBRUVICA CAP 70MG	Preferred Specialty
IMBRUVICA TAB	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
INBRIJA INH POWDER	Non-Preferred Specialty
INGREZZA CAP	Non-Preferred Specialty
INGREZZA PACK 40-80MG	Non-Preferred Specialty
INLYTA TAB	Preferred Specialty
INQOVI TAB	Non-Preferred Specialty
INREBIC CAP	Non-Preferred Specialty
INVEGA INJ	Non-Preferred Specialty
IRESSA TAB	Preferred Specialty
ISTURISA TAB 1MG	Non-Preferred Specialty
JADENU SPRINKLE	Non-Preferred Specialty
JAKAFI TAB	Preferred Specialty
JATENZO CAP 158MG	Non-Preferred Brands
JATENZO CAP 198MG	Non-Preferred Brands
JATENZO CAP 237MG	Non-Preferred Brands
JUXTAPID CAP	Preferred Specialty
JYNARQUE PAK	Preferred Specialty
JYNARQUE TAB 15MG	Preferred Specialty
JYNARQUE TAB 30MG	Preferred Specialty
KALYDECO PAK	Preferred Specialty
KALYDECO TAB	Preferred Specialty
KAPVAY TAB	Non-Preferred Brands
KESIMPTA INJ	Non-Preferred Specialty
KEVEYIS TAB	Preferred Specialty
KEVZARA INJ	Non-Preferred Specialty
KINERET INJ	Non-Preferred Specialty
KISQALI PAK	Non-Preferred Specialty
KISQALI TAB	Non-Preferred Specialty
KITABIS PAK NEB SOLN	Non-Preferred Specialty
KORLYM TAB	Preferred Specialty
KOSELUGO CAP	Non-Preferred Specialty
KUVAN POWDER PACK	Non-Preferred Specialty
KUVAN TAB	Non-Preferred Specialty
KYNAMRO INJ	Non-Preferred Specialty
KYNMOBI FILM	Non-Preferred Specialty
KYNMOBI TITRATION KIT	Non-Preferred Specialty
lamivudine tab 100mg	Generic Specialty
lapatinib ditosylate tab	Generic Specialty
LAZANDA NASAL SPRAY	Non-Preferred Brands
LEDIPASVIR/SOFOSBUVIR TAB	Preferred Specialty
LENVIMA CAP	Preferred Specialty
LETAIRIS TAB	Non-Preferred Specialty
LEUKINE INJ	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
LEVULAN SOLN	Preferred Specialty
LONSURF TAB	Preferred Specialty
LORBRENA TAB 100MG	Non-Preferred Specialty
LORBRENA TAB 25MG	Non-Preferred Specialty
LUCEMYRA TAB	Preferred Brands
LUCENTIS INJ	Preferred Specialty
LUPRON DEPOT INJ	Preferred Specialty
LUPRON INJ	Preferred Specialty
LYNPARZA CAP	Preferred Specialty
LYNPARZA TAB	Preferred Specialty
MAVENCLAD PAK	Non-Preferred Specialty
MAVYRET TAB	Preferred Specialty
MAYZENT TAB	Non-Preferred Specialty
MAYZENT TAB 0.25MG	Non-Preferred Specialty
MAYZENT TAB STARTER PACK	Non-Preferred Specialty
MEKINIST TAB 0.5MG	Preferred Specialty
MEKINIST TAB 2MG	Preferred Specialty
MEKTOVI TAB	Non-Preferred Specialty
melphalan tab	Generic Specialty
METHITEST TAB	Non-Preferred Brands
METHYLTESTOSTERONE CAP	Non-Preferred Brands
miglustat cap	Generic Specialty
MINIMED MIS SENSOR	Non-Preferred Brands
MIRCERA INJ	Non-Preferred Specialty
MODERIBA TAB	Non-Preferred Specialty
MOTEGRITY TAB	Non-Preferred Brands
MOVANTIK TAB	Preferred Brands
MULPLETA TAB	Non-Preferred Specialty
MYALEPT INJ	Non-Preferred Specialty
NAPRELAN CR TAB 750MG	Non-Preferred Brands
naproxen sodium CR tab	High Cost Generics
NATPARA INJ	Non-Preferred Specialty
NERLYNX TAB	Non-Preferred Specialty
NEULASTA INJ	Non-Preferred Specialty
NEUPOGEN INJ	Non-Preferred Specialty
NEXAVAR TAB	Preferred Specialty
NEXLETOL TAB	Non-Preferred Brands
NEXLIZET TAB	Non-Preferred Brands
NILANDRON TAB	Non-Preferred Specialty
nilutamide tab	Generic Specialty
NINLARO CAP	Preferred Specialty
nitisinone cap	Generic Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
NITYR TAB	Non-Preferred Specialty
NORDITROPIN INJ, NUTROPIN AQ INJ	Non-Preferred Specialty
NORTHERA CAP	Non-Preferred Specialty
NORTHERA CAP 100MG	Non-Preferred Specialty
NOURIANZ TAB	Non-Preferred Specialty
NUBEQA TAB	Preferred Specialty
NUCALA INJ	Preferred Specialty
NUDEXTA CAP	Preferred Brands
NUPLAZID CAP	Non-Preferred Specialty
NUPLAZID TAB	Non-Preferred Specialty
NUZYRA TAB	Non-Preferred Specialty
NYVEPRIA INJ	Non-Preferred Specialty
OCALIVA TAB	Non-Preferred Specialty
OCREVUS INJ	Non-Preferred Specialty
octreotide inj	Generic Specialty
ODACTRA SL TAB	Non-Preferred Brands
ODOMZO CAP	Preferred Specialty
OFEV CAP	Preferred Specialty
OLUMIANT TAB	Non-Preferred Specialty
OLYSIO CAP	Non-Preferred Specialty
OMNITROPE INJ	Non-Preferred Specialty
OPSUMIT TAB	Preferred Specialty
ORALAIR SL TAB	Non-Preferred Brands
ORENCIA CLICK INJ	Non-Preferred Specialty
ORENCIA SC INJ 125MG/ML	Non-Preferred Specialty
ORENCIA SC INJ 50MG/0.4ML	Non-Preferred Specialty
ORENCIA SC INJ 87.5MG/0.7ML	Non-Preferred Specialty
ORENITRAM TAB	Preferred Specialty
ORFADIN CAP	Non-Preferred Specialty
ORFADIN SUSP	Non-Preferred Specialty
ORIAHNN CAP	Non-Preferred Specialty
ORILISSA TAB 150MG	Non-Preferred Brands
ORILISSA TAB 200MG	Non-Preferred Brands
ORKAMBI GRANULES PACKET	Preferred Specialty
ORKAMBI TAB	Preferred Specialty
OSPHENA TAB	Non-Preferred Brands
OTEZLA STARTER PACK	Non-Preferred Specialty
OTEZLA TAB	Non-Preferred Specialty
oxandrolone tab	Select
OXBRYTA TAB	Non-Preferred Specialty
OXERVATE OPHTH SOLN	Non-Preferred Specialty
PALFORZIA POWDER PACK	Non-Preferred Specialty

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Moda Large Group Commercial Formulary cont.
Prior Authorization Drug List
Last Updated* 6/1/2021

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)
PALFORZIA SPRINKLE CAP	Non-Preferred Specialty
PALYNZIQ INJ	Non-Preferred Specialty
PAZEO OPTH SOLN 0.7%	Non-Preferred Brands
PEMAZYRE TAB	Non-Preferred Specialty
PERSERIS INJ	Preferred Specialty
PIQRAY TAB	Non-Preferred Specialty
PLEGRIDY INJ	Non-Preferred Specialty
PLEGRIDY PEN INJ	Non-Preferred Specialty
POMALYST CAP	Preferred Specialty
PONVORY TAB	Non-Preferred Specialty
PONVORY TAB STARTER PACK	Non-Preferred Specialty
PRALUENT INJ	Preferred Specialty
PREVYMIS TAB	Non-Preferred Specialty
PROCRIT INJ	Non-Preferred Specialty
PROCYSBI CAP	Non-Preferred Specialty
PROCYSBI GRANULES PACKET	Non-Preferred Specialty
PROGESTERONE SUPP	Non-Preferred Brands
PROLIA INJ	Preferred Specialty
PROMACTA POWDER	Non-Preferred Specialty
PROMACTA TAB	Preferred Specialty
PULMOZYME INH SOLN	Preferred Specialty
PURIXAN SUSP	Preferred Specialty
pyrimethamine tab	Generic Specialty
QBREXZA PAD	Non-Preferred Brands
QINLOCK TAB	Non-Preferred Specialty
QUILLIVANT XR SUSP	Non-Preferred Brands
RAGWITEK SL TAB	Non-Preferred Brands
RAVICTI LIQUID	Non-Preferred Specialty
RAYALDEE CAP	Non-Preferred Brands
RAYOS TAB	Non-Preferred Brands
REBIF INJ	Non-Preferred Specialty
RELISTOR INJ	Non-Preferred Specialty
RELISTOR INJ KIT	Non-Preferred Specialty
RELISTOR TAB	Non-Preferred Specialty
REMODULIN INJ 10MG/ML	Non-Preferred Specialty
REMODULIN INJ 1MG/ML	Non-Preferred Specialty
REMODULIN INJ 2.5MG/ML	Non-Preferred Specialty
REMODULIN INJ 5MG/ML	Non-Preferred Specialty
REPATHA INJ	Preferred Specialty
REPATHA PUSHRONEX INJ	Preferred Specialty
RETEVMO CAP 40MG	Non-Preferred Specialty
RETEVMO CAP 80MG	Non-Preferred Specialty

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Moda Large Group Commercial Formulary cont.
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
REVATIO SUSP	Non-Preferred Specialty
REVLIMID CAP	Preferred Specialty
RIDAURA CAP	Preferred Specialty
riluzole tab	Generic Specialty
RINVOQ ER TAB	Preferred Specialty
ROZLYTREK CAP 100MG	Non-Preferred Specialty
ROZLYTREK CAP 200MG	Non-Preferred Specialty
RUBRACA TAB	Preferred Specialty
RUCONEST INJ	Non-Preferred Specialty
rufinamide susp	Select
RUKOBIA ER TAB	Non-Preferred Brands
RUZURGI TAB	Non-Preferred Specialty
RYDAPT CAP	Non-Preferred Specialty
SABRIL POWDER PACK	Non-Preferred Specialty
SABRIL TAB	Non-Preferred Specialty
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	Non-Preferred Specialty
SAMSCA TAB 30MG	Non-Preferred Specialty
SAMSCA TAB, TOLVAPTAN TAB	Non-Preferred Specialty
sapropterin dihydrochloride powder packet	Generic Specialty
sapropterin dihydrochloride soluble tab	Generic Specialty
SIGNIFOR INJ	Preferred Specialty
sildenafil susp	Generic Specialty
SILIQ INJ	Non-Preferred Specialty
SIMPONI SC INJ	Non-Preferred Specialty
simvastatin tab 80mg	Preventive
SKYRIZI INJ	Preferred Specialty
sodium phenylbutyrate powder	Generic Specialty
sodium phenylbutyrate tab	Generic Specialty
SOFOSBUVIR/VELPATASVIR TAB	Preferred Specialty
SOF-SENSOR MIS	Non-Preferred Brands
SOLODYN TAB	Non-Preferred Brands
SOMATULINE INJ	Preferred Specialty
SOMAVERT INJ	Preferred Specialty
SOVALDI TAB	Non-Preferred Specialty
SPINRAZA INJ	Non-Preferred Specialty
SPRAVATO NASAL SOLN	Non-Preferred Specialty
SPRYCEL TAB	Preferred Specialty
STELARA INJ	Preferred Specialty
STIVARGA TAB	Preferred Specialty
STRENSIQ INJ	Preferred Specialty
STRIANT FILM	Non-Preferred Brands
SUBSYS SPRAY	Non-Preferred Brands

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**Moda Large Group Commercial Formulary cont.
 Prior Authorization Drug List
 Last Updated* 6/1/2021**

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)
SUNOSI TAB 150MG	Non-Preferred Brands
SUNOSI TAB 75 MG	Non-Preferred Brands
SUTENT CAP	Preferred Specialty
SYLATRON INJ	Non-Preferred Specialty
SYMDEKO TAB	Preferred Specialty
SYMPROIC TAB	Preferred Brands
SYNRIBO INJ	Preferred Specialty
TABRECTA TAB	Non-Preferred Specialty
tadalafil tab	Select
TAFINLAR CAP	Preferred Specialty
TAGRISSO TAB	Preferred Specialty
TAKHZYRO INJ	Non-Preferred Specialty
TALTZ INJ	Non-Preferred Specialty
TALZENNA CAP 0.25MG	Non-Preferred Specialty
TALZENNA CAP 1MG	Non-Preferred Specialty
TARCEVA TAB 100MG	Non-Preferred Specialty
TARCEVA TAB 150MG	Non-Preferred Specialty
TARCEVA TAB 25MG	Non-Preferred Specialty
TARGRETIN GEL	Non-Preferred Specialty
TASIGNA CAP	Preferred Specialty
TAVALISSE TAB	Non-Preferred Specialty
TAZVERIK TAB	Non-Preferred Specialty
TECFIDERA STARTER PACK	Non-Preferred Specialty
TECHNIVIE TAB	Non-Preferred Specialty
TEGSEDI INJ	Non-Preferred Specialty
TEPMETKO TAB	Non-Preferred Specialty
TERIPARATIDE INJ	Preferred Specialty
TESTOSTERONE GEL 1% 25MG	Preferred Brands
TESTOSTERONE GEL PUMP	Preferred Brands
TESTOSTERONE GEL, VOGELXO GEL	Non-Preferred Brands
tetrabenazine tab	Generic Specialty
THALOMID CAP	Preferred Specialty
THIOLA EC TAB	Non-Preferred Specialty
THIOLA TAB	Non-Preferred Specialty
TIBSOVO TAB	Non-Preferred Specialty
TIGLUTIK SUSP	Preferred Specialty
tiopronin tab	Generic Specialty
TOBI PODHALER	Non-Preferred Specialty
tobramycin neb soln	Generic Specialty
tolvaptan tab	Generic Specialty
TRACLEER TAB 32MG	Preferred Specialty
TRACLEER TAB 62.5MG, 125MG	Non-Preferred Specialty

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Moda Large Group Commercial Formulary cont.
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
TREMFYA INJ	Non-Preferred Specialty
treprostinil inj 10mg/ml	Generic Specialty
treprostinil inj 1mg/ml	Generic Specialty
treprostinil inj 2.5mg/ml	Generic Specialty
treprostinil inj 5mg/ml	Generic Specialty
tretinoin cap	Generic Specialty
TRIKAFTA TAB	Non-Preferred Specialty
TUKYSA TAB	Non-Preferred Specialty
TURALIO CAP	Non-Preferred Specialty
TYKERB TAB	Non-Preferred Specialty
TYMLOS INJ	Preferred Specialty
TYVASO INH SOLN	Preferred Specialty
TYZEKA TAB	Preferred Specialty
UDENYCA INJ	Preferred Specialty
UPNEEQ SOLN	Non-Preferred Brands
UPTRAVI TAB	Preferred Specialty
VALCHLOR GEL	Preferred Specialty
VECAMYL TAB	Non-Preferred Specialty
VENCLEXTA STARTER PACK	Preferred Specialty
VENCLEXTA TAB	Preferred Specialty
VENTAVIS INH SOLN	Preferred Specialty
VERZENIO TAB	Preferred Specialty
VIEKIRA PAK TAB	Non-Preferred Specialty
VIEKIRA XR TAB	Non-Preferred Specialty
vigabatrin powder pack	Generic Specialty
vigabatrin tab	Generic Specialty
VITRAKVI CAP 100MG	Non-Preferred Specialty
VITRAKVI CAP 25MG	Non-Preferred Specialty
VITRAKVI SOLN	Non-Preferred Specialty
VIZIMPRO TAB	Non-Preferred Specialty
VOGELXO PUMP	Non-Preferred Brands
VOSEVI TAB	Preferred Specialty
VOTRIENT TAB	Preferred Specialty
VUMERITY CAP	Non-Preferred Specialty
VYLEESI INJ	Non-Preferred Brands
VYNDAMAX CAP	Non-Preferred Specialty
VYNDAQEL CAP	Non-Preferred Specialty
WAKIX TAB	Non-Preferred Specialty
XADAGO TAB	Non-Preferred Specialty
XALKORI CAP	Preferred Specialty
XATMEP SOLN	Non-Preferred Brands
XELJANZ SOLN	Preferred Specialty

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Moda Large Group Commercial Formulary cont.
Prior Authorization Drug List
Last Updated* 6/1/2021

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
XELJANZ TAB	Preferred Specialty
XELJANZ XR TAB	Preferred Specialty
XEMBIFY INJ	Non-Preferred Specialty
XENAZINE TAB	Non-Preferred Specialty
XENLETA TAB	Non-Preferred Specialty
XERMELO TAB	Non-Preferred Specialty
XGEVA INJ	Preferred Specialty
XIFAXAN TAB 200MG	Non-Preferred Brands
XIFAXAN TAB 550MG	Non-Preferred Brands
XOLAIR INJ	Preferred Specialty
XOSPATA TAB	Non-Preferred Specialty
XPOVIO TAB	Non-Preferred Specialty
XTANDI CAP	Non-Preferred Specialty
XTANDI TAB 40MG	Non-Preferred Specialty
XTANDI TAB 80MG	Non-Preferred Specialty
XURIDEN POWDER	Non-Preferred Specialty
XYOSTED INJ	Non-Preferred Brands
XYREM SOLN	Non-Preferred Specialty
XYWAV SOLN	Non-Preferred Specialty
YONSA TAB	Non-Preferred Specialty
ZAVESCA CAP	Non-Preferred Specialty
ZEJULA CAP	Preferred Specialty
ZELBORAF TAB	Preferred Specialty
ZEPATIER TAB	Non-Preferred Specialty
ZEPOSIA CAP	Non-Preferred Specialty
ZEPOSIA STARTER PACK	Non-Preferred Specialty
ZIEXTENZO INJ	Preferred Specialty
ZINBRYTA INJ	Non-Preferred Specialty
ZOCOR TAB 80MG	Non-Preferred Brands
ZOLINZA CAP	Preferred Specialty
ZORTRESS TAB 1MG	Non-Preferred Brands
ZURAMPIC TAB	Non-Preferred Brands
ZYDELIG TAB	Preferred Specialty
ZYKADIA CAP	Preferred Specialty
ZYKADIA TAB	Preferred Specialty
ZYTIGA TAB 250MG	Non-Preferred Specialty
ZYTIGA TAB 500MG	Non-Preferred Specialty

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Moda Large Group Commercial Formulary
Last Updated* 6/1/2021
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

aspirin chew tab 81mg	aspirin ec tab 81mg	aspirin tab 81mg	B-D INSULIN SYRINGE
BD NEEDLES	B-D PEN NEEDLE	CALIBRATION LIQUID	clemastine tab
CONTOUR TEST STRIP	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL
CONTRACEPTIVE SUPP	DIFFERIN OTC GEL 0.1%	FEMALE CONDOMS	ferrous sulfate elixir
FERROUS SULFATE LIQUIII	ferrous sulfate soln	ferrous sulfate syrup	folic acid tab 400mcg
folic acid tab 800mcg	FREESTYLE INSULINX	FREESTYLE LITE TEST	FREESTYLE PRECISION
	TEST STRIP	STRIP	NEO TEST STRIP
FREESTYLE TEST STRIP	GUAIFENESIN/CODEINE	HUMULIN MIX INJ	HUMULIN MIX PEN INJ
	SYRUP		
HUMULIN N INJ	HUMULIN N PEN INJ	HUMULIN R INJ	HYPODERMIC NEEDLES
IRON SUSP	LANCET KIT	LANCETS	levonorgestrel tab
meclizine chew tab	NICODERM PATCH	NICORETTE GUM	NICORETTE LOZENGE
nicotine gum	NICOTINE KIT	nicotine lozenge	nicotine patch
nizoral a-d shampoo	NOVOFINE PEN NEEDLE	NOVOLIN 70/30 FLEXPEN	NOVOTWIST PEN NEEDLE
		INJ	
NOVOTWIST/NOVOFINE	OXYTROL PATCH (OTC)	PLAN B TAB	PRECISION XTRA TEST
PEN NEEDLE			STRIP
SYRINGE LUER-LOK	TODAY SPONGE	TUSSLIN LIQUID	

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Moda Large Group Commercial Formulary
Last Updated* 6/1/2021
Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

ABILIFY MAINTENA INJ	abiraterone acetate tab 500mg	abiraterone tab 250mg	ACTEMRA ACTPEN INJ
ACTEMRA SC INJ	ACTIMMUNE INJ	adefovir dipivoxil tab	ADEMPAS TAB
AFINITOR DISPERZ	AFINITOR TAB 10MG	AFINITOR TAB 2.5MG, 5MG 7.5MG	AFSTYLA KIT
AIMOVIG INJ	AJOVY INJ	ALECENSA CAP	ALKERAN TAB
ALUNBRIG PAK	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	ambrisentan tab
aminocaproic acid soln	AMPYRA TAB	APOKYN INJ	ARANESP INJ
ARIKAYCE SUSP	AUBAGIO TAB	AUSTEDO TAB 12MG	AUSTEDO TAB 6MG
AUSTEDO TAB 9MG	AVONEX INJ	AYVAKIT TAB	BALVERSA TAB 3MG
BALVERSA TAB 4MG	BALVERSA TAB 5MG	BARACLUDE SOLN	BARACLUDE TAB
BENLYSTA	BENLYSTA INJ	BERINERT INJ	BETASERON INJ
AUTO-INJECTOR			
bexarotene cap	bosentan tab	BOSULIF TAB	BRAFTOVI CAP 75MG
BRUKINSA CAP	BUPHENYL POWDER	BUPHENYL TAB	CABLIVI INJ KIT
CABOMETYX TAB	CALQUENCE CAP	capecitabine tab	CAPRELSA TAB
CARBAGLU TAB	CAYSTON INH SOLN	CERDELGA CAP	CHOLBAM CAP
CIMZIA INJ	CIMZIA STARTER INJ KIT	CINQAIR INJ	CINRYZE INJ
COMETRIQ KIT	COPIKTRA CAP	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)
COTELLIC TAB	CUTAQUIG INJ	CUVITRU INJ	CYSTAGON CAP
CYSTARAN OPHTH SOLN	DAKLINZA TAB	dalfampridine ER tab	DARAPRIM TAB
DAURISMO TAB 100MG	DAURISMO TAB 25MG	deferasirox granules packet	deferasirox tab
deferasirox tab 90mg, 360mg	deferiprone tab	DIACOMIT CAP	DIACOMIT POWDER PACK
dimethyl fumarate DR cap	dimethyl fumarate DR starter pack	DOJOLVI ORAL LIQUID	DOPTELET TAB
	DUPIXENT INJ	DUPIXENT PEN INJ	EMFLAZA SUSP
droxidopa cap	EMGALITY INJ	EMGALITY INJ 100MG/ML	ENBREL INJ
EMFLAZA TAB	ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG
ENBREL INJ 25MG			EPCLUSA TAB
ENDARI POWDER PACK	ENSPRYNG INJ	entecavir tab	EPOGEN INJ
EPIDIOLEX SOLN	EPIVIR HBV SOLN	EPIVIR HBV TAB	erlotinib tab 150mg
ERIVEDGE CAP	ERLEADA TAB	erlotinib tab 100mg	ESBRIET TAB 801MG
erlotinib tab 25mg	ESBRIET CAP	ESBRIET TAB 267MG	FARESTON TAB
everolimus tab	EVRYSDI SOLN	EXTAVIA INJ	FENSOLVI INJ
FARYDAK CAP	FASENRA INJ	FASENRA PEN INJ	FINTEPLA SOLN
FERRIPROX 2 DAY TAB 1000MG	FERRIPROX SOLN	FERRIPROX TAB 500MG	

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FIRAZYR INJ FULPHILA INJ GATTEX KIT GENOTROPIN INJ 0.8MG GENOTROPIN INJ 1.8MG GENOTROPIN INJ 5MG GLEEVEC TAB 100 MG HAEGARDA INJ 3000U HEMLIBRA INJ HEXALEN CAP	FIRDAPSE TAB FUZEON INJ GENOTROPIN INJ 0.2MG GENOTROPIN INJ 1.2MG GENOTROPIN INJ 12MG GILENYA CAP GLEEVEC TAB 400MG haloperidol decanoate inj HEPSERA TAB HIZENTRA INJ	FIRMAGON INJ GALAFOLD CAP GENOTROPIN INJ 0.4MG GENOTROPIN INJ 1.4MG GENOTROPIN INJ 1MG GILOTRIF TAB GRANIX INJ HARVONI PELLETT PAK HETLIOZ CAP HUMATROPE INJ, ZOMACTON INJ HUMIRA INJ 80MG	FORTEO INJ GANIRELIX AC INJ GENOTROPIN INJ 0.6MG GENOTROPIN INJ 1.6MG GENOTROPIN INJ 2MG glatiramer inj HAEGARDA INJ 2000U HARVONI TAB HETLIOZ SUSP HUMIRA INJ 10MG
HUMIRA INJ 20MG	HUMIRA INJ 40MG		HUMIRA INJ CROHNS/UC/HIDRADENITI STARTER PACK HUMIRA PEN INJ 40MG
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	HUMIRA INJ PEDIATRIC UC STARTER PACK	HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	
HYCAMTIN CAP	HYDROXYPROGESTERON E CAPROATE INJ icatibant inj imatinib tab 400mg IMPAVIDO CAP INGREZZA PACK 40-80MG INTRON-A INJ JADENU SPRINKLE JYNARQUE TAB 15MG KESIMPTA INJ KISQALI PAK KOSELUGO CAP KYNMOBI FILM LEDIPASVIR/SOFOSBUVIR TAB	HYQVIA INJ	IBRANCE CAP
IBRANCE TAB imatinib tab 100mg IMBRUVICA TAB INGREZZA CAP INREBIC CAP ISTURISA TAB 1MG JYNARQUE PAK KALYDECO TAB KINERET INJ KORLYM TAB KYNAMRO INJ lapatinib ditosylate tab	ICLUSIG TAB IMBRUVICA CAP 140MG INBRIJA INH POWDER INLYTA TAB INVEGA INJ JAKAFI TAB JYNARQUE TAB 30MG KEVEYIS TAB KISQALI TAB KUVAN POWDER PACK KYNMOBI TITRATION KIT LENVIMA CAP		IDHIFA TAB IMBRUVICA CAP 70MG INCRELEX INJ INQOVI TAB IRESSA TAB JUXTAPID CAP KALYDECO PAK KEVZARA INJ KITABIS PAK NEB SOLN KUVAN TAB lamivudine tab 100mg LETAIRIS TAB
LEUKINE INJ LUCENTIS INJ LYNPARZA TAB MAVYRET TAB	LONSURF TAB LUPRON DEPOT INJ LYSODREN TAB MAYZENT TAB	LORBRENA TAB 100MG LUPRON INJ MATULANE CAP MAYZENT TAB 0.25MG	LORBRENA TAB 25MG LYNPARZA CAP MAVENCLAD PAK MAYZENT TAB STARTER PACK melphalan tab MODERIBA TAB NATPARA INJ NEUPOGEN INJ NINLARO CAP NORDITROPIN INJ, NUTROPIN AQ INJ NUBEQA TAB NUZYRA TAB octreotide inj OLYSIO CAP ORENCIA SC INJ 125MG/ML ORFADIN CAP
MEKINIST TAB 0.5MG MESNEX TAB MULPLETA TAB NERLYNX TAB NEXAVAR TAB nitisinone cap	MEKINIST TAB 2MG miglustat cap MYALEPT INJ NEULASTA INJ NILANDRON TAB NITYR TAB	MEKTOVI TAB MIRCERA INJ MYLERAN TAB NEUMEGA INJ nilutamide tab NIVESTYM INJ	
NORTHERA CAP NUCALA INJ NYVEPRIA INJ ODOMZO CAP OMNITROPE INJ ORENCIA SC INJ 50MG/0.4ML	NORTHERA CAP 100MG NUPLAZID CAP OCALIVA TAB OFEV CAP OPSUMIT TAB ORENCIA SC INJ 87.5MG/0.7ML	NOURIANZ TAB NUPLAZID TAB OCREVUS INJ OLUMIANT TAB ORENCIA CLICK INJ ORENITRAM TAB	

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ORFADIN SUSP	ORIAHNN CAP	ORKAMBI GRANULES PACKET	ORKAMBI TAB
OTEZLA STARTER PACK PALFORZIA POWDER PACK	OTEZLA TAB PALFORZIA SPRINKLE CAP	OXBRYTA TAB PALYNZIQ INJ	OXERVATE OPHTH SOLN PEGASYS INJ
PEG-INTRON INJ PLEGRIDY PEN INJ PREVMIS TAB	PEMAZYRE TAB POMALYST CAP PROCRT INJ	PIQRAY TAB PRALUENT INJ PROCYSBI CAP	PLEGRIDY INJ PRETOMANID TAB PROCYSBI GRANULES PACKET
PROMACTA POWDER pyrimethamine tab REBIF INJ REMODULIN INJ 10MG/ML REPATHA INJ	PROMACTA TAB QINLOCK TAB RELISTOR INJ REMODULIN INJ 1MG/ML REPATHA PUSHTRONEX INJ	PULMOZYME INH SOLN RAVICTI LIQUID RELISTOR INJ KIT REMODULIN INJ 2.5MG/ML RETACRIT INJ	PURIXAN SUSP REBETOL SOLN RELISTOR TAB REMODULIN INJ 5MG/ML RETEVMO CAP 40MG
RETEVMO CAP 80MG ribavirin cap RINVOQ ER TAB RUCONEST INJ SABRIL TAB	REVATIO SUSP ribavirin tab ROZLYTREK CAP 100MG RUZURGI TAB SAIZEN INJ, SEROSTIM INJ ZORBTIVE INJ	REVLIMID CAP RIDAURA CAP ROZLYTREK CAP 200MG RYDAPT CAP SAMSCA TAB 30MG	RIBAPAK TAB riluzole tab RUBRACA TAB SABRIL POWDER PACK SAMSCA TAB, TOLVAPTAN TAB
SANDOSTATIN LAR INJ KIT	sapropterin dihydrochloride powder packet SILIQ INJ	sapropterin dihydrochloride soluble tab SIMPONI SC INJ	SIGNIFOR INJ
sildenafil susp SKYRIZI INJ	sodium phenylbutyrate powder	sodium phenylbutyrate tab	SIRTURO TAB SOFOSBUVIR/VELPATASVI R TAB
SOMATULINE INJ SOVALDI TAB STELARA INJ SYLATRON INJ TAFINLAR CAP TALZENNA CAP 0.25MG TARCEVA TAB 25MG TAZVERIK TAB	SOMAVERT INJ SPINRAZA INJ STIVARGA TAB SYMDEKO TAB TAGRISSO TAB TALZENNA CAP 1MG TARGRETIN GEL TECFIDERA CAP	SORIATANE CAP SPRAVATO NASAL SOLN STRENSIQ INJ SYNRIBO INJ TAKHZYRO INJ TARCEVA TAB 100MG TASIGNA CAP TECFIDERA STARTER PACK	SOVALDI PELLETT PAK SPRYCEL TAB SUTENT CAP TABRECTA TAB TALTZ INJ TARCEVA TAB 150MG TAVALISSE TAB TECHNIVIE TAB
TEGSEDI INJ tetrabenazine tab TIBSOVO TAB tobramycin neb soln TRACLEER TAB 62.5MG, 125MG treprostinil inj 2.5mg/ml TUKYSA TAB TYVASO INH SOLN VALCHLOR GEL	temozolomide cap THALOMID CAP TIGLUTIK SUSP tolvaptan tab TREMIFYA INJ	TEPMETKO TAB THIOLA EC TAB tiopronin tab toremifene tab treprostinil inj 10mg/ml	TERIPARATIDE INJ THIOLA TAB TOBI PODHALER TRACLEER TAB 32MG treprostinil inj 1mg/ml
VENCLEXTA TAB VIEKIRA XR TAB VITRAKVI CAP 100MG VIZIMPRO TAB VYNDAMAX CAP	treprostinil inj 5mg/ml TURALIO CAP TYZEKA TAB VECAMEYL TAB	tretinoin cap TYKERB TAB UDENYCA INJ VEMLIDY TAB	TRIKAFTA TAB TYMLOS INJ UPTRAVI TAB VENCLEXTA STARTER PACK VIEKIRA PAK TAB VISTOGARD PAK VIVITROL INJ VUMERITY CAP XADAGO TAB
VENCLEXTA TAB VIEKIRA XR TAB VITRAKVI CAP 100MG VIZIMPRO TAB VYNDAMAX CAP	VENTAVIS INH SOLN vigabatrin powder pack VITRAKVI CAP 25MG VOSEVI TAB VYNDAQEL CAP	VERZENIO TAB vigabatrin tab VITRAKVI SOLN VOTRIENT TAB WAKIX TAB	

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XALKORI CAP
XELODA TAB
XERMELO TAB
XTANDI CAP
XYREM SOLN
ZAVESCA CAP
ZEPOSIA CAP
ZOLINZA CAP
ZYTIGA TAB 250MG

XELJANZ SOLN
XEMBIFY INJ
XOLAIR INJ
XTANDI TAB 40MG
XYWAV SOLN
ZEJULA CAP
ZEPOSIA STARTER PACK
ZYDELIG TAB
ZYTIGA TAB 500MG

XELJANZ TAB
XENAZINE TAB
XOSPATA TAB
XTANDI TAB 80MG
YONSA TAB
ZELBORAF TAB
ZIEXTENZO INJ
ZYKADIA CAP

XELJANZ XR TAB
XENLETA TAB
XPOVIO TAB
XURIDEN POWDER
ZARXIO INJ
ZEPATIER TAB
ZINBRYTA INJ
ZYKADIA TAB

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Moda Large Group Commercial Formulary
Last Updated* 6/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ABILIFY MYCITE TAB	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABSORICA CAP	Step Therapy requires trial of amnesteem cap, claravis cap, isotretinoin cap, myorise cap, or zenatane cap
acitretin cap	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
ACTICLATE TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
ACTONEL TAB 150MG	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
ACTOPLUS MET XR TAB	Step Therapy requires trial of metformin or metformin ER
ACZONE GEL 5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or sodium sulfacetamide
ADAPALENE/BENZOYL PEROXIDE PAD	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
ADHANSIA XR, JORNAY PM	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ADLYXIN INJ	QL= 6ml/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC
ADMELOG INJ, INSULIN LISPRO INJ	QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADZENYS ER SUSP, AMPHETAMINE ER SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ADZENYS XR TAB	QL= 1 tab/day; Step Therapy requires trial of 2: amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, or methylphenidate ER
AIRDUO POWDER INHALER W/SENSOR	QL= 1 inhaler/30 days; Step Therapy requires trial of DULERA, BREO ELLIPTA or fluticasone/salmeterol, wixela inhaler
AIRDUO RESPICLICK	QL= 1 inhaler/30 days, Step Therapy requires trial of DULERA INHALER, BREO ELLIPTA INHALER or fluticasone/salmeterol inhaler, wixela inhaler
AKLIEF CREAM	Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel, tretinoin cream, or tretinoin gel
AKYNZEO CAP	QL= 1 cap/28 days; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of aprepitant, granisetron, or ondansetron
aliskiren tab	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)
almotriptan tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ALOGLIPTIN TAB, NESINA TAB	Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
ALOGLIPTIN/PIOGLITAZONE TAB, OSEN TAB	QL= 1 tab/day; Step Therapy requires trial of metformin and pioglitazone tab
ALPHAGAN P OPHTH SOLN 0.1%	Step Therapy requires trial of brimonidine ophth soln 0.2%

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ALPHAGAN P OPHTH SOLN 0.15%	Step Therapy requires trial of brimonidine ophth soln 0.2%
ALSUMA INJ, ZEMBRACE SYMTOUCH IN	QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ALTRENO LOTION	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
ALVESCO INHALER	QL= 12.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA
AMITIZA CAP, LUBIPROSTONE CAP	Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC
AMRIX CAP	QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER
AMTURNIDE TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
AMZEEQ FOAM	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
ANZEMET TAB	QL= 1 tab/30 days; Step Therapy requires trial of ondansetron
APIDRA INJ	QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA SOLOSTAR INJ	QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APLENZIN TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
aprepitant pak	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
APTENSIO XR CAP 10MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
APTENSIO XR CAP 15MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
APTENSIO XR CAP 20MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
APTENSIO XR CAP 30MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
APTENSIO XR CAP 40MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
APTENSIO XR CAP 50MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
APTENSIO XR CAP 60MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ARAZLO LOTION	1 bottle/30 days; Step therapy requires trial of tretinoin AND adapalene
ARCAPTA NEOHALER	Step Therapy requires trial of SEREVENT DISKUS, ANORO ELLIPTA or STIOLTO INHALER
ARMONAIR DIGITAL INHALER 113MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT, ARNUITY, or ASMANEX
ARMONAIR DIGITAL INHALER 232MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT, ARNUITY, or ASMANEX
ARMONAIR DIGITAL INHALER 55MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT, ARNUITY, or ASMANEX
ARMONAIR RESPICLICK	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA
ASACOL HD TAB	Step Therapy requires trial of APRISO or LIALDA
ASACOL HD TAB, MESALAMINE TAB	Step Therapy requires trial of APRISO or LIALDA
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	QL= 60ml/30 days; Step Therapy requires trial of azelastine nasal spray
ATACAND HCT TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
ATACAND TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
ATELVIA TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
ATRALIN GEL, RETIN-A GEL	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
AVANDAMET TAB	Step Therapy requires trial of metformin or metformin ER
AVANDARYL TAB	Step Therapy requires trial of metformin or metformin ER
AVANDIA TAB	Step Therapy requires trial of metformin or metformin ER
AXERT TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
azelastine nasal spray 0.15%	QL= 60ml/30 days; Step Therapy requires trial of azelastine nasal spray
azelastine/fluticasone nasal spray	QL= 23ml/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone
AZOPT OPHTH SUSP	Step Therapy requires trial of dorzolamide 2% ophth soln
AZOR TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
BASAGLAR INJ	QL= 60ml/30 days; Step Therapy requires trial of LANTUS SOLOSTAR INJ, LANTU INJ, TOUJEO SOLOSTAR INJ, or TOUJEO MAX SOLOSTAR INJ
BELSOMRA TAB	QL= 1 tab/day; Step therapy requires trial of zolpidem AND eszopiclone AND zaleplon, temazepam, trazodone, or doxepin
BENICAR HCT TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
BENZACLIN GEL	Step Therapy requires trial of clindamycin or clindamycin/benzoyl peroxide
BESIVANCE OPHTH SUSP	Step Therapy requires trial of 2: ciprofloxacin ophth soln, levofloxacin ophth soln, ofloxacin ophth soln, or VIGAMOX OPHTH SOLN

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
BEVESPI AEROSPHERE INHALER	QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER
bimatoprost ophth soln	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln
BINOSTO TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate
brimonidine ophth soln 0.15%	Step Therapy requires trial of brimonidine ophth soln 0.2%
brinzolamide ophth susp	Step Therapy requires trial of dorzolamide 2% ophth soln
BRYHALI LOTION, ULTRAVATE LOTION	Step Therapy requires trial of 1 topical corticosteroid lotion
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER	QL= 10.2gm/30 days; Step Therapy requires trial of fluticasone/salmeterol inhaler OI wixela inhaler
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC
BYDUREON PEN INJ	QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC
BYETTA INJ	QL= 1 pen/30 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC
CALCIPOTRIENE FOAM, SORILUX FOAM	QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln
CALCIPOTRIENE/ BETAMETHASONE SUSP	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
calcipotriene-betamethasone dipropionate susp	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
candesartan tab	Step Therapy requires trial of 2: irbesartan, losartan, or valsartan
candesartan/hydrochlorothiazide tab	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
CAPLYTA CAP	Step Therapy requires trial of aripiprazole
captopril tab	Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug
carisprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
CEQUA (PF) OPHTH SOLN	Step Therapy requires trial of RESTASIS OPHTH EMULSION
CESAMET CAP	Step Therapy requires trial of ondansetron
chlorzoxazone tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
CHLORZOXAZONE TAB 250MG	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
chlorzoxazone tab 375mg	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
CLINDACIN KIT	Step Therapy requires trial of clindamycin or clindamycin/benzoyl peroxide
CLINDAGEL	Step Therapy requires trial of clindamycin or clindamycin/benzoyl peroxide

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Moda Large Group Commercial Formulary Cont.
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Step Therapy (ST)

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Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
clindamycin/benzoyl peroxide gel	Step Therapy requires trial of clindamycin
clindamycin/tretinoin gel	Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or tretinoin
colesevelam pack	Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol
CONSENSI TAB	QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib
COSOPT (PF) OPHTH SOLN	Step Therapy requires trial of dorzolamide/timolol ophth soln
CRESTOR TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab
cyclobenzaprine ER cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER
CYCLOSET TAB	Step Therapy requires trial of metformin or metformin ER
DANTRIUM CAP	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
dapsone gel	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or sodium sulfacetamide
darifenacin SR tab	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
DESVENLAFAXINE ER TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
DEXPAK TAB	Step Therapy requires trial of dexamethasone
DIFFERIN CREAM	Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel
DIFFERIN GEL	Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel
DIFFERIN LOTION	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin cream
DIFICID SUSP	QL= 136 mL/30 days; Step Therapy requires trial of vancomycin cap or VANCOMYCIN SOLN
DIFICID TAB	QL= 20 tabs/30 days; Step Therapy requires trial of vancomycin cap or VANCOMYCIN SOLN
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
DORYX MPC TAB	Step Therapy requires trial of doxycycline monohydrate
DORYX TAB 50MG	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
dorzolamide/timolol (pf) ophth soln	Step Therapy requires trial of dorzolamide/timolol ophth soln
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	Step Therapy requires trial of 1 topical corticosteroid and topical tacrolimus
doxepin tab	QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
DOXYCYCLINE CAP, ORACEA CAP	QL= 1 cap/day; Step Therapy requires trial of doxycycline hyclate, doxycycline hyclate DR, or doxycycline monohydrate

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Moda Large Group Commercial Formulary Cont.
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Step Therapy (ST)

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Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
doxycycline hyclate DR tab	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 200mg	QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 50mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 75mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
DUAKLIR INHALER	Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER
DUETACT TAB	Step Therapy requires trial of metformin or metformin ER
DUOBRII LOTION	Step Therapy requires trial of 2: high potency corticosteroids, tazarotene cream
dutasteride/tamsulosin cap	Step Therapy requires trial of finasteride and tamsulosin
DUTOPROL TAB	QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers
DXEVO 11-DAY PAK	Step Therapy requires trial of prednisone
DYANAVEL XR SUSP	QL= 240ml/30 days; Step Therapy requires trial of 2: amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, or methylphenidate ER
DYMISTA SPRAY	QL= 23ml/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone
DYRENIUM CAP	Step Therapy requires trial of amiloride or spironolactone
EDARBI TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
EDARBYCLOR TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
EDLUAR SL TAB	Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, c zolpidem SL
ELEPSIA XR TAB 1000MG	QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
ELEPSIA XR TAB 1500MG	QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
eletriptan tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ELIDEL CREAM	Step Therapy requires trial of tacrolimus oint
EMEND CAP 125MG	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
EMEND CAP 40MG	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
EMEND CAP 80MG	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
EMEND PAK	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
ENABLEX TAB	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
EPIDUO FORTE GEL	Acne Only – members age 35 or older require Prior Authorization; Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
EUCRISA OINT	Step Therapy requires trial of 2: High potency corticosteroids, tacrolimus oint, pimecrolimus cream
EVEKEO ODT	QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)

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Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
EVZIO INJ	Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY
EVZIO INJ	Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY
EZALLOR SPRINKLE CAP	QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, fluvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin
FABIOR AEROSOL FOAM	Step Therapy requires trial of tazarotene cream
famotidine susp	Step Therapy requires trial of cimetidine or nizatidine
FARESTON TAB	Only available through Walgreens 888-347-3416; Step Therapy requires trial of tamoxifen
fenoprofen calcium tab	Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
FENOPROFEN CAP	Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
FETZIMA CAP	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FETZIMA TITRATION PACK	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FLOLIPID SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
FLUOXETINE TAB 60MG	Step Therapy requires trial of fluoxetine cap, fluoxetine tab, or fluoxetine weekly cap
FLURBIPROFEN OPHTH SOLN	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
FORFIVO XL TAB	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FOSAMAX+D TAB	Step Therapy requires trial of alendronate and ibandronate
GELNIQUE	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
GLOPERBA SOLN	QL= 300ml/30 days; Step Therapy requires trial of colchicine
GLUMETZA TAB 1000MG	Step Therapy requires trial of metformin or metformin ER
GLUMETZA TAB 500MG	Step Therapy requires trial of metformin or metformin ER
GLYCATÉ TAB, GLYCOPYRROLATE TAB	Step Therapy requires trial of glycopyrrolate
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR
GOCOVRI CAP	Step Therapy requires trial of amantadine
halcinonide cream	Step Therapy requires trial of 2 High potency corticosteroids
HALOG CREAM	Step Therapy requires trial of 2 High potency corticosteroids
HUMALOG INJ	QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG KWIKPEN INJ	QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
HUMALOG MIX INJ	QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG PEN INJ	QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMULIN MIX INJ	QL= 40ml/28 days; Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	QL= 30ml/28 days; Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	QL= 40ml/28 days; Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	QL= 30ml/28 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	QL= 40ml/28days; Step Therapy requires trial of NOVOLIN
hydrocodone bitartrate ER cap	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
hydrocodone bitartrate er tab	QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER or hydrocodone E
HYSINGLA ER TAB	QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER or hydrocodone E
IMIQUIMOD CREAM 3.75%	QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
IMPOYZ CREAM	Step Therapy requires trial of 2 High potency corticosteroids
INDOMETHACIN CAP, TIVORBEX CAP	Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs)
INVOKAMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
INVOKAMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
INVOKANA TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
IOPIDINE OPHTH SOLN 1%	Step Therapy requires trial of apraclonidine soln
ISORDIL TITRADOSE TAB 40MG	Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER
isosorbide dinitrate tab 40mg	Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER
ISTALOL OPHTH SOLN 0.5%	Step Therapy requires trial of timolol maleate ophth soln
ivermectin cream	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
JALYN CAP	Step Therapy requires trial of finasteride and tamsulosin
JANUMET TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
JANUMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
JANUVIA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
JENTADUETO TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER
JENTADUETO XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
JUBLIA SOLN	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine t
KADIAN CAP 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 10MG	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 200MG	QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 40mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KATERZIA SUSP	Step Therapy requires trial of amlodipine
KERYDIN SOLN	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine t
KHEDEZLA ER TAB	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
KOMBIGLYZE XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
LACTULOSE PACK	Step Therapy requires trial of lactulose
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine or quetiapine XR
LESCOL CAP	QL= 2 caps/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.
LESCOL XL TAB	QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler
LEVEMIR FLEXTOUCH INJ	QL= 30ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO
LEVEMIR INJ	QL= 40ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO
levorphanol tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Step Therapy requires trial of 2 short acting opioids
LEXETTE FOAM	Step Therapy requires trial of 2 High potency corticosteroids
LINZESS CAP	Step Therapy requires trial of TRULANCE
LIVALO TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
LOKELMA PAK	QL= 1 pak/day; Step Therapy requires trial of bumetanide, ethacrynic acid, furosemide, torsemide, metolazone, methyclothiazide, indapamide, hydrochlorothiazide, chlorthalidone, or chlorothiazide
LONHALA MAGNAIR SOLN	QL= 60ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT
LOTEMAX OPHTH GEL	QL= 5 grams/28 days; Step therapy requires trial of prednisolone 1% ophth soln or susp
loteprednol etabonate ophth gel	QL= 5 grams/28 days; Step therapy requires trial of prednisolone 1% ophth soln or susp

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
LUMIFY OPHTH SOLN 0.25%	Step Therapy requires trial of brimonidine ophth soln 0.2%
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days;; Step Therapy requires trial of latanoprost ophth soln
LUVOX CR CAP	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
LYRICA CAP 100MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 150MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 200MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 225MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 25MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 300MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 50MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 75MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CR TAB	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap (pregabalin soln
LYRICA SOLN	QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin
LYUMJEV INJ	Step Therapy requires trial of NOVOLOG or INSULIN ASPART
LYUMJEV KWIKPEN INJ	Step Therapy requires trial of NOVOLOG or INSULIN ASPART
MARPLAN TAB	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
meloxicam	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
mesalamine kit	Step Therapy requires trial of mesalamine enema
metformin ER osmotic tab	Step Therapy requires trial of metformin or metformin ER
methylphenidate ER cap 10mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 15mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 20mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 30mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 40mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate

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**Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)**

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
methylphenidate ER cap 60mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
METOZOLV ODT	Step Therapy requires trial of metoclopramide
MICARDIS HCT TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
MICARDIS TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
MIGRANAL SPRAY	QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
MINOCYCLINE ER CAP	QL= 1 cap/day; Step Therapy requires trial of minocycline
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
mometasone nasal spray	QL= 17ml/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
MOXATAG TAB	Step Therapy requires trial of amoxicillin
MYRBETRIQ TAB	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
NAMENDA SOLN	Step Therapy requires trial of memantine tab
NAMENDA TAB	QL= 2 tabs/day; Step Therapy requires trial of memantine tab
NAMENDA XR CAP	QL= 1 cap/day; Step Therapy requires trial of memantine tab
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
NAMZARIC STARTER PACK	QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
NASONEX NASAL SPRAY	QL= 17gm/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone
NAYZILAM SPRAY	QL= 2 packs/fill, 5 fills/month; Step Therapy requires trial of midazolam syrup; Restricted to Neurology Specialist
NORITATE CREAM	Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT
NOXAFIL SUSP	Step Therapy requires trial of fluconazole, itraconazole or VFEND
NOXAFIL TAB	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
NURTEC ODT	QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
olmesartan/amlodipine/hydrochlorothiazide tab	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
olmesartan/hydrochlorothiazide tab	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
olopatadine nasal spray	QL= 30.5ml/30 days, Step Therapy requires trial of budesonide, flunisolide, fluticasone, or triamcinolone
ONEXTON GEL	Step Therapy requires trial of clindamycin or clindamycin/benzoyl peroxide
ONGENTYS CAP	Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline
ONGLYZA TAB	Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
ONZETRA XSAIL	Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
OSMOLEX ER TAB	QL= 1 tab/day; Step Therapy requires trial of amantadine
OSMOPREP TAB	Step Therapy requires trial of CLENPIQ
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	QL= 1 bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocortisone otic
oxazepam cap	Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN CR TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYTROL PATCH (OTC)	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
OZEMPIC INJ	QL= 1 pack/28 days; Step Therapy requires trial of metformin or metformin ER
PATANASE NASAL SPRAY	QL= 30.5ml/30 days; Step Therapy requires trial of budesonide, flunisolide, fluticasone, or triamcinolone

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
PENNSAID SOLN	Step Therapy requires trial of oral nonsteroidal anti-inflammatory agents (NSAIDs) a topical diclofenac
PENTASA CAP	Step Therapy requires trial of APRISO or LIALDA
PEPCID SUSP	Step Therapy requires trial of cimetidine or nizatidine
PERFOROMIST NEB SOLN	Step Therapy requires trial of albuterol neb soln
PEXEVA TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
pimecrolimus cream	Step Therapy requires trial of tacrolimus oint
pioglitazone/glimepiride tab	Step Therapy requires trial of metformin or metformin ER
posaconazole DR tab	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
PRADAXA CAP	QL= 2 caps/day; Step Therapy requires trial of ELIQUIS and XARELTO
prasugrel tab	QL= 1 tab/day; Step Therapy requires trial of clopidogrel
pregabalin ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap (pregabalin soln
PRESTALIA TAB	Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor
PRISTIQ TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
PROAIR HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
PROAIR RESPICLICK INHALER	Step Therapy requires trial of VENTOLIN HFA INHALER and albuterol hfa inhaler
PROVENTIL AERO HFA	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler
PROVENTIL HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
PULMICORT FLEXHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA
QELBREE ER CAP 100MG	QL= 30 caps/30 days; Step Therapy requires trial of atomoxetine AND clonidine OR guanfacine
QELBREE ER CAP 150MG	QL= 60 caps/30 days; Step Therapy requires trial of atomoxetine AND clonidine OR guanfacine
QELBREE ER CAP 200MG	QL= 60 caps/30 days; Step Therapy requires trial of atomoxetine AND clonidine OR guanfacine
QMIIZ ODT TAB	Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
QUDEXY XR CAP 100MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 150MG	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 200MG	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 25MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 50MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QVAR INHALER	QL= 17.4gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA
QVAR REDIHALER	QL= 21.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ramelteon tab	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
RELAFEN DS TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac etodolac ER, bupropfen, or nabumetone
RELPAX TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
REQUIP XL TAB	QL= 1 tab/day; Step Therapy requires trial of ropinirole
RETIN-A CREAM	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
RETIN-A MICRO GEL 0.04%, 0.1%	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
RETIN-A MICRO GEL 0.08%, 0.06%	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
REYVOW TAB 100mg	QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
REYVOW TAB 50mg	QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
RHINOCORT AQUA NASAL SPRAY	QL= 43 grams/75 days; Step Therapy requires trial of budesonide, fluniosolide, fluticasone, or triamcinolone
RHOPRESSA OPHTH SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln
RIBAPAK TAB	Step Therapy requires trial of ribavirin
RIOMET ER SUSP	Step Therapy requires trial of metformin or metformin ER
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
risedronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
ROCKLATAN OPHTH SOLN	Step Therapy requires trial of latanoprost ophth soln
ropinirole ER tab	QL= 1 tab/day; Step Therapy requires trial of ropinirole
ROSADAN KIT	Step Therapy requires trial of metronidazole cream
ROSZET TAB	QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe
ROWASA KIT	Step Therapy requires trial of mesalamine enema
ROZEREM TAB	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
RYBELSUS TAB	QL= 1 tab/day; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC
RYTARY CAP	QL= 10 caps/day; Step Therapy requires trial of carbidopa/levodopa ER
SANCUSO PATCH	QL= 4 patches/28 days; Step Therapy requires trial of granisetron
SAPHRIS SL TAB	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
SAVAYSA TAB	QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO
SAVELLA PAK	Step Therapy requires trial of duloxetine and gabapentin
SAVELLA TAB	QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin
SECUADO PATCH	QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT

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**Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)**

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
SEEBRI NEOHALER CAP	QL= 60 caps/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT
SEGLUROMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
SEMGLEE INJ	QL= 60ml/30 days; Step Therapy requires trial of LANTUS SOLOSTAR INJ, LANTU INJ, TOUJEO SOLOSTAR INJ, or TOUJEO MAX SOLOSTAR INJ
SEMGLEE SOLN	QL= 60ml/30 days; Step Therapy requires trial of LANTUS SOLOSTAR INJ, LANTU INJ, TOUJEO SOLOSTAR INJ, or TOUJEO MAX SOLOSTAR INJ
SERNIVO SPRAY	Step Therapy requires trial of betamethasone dipropionate
SIKLOS TAB	Step Therapy requires trial of DROXIA CAP
SILENOR TAB	QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
SITAVIG TAB	QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir
SOLARAZE GEL	QL= 100gm/fill, 2 fills/month; Step Therapy requires trial of fluorouracil cream or imiquimod cream
solifenacin tab	QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
SOLIQUA INJ	QL= 18ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMP
SOLOSEC GRANULES PACKET	QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole
SOMA TAB	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
SOOLANTRA CREAM	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
SORIATANE CAP	Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel; Only available through Walgreens 888-347-3416
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler
SPRITAM TAB	Step Therapy requires trial of levetiracetam or levetiracetam ER
STEGLATRO TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB
STEGLUJAN TAB	Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, SYNJARDY XR
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of SEREVENT DISKUS
SUMANSETRON PAK	Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
sumatriptan nasal spray	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
sumatriptan/naproxen tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
SUMAXIN TS SUSP	Step Therapy requires trial of sodium sulfacetamide/sulfur
SURMONTIL CAP	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
SUTAB TAB	Step Therapy requires trial of 2: CLENPIQ SOLN, trilyte soln, gavilyte-h kit, peg 3350/electrolytes soln, peg 3350 soln, or GAVILYTE-C SOLN
SYMLINPEN INJ 120	QL= 11ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
SYMLINPEN INJ 60	QL= 6ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
SYPRINE CAP	Step Therapy requires trial of penicillamine tab and trientine cap
TANZEUM INJ	QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC
TARGADOX TAB	QL= 4 tabs/day; Step Therapy requires trial of doxycycline monohydrate
tavorole soln	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine t
TAZORAC CREAM 0.05%	Step Therapy requires trial of tazarotene cream
TAZORAC GEL	Step Therapy requires trial of tazarotene cream
TECFIDERA CAP	Step Therapy requires trial of dimethyl fumarate AND avonex AND gilenya AND glatiramer
TEKAMLO TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
TEKTURNA HCT TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
TEKTURNA TAB	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)
telmisartan/amlodipine tab	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
telmisartan/hydrochlorothiazide tab	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
telmisartan/hydrochlorothiazide tab 40-12.5MG	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
telmisartan/hydrochlorothiazide tab 80-25MG	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
THYQUIDITY SOLN	Step Therapy requires trial of levothyroxine
timolol maleate ophth gel	Step Therapy requires trial of timolol maleate ophth soln
timolol maleate ophth soln 0.5%	Step Therapy requires trial of timolol maleate ophth soln
TIMOLOL OPHTH GEL SOLN	Step Therapy requires trial of timolol maleate ophth soln
TIMOPTIC-XE OPHTH GEL	Step Therapy requires trial of timolol maleate ophth soln
TIROSINT-SOL	Step therapy requires trial of levothyroxine
TOLSURA CAP	QL= 4 caps/day; Step Therapy requires trial of itraconazole
topiramate ER cap 100mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 150mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 200mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
topiramate ER cap 25mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
toremifene tab	Step Therapy requires trial of tamoxifen
TOSYMRA SOLN	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
TOVIAZ TAB	Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap
TRADJENTA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin or metformin ER
TRAMADOL ER CAP	QL= 1 cap/day; Step Therapy requires trial of tramadol tab
TRAVATAN Z DROPS	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln or travoprost ophth soln
travoprost ophth soln	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln
TRESIBA FLEXTOUCH INJ	QL= 30ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO
TRESIBA INJ	QL= 30ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO
tretinoin gel	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
TRETIN-X CREAM	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
TRETIN-X KIT	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
TREXIMET TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
triamcinolone acetonide oint	Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%
triamterene cap	Step Therapy requires trial of amiloride or spironolactone
TRIBENZOR TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
trientine cap	Step Therapy requires trial of penicillamine tab
trimipramine cap	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TRULICITY INJ	QL= 2 ml/28 days; Step Therapy requires trial of metformin or metformin ER
TUDORZA PRESSAIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT
TWYNSTA TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
UBRELVY TAB	QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
UTIBRON NEOHALER CAP	QL= 2 caps/day; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER
VALTURNA TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
VANCOMYCIN SOLN	Step Therapy requires trial of vancomycin cap
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of ondansetron
VELTASSA POWDER	QL= 1 packet/day; Step Therapy requires trial of LOKELMA
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
VESICARE TAB	QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
VICTOZA INJ	QL= 9ml/30 days; Step Therapy requires trial of metformin or metformin ER
VIIBRYD STARTER KIT	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
VIIBRYD TAB	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
VIVLODEX CAP	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
VYZULTA SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln
XCOPRI PAK 100-150MG	QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 150-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 50-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XELPROS OPHTH EMULSION	Step Therapy requires trial of latanoprost ophth soln
XERMELO TAB	QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Diplomat Pharmacy 877-977-9118
XIIDRA OPHTH SOLN	QL= 60ml/30days; Step Therapy requires trial of RESTASIS OPHTH EMULSION
XULTOPHY INJ	QL= 15ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMF
YUPELRI SOLN	QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT
ZECUITY PAD	QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
zenzedi tab 10mg	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 15MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 2.5MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 20MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate

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**Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Step Therapy (ST)**

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ZENZEDI TAB 30MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
zenzedi tab 5mg	QL= 3 tabs/day; Step Therapy requires trial of dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 7.5MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZIANA GEL	Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or tretinoin
ZIOPTAN OPHTH SOLN	QL= 1 bottle/day; Step Therapy requires trial of latanoprost ophth soln
ZOHYDRO ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
ZOLPIMIST SPRAY	Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, c zolpidem SL
ZONTIVITY TAB	Step Therapy requires trial of clopidogrel
ZUPLENZ SL FILM	Step Therapy requires trial of ondansetron
ZYCLARA CREAM 2.5%	QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream
ZYPITAMAG TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin

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**Moda Large Group Commercial Formulary
Smoking Cessation Agents
Last Updated* 6/1/2021**

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

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Moda Large Group Commercial Formulary
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abacavir soln	QL= 960ml/30 days
abacavir tab	QL= 2 tabs/day
abacavir/lamivudine tab	QL= 1 tab/day
abacavir/lamivudine/zidovudine tab	QL= 2 tabs/day
ABILIFY MYCITE TAB	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABILIFY TAB	QL= 1 tab/day
abiraterone acetate tab 500mg	QL= 2 tabs/day
abiraterone tab 250mg	QL= 3 tabs/day
ABSORICA LD CAP	QL= 2 caps/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	QL= 10 tabs/day
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTICLATE TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
ACTINEL LIQUID	QL= 1200ml/30 days
ACTINEL PEDIATRIC LIQUID	QL= 2400ml/30 days
ACTIQ LOZENGE	QL= 120 lozenges/30 days
ACTONEL TAB 150MG	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
ACTONEL TAB 30MG	QL= 1 tab/day
ACTONEL TAB 35MG	QL= 4 tabs/28 days
ACTONEL TAB 5MG	QL= 1 tab/day
ACZONE GEL 5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or sodium sulfacetamide
ADDERALL TAB	QL= 2 tabs/day
adefovir dipivoxil tab	QL= 1 tab/day
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
ADHANSIA XR, JORNAY PM	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ADLYXIN INJ	QL= 6ml/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC
ADMELOG INJ, INSULIN LISPRO INJ	QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADOXA PAK	QL= 2 tabs/day
ADOXA TAB	QL= 2 tabs/day
ADVAIR DISKUS INHALER	QL= 1 inhaler/30 days
ADVAIR HFA INHALER	QL= 1 inhaler/30 days
ADVICOR TAB 1000-20MG	QL= 2 tabs/day
ADVICOR TAB 500-20MG, 1000-40MG	QL= 1 tab/day
ADVICOR TAB 750-20MG	QL= 2 tabs/day
ADVIL COLD/ TAB SINUS	QL= 240 tabs/30 days

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ADZENYS ER SUSP, AMPHETAMINE ER SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ADZENYS XR TAB	QL= 1 tab/day; Step Therapy requires trial of 2: amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, or methylphenidate ER
AEMCOLO TAB	QL= 12 tabs/fill, 2 fills/month
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB 10MG	QL= 1 tab/day
AFREZZA INH POWDER	QL= 630 inhalations/30 days
AIMOVIJ INJ	QL= 1 pack/28 days
AIRDUO POWDER INHALER W/SENSOR	QL= 1 inhaler/30 days; Step Therapy requires trial of DULERA, BREO ELLIPTA or fluticasone/salmeterol, wixela inhaler
AIRDUO RESPICLICK	QL= 1 inhaler/30 days, Step Therapy requires trial of DULERA INHALER, BREO ELLIPTA INHALER or fluticasone/salmeterol inhaler, wixela inhaler
AJOVY INJ	QL= 1 inj/28 days
AKYNZEO CAP	QL= 1 cap/28 days; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of aprepitant, granisetron, or ondansetron
albuterol HFA inhaler	QL= 2 inhalers/30 days
ALDARA CREAM 5%	QL= 24gm/30 days
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/fill, 2 fills/month
ALINIA TAB	QL= 6 tabs/fill, 2 fills/month
ALLEGRA-D 24-HOUR TAB	QL= 1 tab/day
ALLEGRA-D TAB	QL= 1 tab/day
ALLEGRA-D TAB 12 HOUR	QL= 60 tabs/30 days
ALLZITAL TAB	QL= 12 tabs/day
almotriptan tab	QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadu
ALOGLIPTIN/PIOGLITAZONE TAB, OSEN TAB	QL= 1 tab/day; Step Therapy requires trial of metformin and pioglitazone tab
ALORA PATCH	QL= 8 patches/28 days
ALSUMA INJ, ZEMBRACE SYMTOUCH IN	QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ALTOPREV TAB	QL= 1 tab/day
ALUNBRIG PAK	QL= 1 pack/365 days; Only available through Biologics 800-850-4306
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
ALVESCO INHALER	QL= 12.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA
AMBIEN CR TAB	QL= 1 tab/day
AMBIEN TAB	QL= 1 tab/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AMERGE TAB	QL= 9 tabs/30 days
amlodipine/atorvastatin tab	QL= 1 tab/day
amphetamine/dextroamphetamine tab	QL= 2 tabs/day
AMRIX CAP	QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1% 50MG, TESTIM GEL 1%	QL= 300gm/30 days
ANDROGEL PUMP 1%	QL= 300gm/30 days
ANORO ELLIPTA INHALER	QL= 60gm/30 days
ANZEMET TAB	QL= 1 tab/30 days; Step Therapy requires trial of ondansetron
APADAZ TAB	QL= 12 tabs/day
APIDRA INJ	QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA SOLOSTAR INJ	QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APLENZIN TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
aprepitant pak	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
APRISO CAP	QL= 4 caps/day
APTENSIO XR CAP 10MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
APTENSIO XR CAP 15MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
APTENSIO XR CAP 20MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
APTENSIO XR CAP 30MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
APTENSIO XR CAP 40MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
APTENSIO XR CAP 50MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
APTENSIO XR CAP 60MG	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
APTIOM TAB	QL= 1 tab/day
APTIVUS CAP	QL= 4 caps/day
APTIVUS SOLN	QL= 380ml/30 days

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ARAZLO LOTION	1 bottle/30 days; Step therapy requires trial of tretinoin AND adapalene
ARCALYST INJ	QL= 4 vials/21 days
ARIKAYCE SUSP	QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046
aripiprazole ODT	QL= 2 tabs/day
aripiprazole soln	QL= 30 ml/day
aripiprazole tab	QL= 1 tab/day
ARIXTRA INJ 10MG/0.8ML	QL= 8ml/30 days
ARIXTRA INJ 2.5MG/0.5ML	QL= 5 ml/30 days
ARIXTRA INJ 5MG/0.4ML	QL= 4ml/30 days
ARIXTRA INJ 7.5MG/0.6ML	QL= 6 ml/30 days
armodafinil tab 150mg	QL= 1 tab/day
armodafinil tab 200mg	QL= 1 tab/day
armodafinil tab 250mg	QL= 1 tab/day
armodafinil tab 50mg	QL= 3 tabs/day
ARMONAIR DIGITAL INHALER 113MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT, ARNUITY, or ASMANEX
ARMONAIR DIGITAL INHALER 232MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT, ARNUITY, or ASMANEX
ARMONAIR DIGITAL INHALER 55MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT, ARNUITY, or ASMANEX
ARMONAIR RESPICLICK	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA
ARNUIITY ELLIPTA INHALER	QL= 1 inhaler/30 days
ARYMO ER TAB	QL= 3 tabs/day
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapin quetiapine XR, risperidone, or risperidone ODT
ASMANEX HFA INHALER	QL= 1 inhaler/30 days
ASMANEX INHALER	QL= 1 inhaler/30 days
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	QL= 60ml/30 days; Step Therapy requires trial of azelastine nasal spray
atazanavir cap 150mg	QL= 2 caps/day
atazanavir cap 200mg	QL= 2 caps/day
atazanavir cap 300mg	QL= 1 cap/day
ATELVIA TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
atomoxetine cap 100mg	QL= 1 cap/day
atomoxetine cap 10mg	QL= 2 caps/day
atomoxetine cap 18mg	QL= 2 caps/day
atomoxetine cap 25mg	QL= 2 caps/day
atomoxetine cap 40mg	QL= 2 caps/day
atomoxetine cap 60mg	QL= 1 cap/day
atomoxetine cap 80mg	QL= 1 cap/day
atorvastatin tab 10mg	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
atorvastatin tab 20mg	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
atorvastatin tab 40mg	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
atorvastatin tab 80mg	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
ATRIPLA TAB	QL= 1 tab/day
ATROVENT HFA INHALER	QL= 25.8gm/30 days
AUBAGIO TAB	QL= 30 tabs/30 days
AUSTEDO TAB 12MG	QL= 120 tabs/30 days
AUSTEDO TAB 6MG	QL= 30 tabs/30 days
AUSTEDO TAB 9MG	QL= 30 tabs/30 days
AVONEX INJ	QL= 1 kit/28 days
AXERT TAB	QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
AXIRON SOLN	QL= 2 bottles/30 days
AYVAKIT TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
azelastine nasal spray 0.1%	QL= 60ml/30 days
azelastine nasal spray 0.15%	QL= 60ml/30 days; Step Therapy requires trial of azelastine nasal spray
azelastine/fluticasone nasal spray	QL= 23ml/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone
AZILECT TAB	QL= 1 tab/day
BALVERSA TAB 3MG	QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG	QL= 2 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 5MG	QL= 1 tab/day; Only available through US Bioservices 888-518-7246
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill, 2 fills/month
BARACLUDE SOLN	QL= 630ml/30 days
BARACLUDE TAB	QL= 1 tab/day
BASAGLAR INJ	QL= 60ml/30 days; Step Therapy requires trial of LANTUS SOLOSTAR INJ, LANTUS INJ, TOUJEO SOLOSTAR INJ, or TOUJEO MAX SOLOSTAR INJ
BAXDELA TAB	QL= 2 tabs/day
b-donna tab	QL= 8 tabs/day
BELBUCA FILM	QL= 2 films/day
BELSOMRA TAB	QL= 1 tab/day; Step therapy requires trial of zolpidem AND eszopiclone AND zaleplon temazepam, trazodone, or doxepin
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
BERINERT INJ	QL= 20 ml/30 days; Only available through Walgreens 888-347-3416
BETASERON INJ	QL= 14 kits/28 days
BEVESPI AEROSPHERE INHALER	QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER
BEVYXXA CAP	QL= 43 caps/42 days
BIKTARVY TAB	QL= 1 tab/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
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; Step Therapy requires trial of latanoprost ophth soln
BINOSTO TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BREO ELLIPTA INHALER	QL= 1 inhaler/30 days
BREZTRI AEROSPHERE INHALER	QL= 1 inhaler/30 days
BRILINTA TAB	QL= 2 tabs/day
BRISDELLE CAP	QL= 1 cap/day
BRIVIACT SOLN 10MG/ML	QL= 600ml/30 days
BRIVIACT TAB	QL= 2 tabs/day
BRUKINSA CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml	QL= 120 units/30 days
budesonide inh susp 1mg/2ml	QL= 60 units/30 days
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER	QL= 10.2gm/30 days; Step Therapy requires trial of fluticasone/salmeterol inhaler OR wixela inhaler
BUNAVAIL FILM	QL= 1 film/day
buprenorphine patch	QL= 4 patches/28 days
buprenorphine SL tab	QL= 3 tabs/day
buprenorphine/naloxone sl film 12-3mg	QL= 2 films/day
buprenorphine/naloxone sl film 2-0.5MG	QL= 1 film/day
buprenorphine/naloxone sl film 4-1MG	QL= 1 film/day
buprenorphine/naloxone sl film 8-2mg	QL= 2 films/day
buprenorphine/naloxone SL tab	QL= 90 tabs/30 days
bupropion SR tab	Limited to 180 days/plan year
butalbital/acetaminophen tab	QL= 6 tabs/day
BUTRANS PATCH	QL= 4 patches/28 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMF
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMF
BYDUREON PEN INJ	QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMF
BYETTA INJ	QL= 1 pen/30 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC
CABLIVI INJ KIT	QL= 1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
CADUET TAB	QL= 1 tab/day
CAFERGOT TAB	QL= 40 tabs/28 days
CALCIPOTRIENE FOAM, SORILUX FOAM	QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln
CALCIPOTRIENE/ BETAMETHASONE SUSP	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
calcipotriene-betamethasone dipropionate susp	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
CALQUENCE CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CAMBIA POWDER PACKET	QL= 9 packets/30 days
CANASA SUPP	QL= 1 tab/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CAPMIST DM TAB	QL= 4 tabs/day
carbinoxamine tab	QL= 240 tabs/30 days
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
cetirizine/pseudoephedrine tab 5-120mg	QL= 2 tabs/day
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
chlorzoxazone tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
CHLORZOXAZONE TAB 250MG	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
chlorzoxazone tab 375mg	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
CIALIS TAB	QL= 1 tab/day; Prior Authorization for BPH
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
cinacalcet tab 30mg	QL= 2 tabs/day
cinacalcet tab 60mg	QL= 2 tabs/day
cinacalcet tab 90mg	QL= 4 tabs/day
CINQAIR INJ	QL= 4 vials/28 days; Only available through Walgreens 888-347-3416
CINRYZE INJ	QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767
CLARINEX TAB	QL= 1 tab/day
CLARINEX-D TAB	QL= 2 tabs/day
CLARINEX-D TAB 12 HOUR	QL= 2 tabs/day
CLARITIN-D TAB 10-240MG	QL= 1 tab/day
CLARITIN-D TAB 5-120MG	QL= 2 tabs/day
CLIMARA PATCH	QL= 4 patches/28 days
clobazam susp	QL= 480ml/30 days
clobazam tab	QL= 2 tabs/day
clonidine ER tab	QL= 4 tabs/day
clopidogrel tab 300mg	QL= 4 tabs/30 days
CLOZAPINE ODT	QL= 3 tabs/day
clozapine ODT 25mg, 100mg	QL= 3 tabs/day
CLOZAPINE ODT, FAZACLO ODT	QL= 3 tabs/day
clozapine tab	QL= 3 tabs/day
CLOZARIL TAB	QL= 3 tabs/day
CODITUSSIN LIQUID DAC	QL= 1200ml/30 days
COLCHICINE CAP	QL= 2 caps/day
colchicine tab	QL= 4 tabs/day
COLCRYS TAB	QL= 4 tabs/day
cold/allergy elx children	QL= 2400ml/30 days
COMBIVENT RESPIMAT INHALER	QL= 1 inhaler/30 days
COMBIVIR TAB	QL= 2 tabs/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COMPLERA TAB	QL= 1 tab/day
CONCERTA TAB 18MG	QL= 1 tab/day
CONCERTA TAB 27MG	QL= 1 tab/day
CONCERTA TAB 36MG	QL= 1 tabs/day
CONCERTA TAB 54MG	QL= 1 tab/day
CONSENSI TAB	QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib
CONTOUR BLOOD GLUCOSE TEST STR	QL= 300 strips/30 days
CONTOUR TEST STRIP	QL= 300 test strips/30 days
COPIKTRA CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/28 days
COTELLIC TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
COTEMPLA XR ODT 17.3MG	QL= 1 tab/day
COTEMPLA XR ODT 25.9MG	QL= 2 tabs/day
COTEMPLA XR ODT 8.6MG	QL= 1 tab/day
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/365 days
COVID-19 VACCINE INJ (MODERNA)	QL= 1 dose/24 days; limit 2 fills/12 months
COVID-19 VACCINE INJ (PFIZER)	QL= 1 dose/17 days; limit 2 fills/12 months
CRESEMBA CAP	QL= 34 caps/30 days
CRESTOR TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab
CUTAQUIG INJ	QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767
cyclobenzaprine ER cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine methocarbamol, or orphenadrine ER
CYMBALTA CAP 20MG	QL= 6 caps/day
CYMBALTA CAP 30MG	QL= 4 caps/day
CYMBALTA CAP 60MG	QL= 2 caps/day
CYSTADROPS SOLN	QL= 4 bottles/30 days
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Only available through Walgreens 888-347-3416
D.H.E. INJ	QL= 24ml/28 days
DALIRESP TAB	QL= 1 tab/day
DANTRIUM CAP	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
dapsone gel	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or sodium sulfacetamide
DARAPRIM TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
DAURISMO TAB 100MG	QL= 1 tab/day; Only available through Walgreens 888-347-3416
DAURISMO TAB 25MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
DAYTRANA PATCH	QL= 1 patch/day
DELZICOL CAP	QL= 6 caps/day
DEMEROL TAB	QL= 6 tabs/day
DEMSER CAP	QL= 448 caps/28 days

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DEPEN TITRATAB	QL= 16 tabs/day
DEPO-PROVERA INJ	QL= 1 inj/84 days
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/84 days
DERMACINRX KIT	QL= 1 kit/30 days
dermawerx pak	QL= 1 kit/30 days
DESCOVY TAB	QL= 1 tab/day
desloratadine tab	QL= 1 tab/day
DESOXYN TAB	QL= 5 tabs/day
desvenlafaxine ER tab	QL= 1 tab/day
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
DEXEDRINE CAP 10MG	QL= 2 caps/day
DEXEDRINE CAP 15MG	QL= 4 caps/day
DEXEDRINE CAP 5MG	QL= 2 caps/day
dexmethylphenidate ER cap	QL= 1 cap/day
dexmethylphenidate tab	QL= 2 tabs/day
dextroamphetamine 5mg tab	QL= 3 tabs/day
dextroamphetamine ER cap 10mg	QL= 2 caps/day
dextroamphetamine ER cap 15mg	QL= 4 caps/day
dextroamphetamine ER cap 5mg	QL= 2 caps/day
dextroamphetamine soln	QL= 1800ml/30 days
dextroamphetamine tab 10mg	QL= 6 tabs/day
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 1 kit/30 days
diazepam oral soln	QL= 360ml/30 days
DICLEGIS TAB	QL= 120 tabs/30 days
DICLOFENAC PATCH, FLECTOR PATCH	QL= 60 patches/30 days
DIDANOSINE DR CAP	QL= 2 caps/day
DIFICID SUSP	QL= 136 mL/30 days; Step Therapy requires trial of vancomycin cap or VANCOMYCII SOLN
DIFICID TAB	QL= 20 tabs/30 days; Step Therapy requires trial of vancomycin cap or VANCOMYCII SOLN
dihydroergotamine mesylate inj	QL= 24ml/28 days
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
dimethyl fumarate DR starter pack	QL= 60 caps/30 days
DOLOPHINE TAB 10MG	QL= 4 tabs/day
DOLOPHINE TAB 5MG	QL= 8 tabs/day
DONNATAL ELIXIR	QL= 1200ml/30 days
DONNATAL TAB	QL= 8 tabs/day
DOPTELET TAB	QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
DORYX TAB 50MG	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
doxepin tab	QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem zolpidem ER tab, or zolpidem SL
DOXYCYCLINE CAP, ORACEA CAP	QL= 1 cap/day; Step Therapy requires trial of doxycycline hyclate, doxycycline hyclate DR, or doxycycline monohydrate
doxycycline hyclate cap	QL= 2 caps/day
DOXYCYCLINE HYCLATE DR CAP	QL= 2 caps/day
doxycycline hyclate DR tab	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 200mg	QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 50mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 75mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab	QL= 2 tabs/day
doxycycline monohydrate cap	QL= 2 caps/day
doxycycline monohydrate tab	QL= 2 tabs/day
doxylamine/pyridoxine dr tab	QL= 120 tabs/30 days
dronabinol cap	QL= 2 caps/day
DUEXIS TAB	QL= 3 tabs/day
DULERA INHALER	QL= 1 inhaler/30 days
duloxetine cap 40mg	QL= 2 caps/day
duloxetine EC cap 20mg	QL= 6 caps/day
duloxetine EC cap 30mg	QL= 4 caps/day
duloxetine EC cap 60mg	QL= 2 caps/day
DUPIXENT INJ	QL= 1 syringe/28 days
DUPIXENT PEN INJ	QL= 1 syringe/28 days
DURAGESIC PATCH	QL=15 patches/30 days
DUTOPROL TAB	QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers
DUZALLO TAB	QL= 1 tab/day
DYANAVAL XR SUSP	QL= 240ml/30 days; Step Therapy requires trial of 2: amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, or methylphenidate ER
DYMISTA SPRAY	QL= 23ml/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone
EDURANT TAB	QL= 1 tab/day
efavirenz/emtricitabine/tenofovir df tab	QL= 1 tab/day
EFFIENT TAB	QL= 1 tab/day
ELEPSIA XR TAB 1000MG	QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
ELEPSIA XR TAB 1500MG	QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
eletriptan tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
EMEND CAP 125MG	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
EMEND CAP 40MG	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
EMEND CAP 80MG	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
EMEND PAK	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
EMEND SUSP	QL= 3 doses/fill, 2 fills/month; Restricted to Oncology or Hematology Specialist
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
emtricitabine cap	QL= 1 cap/day
emtricitabine/tenofovir disoproxil fumarate tab	QL= 30 tabs/30 days
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg	QL= 30 tabs/30 days
EMTRIVA CAP	QL= 1 cap/day
EMTRIVA SOLN	QL= 850ml/30 days
ENBREL INJ	QL= 8 inj/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
enoxaparin inj 100mg	QL= 20ml/30 days
enoxaparin inj 120mg	QL= 16ml/30 days
enoxaparin inj 150mg	QL= 20ml/30 days
enoxaparin inj 300mg	QL= 30ml/30 days
enoxaparin inj 30mg	QL= 6ml/30 days
enoxaparin inj 40mg	QL= 8ml/30 days
enoxaparin inj 60mg	QL= 12ml/30 days
enoxaparin inj 80mg	QL= 16ml/30 days
ENSPRYNG INJ	QL= 1 inj/28 days
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
EPCLUSA TAB	QL= 1 tab/day
EPIVIR HBV SOLN	QL= 720ml/30 days
EPIVIR HBV TAB	QL= 1 tab/day
EPIVIR SOLN	QL= 960ml/30 days
EPIVIR TAB 150MG	QL= 2 tabs/day
EPIVIR TAB 300MG	QL= 1 tab/day
EPZICOM TAB	QL= 1 tab/day
ergotamine/cafeine tab	QL= 40 tabs/28 days
ERIVEDGE CAP	QL= 1 cap/day
ERLEADA TAB	QL= 4 tabs/day
erlotinib tab 100mg	QL= 3 tabs/day
erlotinib tab 150mg	QL= 3 tabs/day
erlotinib tab 25mg	QL= 2 tabs/day
ESBRIET CAP	QL= 9 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
estradiol patch	QL= 8 patches/28 days

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Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ESTRING	QL= 1 ring/90 days; 3 copays per Rx
eszopiclone tab	QL= 1 tab/day
EVEKEO ODT	QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
EVISTA TAB	QL= 1 tab/day
EVOTAZ TAB	QL= 1 tab/day
EVRYSDI SOLN	QL= 240 ml/30 days; Only available through Accredo 800-803-2523
EXALGO TAB 12MG	QL= 1 tab/day
EXALGO TAB 16MG	QL= 1 tab/day
EXALGO TAB 32MG	QL= 2 tabs/day
EXALGO TAB 8MG	QL= 1 tab/day
EXELON PATCH	QL= 1 patch/day
EXSERVAN FILM	QL= 60 films/30 days
EXTAVIA INJ	QL= 14 kits/28 days
EZALLOR SPRINKLE CAP	QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, fluvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin
ezetimibe tab	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day
famciclovir tab 125mg	QL= 2 tabs/day
famciclovir tab 250mg	QL= 2 tabs/day
famciclovir tab 500mg	QL= 21 tabs/fill, 2 fills/month
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days; Only available through Walgreens 888-347-3416
FASENRA INJ	QL= 1 syringe/56 days; Only available through Walgreens 888-347-3416
FASENRA PEN INJ	QL= 1 pen/56 days; Only available through Walgreens 888-347-3416
FAZACLO ODT 12.5MG, 25MG, 100MG	QL= 3 tabs/day
febuxostat tab	QL= 1 tab/day
felbamate susp	QL= 30ml/day
felbamate tab 400mg	QL= 9 tabs/day
felbamate tab 600mg	QL= 6 tabs/day
FELBATOL SUSP	QL= 30ml/day
FELBATOL TAB 400MG	QL= 9 tabs/day
FELBATOL TAB 600MG	QL= 6 tabs/day
fentanyl citrate lollipop	QL= 120 lozenges/30 days
fentanyl patch	QL=15 patches/30 days
FENTORA TAB, FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
FETZIMA CAP	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FETZIMA TITRATION PACK	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
fexofenadine/pseudoephedrine 24-hour tab	QL= 1 tab/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
fexofenadine/pseudoephedrine tab 60-120mg	QL= 60 tabs/30 days
FIASP FLEXTOUCH INJ	QL= 30ml/28 days
FIASP INJ	QL= 40ml/28 days
FIASP PENFILL INJ	QL= 60ml/30 days
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FIRAZYR INJ	QL= 36ml/30 days
FIRDAPSE TAB	QL= 8 tabs/day; Only available through AnovoRx 844-288-5007
FIRVANQ SOLN 25MG/ML	QL= 300ml/30 days
FIRVANQ SOLN 50MG/ML	QL= 280ml/28 days
FLOLIPID SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
FLOVENT DISKUS INHALER 250MCG	QL= 2 inhalers/30 days
FLOVENT DISKUS INHALER 50MCG, 100MCG	QL= 1 inhaler/30 days
FLOVENT HFA INHALER 110MCG	QL= 1 inhaler/30 days
FLOVENT HFA INHALER 220MCG	QL= 2 inhalers/30 days
FLOVENT HFA INHALER 44MCG	QL= 2 inhalers/30 days
fluticasone nasal spray	QL= 16gm/30 days
FLUTICASONE/SALMETEROL INHALER	QL= 1 inhaler/30 days
fluticasone/salmeterol inhaler, wixela inhale	QL= 1 inhaler/30 days
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
fluvoxamine ER cap	QL= 2 caps/day
FOCALIN TAB	QL= 2 tabs/day
FOCALIN XR CAP	QL= 1 cap/day
fondaparinux inj 10mg/0.8ml	QL= 8ml/30 days
fondaparinux inj 2.5mg/0.5ml	QL= 5ml/30 days
fondaparinux inj 5mg/0.4ml	QL= 4ml/30 days
fondaparinux inj 7.5mg/0.6ml	QL= 6 ml/30 days
FORTEO INJ	QL= 2.4 units/28 days
fosamprenavir tab	QL= 4 tabs/day
FRAGMIN INJ 10000	QL= 10ml/30 days
FRAGMIN INJ 12500	QL= 5ml/30 days
FRAGMIN INJ 15000	QL= 6ml/30 days
FRAGMIN INJ 18000	QL= 7.2ml/30 days
FRAGMIN INJ 2500	QL= 2ml/30 days
FRAGMIN INJ 5000	QL= 2ml/30 days
FRAGMIN INJ 7500	QL= 3ml/30 days

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**Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FRAGMIN INJ 95000	QL= 7.6ml/30 days
FREESTYLE INSULINX TEST STRIP	QL= 300 test strips/30 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR	QL= 3 sensors/30 days
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY)	QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days
FREESTYLE LITE TEST STRIP	QL= 300 test strips/30 days
FREESTYLE PRECISION NEO TEST STRIP	QL= 300 test strips/30 days
FREESTYLE TEST STRIP	QL= 300 test strips/30 days
FREESTYLE TEST STRIPS	QL= 300 strips/30 days
FROVA TAB	QL= 10 tabs/30 days
frovatriptan tab	QL= 10 tabs/30 days
FULPHILA INJ	QL= 1.2 units/28 days
FYCOMPA TAB	QL= 4 tabs/day
GABITRIL TAB 12MG	QL= 4 tabs/day
GABITRIL TAB 16MG	QL= 3 tabs/day
GABITRIL TAB 2mg	QL= 4 tabs/day
GABITRIL TAB 4MG	QL= 4 tabs/day
GALAFOLD CAP	QL= 15 caps/30 days; Only available through Walgreens 888-347-3416
galantamine ER cap	QL= 1 cap/day
galantamine tab	QL= 60 tabs/30 days
GAVILYTE-C SOLN	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GENOTROPIN INJ 0.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 12MG	QL= 4 cartridges/28 days
GENOTROPIN INJ 1MG	QL= 35 syringes/28 days
GENOTROPIN INJ 2MG	QL= 21 syringes/28 days
GENOTROPIN INJ 5MG	QL= 9 cartridges/28 days
GENVOYA TAB	QL= 1 tab/day
GEODON CAP	QL= 2 caps/day
GILENYA CAP	QL= 30 caps/30 days
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
GLEEVEC TAB 100 MG	QL= 3 tabs/day
GLEEVEC TAB 400MG	QL= 2 tabs/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
GLENTUSS LIQUID	QL= 1200ml/30 days
GLOPERBA SOLN	QL= 300ml/30 days; Step Therapy requires trial of colchicine
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill, 2 fills/month
glucagon (rdna) for inj kit	QL= 2 inj/fill, 2 fills/month
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE SYNJARDY, or SYNJARDY XR
GRALISE TAB	QL= 3 tabs/day
granisetron tab	QL= 8 tabs/30 days
GRANISOL SOLN	QL= 60ml/30 days
guaifenesin/codeine syrup	QL= 240ml/fill, 2 fills/month
guanfacine ER tab	QL= 1 tab/day
GVOKE INJ	QL= 2 inj/fill, 2 fills/month
GVOKE PFS INJ	QL= 2 inj/fill, 2 fills/month
HAEGARDA INJ 2000U	QL= 30 vials/30 days; Only available through Walgreens 888-347-3416
HAEGARDA INJ 3000U	QL= 20 vials/30 days; Only available through Walgreens 888-347-3416
HARVONI PELLET PAK	QL= 28 tabs/28 days
HARVONI TAB	QL= 28 tabs/28 days
HEPSERA TAB	QL= 1 tab/day
HETLIOZ SUSP	QL= 158ml/30 days
HORIZANT TAB	QL= 1 tab/30 days
HUMALOG INJ	QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG KWIKPEN INJ	QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG MIX INJ	QL= 40ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG PEN INJ	QL= 30ml/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
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
HUMULIN MIX INJ	QL= 40ml/28 days; Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	QL= 30ml/28 days; Step Therapy requires trial of NOVOLIN

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HUMULIN N INJ	QL= 40ml/28 days; Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	QL= 30ml/28 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	QL= 40ml/28days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ U-500	QL= 40ml/28 days
HUMULIN R U-500 KWIKPEN INJ	QL= 24ml/28 days
HYCET SOLN	QL= 180ml/day
HYCOFENIX SOLN	QL= 473ml/30 days
hydrocodone bitartrate ER cap	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
hydrocodone bitartrate er tab	QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER or hydrocodone ER
hydrocodone/acetaminophen soln	QL= 180ml/day
hydrocodone/acetaminophen tab 10-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 10mg-300mg	QL= 13 tabs/day
hydrocodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 5mg-300mg	QL= 13 tabs/day
hydrocodone/acetaminophen tab 7.5mg-300mg	QL= 13 tabs/day
hydrocodone/acetaminophen tab 7.5mg-325mg	QL= 12 tabs/day
HYDROCODONE/IBUPROFEN TAB	QL= 16 tabs/30 days
hydromorphone ER tab 12mg	QL= 1 tab/day
hydromorphone ER tab 16mg	QL= 1 tab/day
hydromorphone ER tab 32mg	QL= 2 tabs/day
hydromorphone ER tab 8mg	QL= 1 tab/day
HYSINGLA ER TAB	QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER or hydrocodone ER
IBRANCE CAP	QL= 21 caps/28 days; Only available through Walgreens 888-347-3416
IBRANCE TAB	QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416
ibuprofen tab cold/sinus	QL= 240 tabs/30 days
icatibant inj	QL= 36ml/30 days
icosapent ethyl cap 1gm	QL= 4 caps/day
IDHIFA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
imatinib tab 100mg	QL= 3 tabs/day
imatinib tab 400mg	QL= 2 tabs/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
IMIQUIMOD CREAM 3.75%	QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution
imiquimod cream 5%	QL= 24gm/30 days
IMITREX INJ	QL= 1 inj/7 days

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
IMITREX TAB	QL= 9 tabs/30 days
IMITREX VIAL INJ	QL= 1 inj/7 days
IMPAVIDO CAP	QL= 3 caps/day; Restricted to Infectious Disease Specialist
INBRIJA INH POWDER	QL= 4 units/day; Only available through Walgreens 888-347-3416
INCRUSE ELLIPTA INHALER	QL= 30 units/30 days
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INLYTA TAB	QL= 8 tabs/day; Only available through Walgreens 888-347-3416
INQOVI TAB	QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416
INREBIC CAP	QL= 4 caps/day; Only available through Lumicera 855-847-3553
INSULIN ASPART FLEXPEN INJ	QL= 30ml/28 days
INSULIN ASPART INJ	QL= 60ml/30 days
INSULIN ASPART MIX FLEXPEN INJ	QL= 30ml/28 days
INSULIN ASPART MIX INJ	QL= 40ml/28 days
INSULIN ASPART PENFILL INJ	QL= 30ml/28 days
INTELENCE TAB 100MG	QL= 4 tabs/day
INTELENCE TAB 200MG	QL= 2 tabs/day
INTELENCE TAB 25MG	QL= 4 tabs/day
INTERMEZZO SL TAB	QL= 1 tab/day
INTUNIV TAB	QL= 1 tab/day
INVEGA TAB	QL= 1 tab/day
INVIRASE CAP	QL= 10 caps/day
INVIRASE TAB	QL= 4 tabs/day
INVOKAMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR
INVOKAMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR
INVOKANA TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR
ISENTRESS (HD) TAB	QL= 2 tabs/day
ISENTRESS CHEW TAB	QL= 6 tabs/day
ISENTRESS POWDER PACK	QL= 2 packets/day
ISTURISA TAB 1MG	QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
IVERMECTIN CREAM	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
IVERMECTIN LOTION	QL= 117 grams/30 days
JAKAFI TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JANUMET TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
JANUMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
JANUVIA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentaduet
JARDIANCE TAB	QL= 1 tab/day
JATENZO CAP 158MG	QL= 4 caps/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
JATENZO CAP 198MG	QL= 4 caps/day
JATENZO CAP 237MG	QL= 2 caps/day
JENTADUETO TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER
JENTADUETO XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER
JULUCA TAB	QL= 1 tab/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 30MG	QL= 1 tab/day; Only available through Walgreens 888-347-3416
KADIAN CAP 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 10MG	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 200MG	QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 40mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KALETRA SOLN	QL= 480ml/30 days
KALETRA TAB 100-25MG	QL= 2 tabs/day
KALETRA TAB 200-50MG	QL= 4 tabs/day
KALYDECO PAK	QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
KAPVAY TAB	QL= 4 tabs/day
KARBINAL ER SUSP	QL= 960ml/30 days
KESIMPTA INJ	QL= 1 inj/28 days
KEVEYIS TAB	QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
KOMBIGLYZE XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadu
KOSELUGO CAP	QL= 120 caps/30 days; Only available through Onco360 877-662-6633
KRINTAFEL TAB	QL= 2 tabs/365 days
KYTRIL TAB	QL= 8 tabs/30 days
LAMICTAL ODT 100MG	QL= 3 tabs/day
LAMICTAL ODT 200MG	QL= 2 tabs/day
LAMICTAL ODT 25MG	QL= 6 tabs/day
LAMICTAL ODT 50MG	QL= 6 tabs/day
LAMICTAL XR TAB 100MG	QL= 3 tabs/day
LAMICTAL XR TAB 200MG	QL= 2 tabs/day
LAMICTAL XR TAB 250MG	QL= 2 tabs/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LAMICTAL XR TAB 25MG	QL= 6 tabs/day
LAMICTAL XR TAB 300MG	QL= 2 tabs/day
LAMICTAL XR TAB 50MG	QL= 6 tabs/day
lamivudine soln	QL= 960ml/30 days
lamivudine tab 100mg	QL= 1 tab/day
lamivudine tab 150mg	QL= 2 tabs/day
lamivudine tab 300mg	QL= 1 tab/day
lamivudine/zidovudine tab	QL= 2 tabs/day
lamotrigine ER tab 100mg	QL= 3 tabs/day
lamotrigine ER tab 200mg	QL= 2 tabs/day
lamotrigine ER tab 250mg	QL= 2 tabs/day
lamotrigine ER tab 25mg	QL= 6 tabs/day
lamotrigine ER tab 300mg	QL= 2 tabs/day
lamotrigine ER tab 50mg	QL= 6 tabs/day
lamotrigine ODT 100mg	QL= 3 tabs/day
lamotrigine ODT 200mg	QL= 2 tabs/day
lamotrigine ODT 25mg	QL= 6 tabs/day
lamotrigine ODT 50mg	QL= 6 tabs/day
LANTUS INJ	QL= 40ml/28 days
LANTUS SOLOSTAR INJ	QL= 30ml/28 days
LASTACAFT OPHTH SOLN	QL= 3ml/30 days
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine or quetiapine XR
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 800-803-2523
LESCOL CAP	QL= 2 caps/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.
LESCOL XL TAB	QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler
LEVEMIR FLEXTOUCH INJ	QL= 30ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO
LEVEMIR INJ	QL= 40ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO
levocetirizine soln	QL= 10ml/day
levorphanol tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Step Therapy requires trial of 2 short acting opioids
LEXIVA SUSP	QL= 1800ml/30 days
LEXIVA TAB	QL= 4 tabs/day
LIALDA TAB	QL= 4 tabs/day
lidocaine oint	QL= 8gm/day
LIPITOR TAB	QL= 1 tab/day
LIVALO TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LOKELMA PAK	QL= 1 pak/day; Step Therapy requires trial of bumetanide, ethacrynic acid, furosemide, torsemide, metolazone, methyclothiazide, indapamide, hydrochlorothiazide, chlorthalidone, or chlorothiazide
LONHALA MAGNAIR SOLN	QL= 60ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT
lopinavir/ritonavir soln	QL= 480ml/30 days
loratadine/pseudoephedrine tab 10-240mg	QL= 1 tab/day
loratadine/pseudoephedrine tab 5-120mg	QL= 2 tabs/day
LORBRENA TAB 100MG	QL= 1 tabs/day; Only available through Walgreens 888-347-3416
LORBRENA TAB 25MG	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
LORTUSS DM LIQUID	QL= 1200ml/30 days
LORTUSS EX LIQUID	QL= 1200ml/30 days
LORTUSS LIQUID	QL= 1200ml/30 days
LOTEMAX OPHTH GEL	QL= 5 grams/28 days; Step therapy requires trial of prednisolone 1% ophth soln or susp
loteprednol etabonate ophth gel	QL= 5 grams/28 days; Step therapy requires trial of prednisolone 1% ophth soln or susp
lovastatin tab	QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
LOVAZA CAP	QL= 4 caps/day
LOVENOX INJ 100MG	QL= 20ml/30 days
LOVENOX INJ 120MG	QL= 16ml/30 days
LOVENOX INJ 150MG	QL= 20ml/30 days
LOVENOX INJ 300MG	QL= 30ml/30 days
LOVENOX INJ 30MG	QL= 6ml/30 days
LOVENOX INJ 40MG	QL= 8ml/30 days
LOVENOX INJ 60MG	QL= 12ml/30 days
LOVENOX INJ 80MG	QL= 16ml/30 days
LUCEMYRA TAB	QL= 224 tabs/fill, 1 fill/month
LULICONAZOLE CREAM, LUZU CREAM	QL= 60gm/28 days
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days;; Step Therapy requires trial of latanoprost ophth soln
LUNESTA TAB	QL= 1 tab/day
LYNPARZA CAP	QL= 16 caps/day; Only available through Biologics 800-850-4306
LYNPARZA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYRICA CAP 100MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 150MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 200MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 225MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 25MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 300MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 50MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin
LYRICA CAP 75MG	QL= 3 caps/day; Step Therapy required trial of gabapentin and pregabalin

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LYRICA CR TAB	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln
LYRICA SOLN	QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin
LYSTEDA TAB	QL= 180 tabs/30 days
MAKENA INJ	QL= 4.4 ml/28 days
MARINOL CAP	QL= 2 caps/day
MAVENCLAD PAK	QL= 10 tabs/fill, 2 fills/year; Only available through Walgreens 888-347-3416
MAVYRET TAB	QL= 3 tabs/day
MAXALT MLT TAB	QL= 12 tabs/30 days
MAXALT TAB	QL= 12 tabs/30 days
MAYZENT TAB	QL= 1 tab/day
MAYZENT TAB 0.25MG	QL= 112 tabs/28 days
MAYZENT TAB STARTER PACK	QL= 12 tabs/fill, 2 fills/year
medroxyprogesterone inj	QL= 1 inj/84 days
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
MEKTOVI TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
meloxicam	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
memantine soln	QL= 300 ml/30 days
memantine tab	QL= 2 tabs/day
memantine titrapak	QL= 49 tabs/28 days
M-END DMX LIQUID	QL= 1800ml/30 days
meperidine tab	QL= 6 tabs/day
mesalamine DR cap	QL= 6 caps/day
mesalamine DR tab	QL= 4 tabs/day
mesalamine ER cap	QL= 4 caps/day
mesalamine supp	QL= 1 supp/day
METADATE CD CAP 30MG	QL= 2 caps/day
methadone soln	QL= 4 ml/day
methadone tab 10mg	QL= 4 tabs/day
methadone tab 5mg	QL= 8 tabs/day
METHADOSE CONC	QL= 4 ml/day
methadose tab	QL= 1 tab/day
methamphetamine tab	QL= 5 tabs/day
METHYLIN CHEW TAB	QL= 3 tabs/day
methylphenidate CD cap	QL= 1 cap/day
methylphenidate chew tab	QL= 3 tabs/day
methylphenidate ER cap	QL= 1 cap/day
methylphenidate ER cap 10mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
methylphenidate ER cap 15mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 20mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 30mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 40mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 60mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
METHYLPHENIDATE ER TAB	QL= 1 tab/day
methylphenidate ER tab 10mg	QL= 3 tabs/day
methylphenidate ER tab 18mg	QL= 1 tab/day
methylphenidate ER tab 20mg	QL= 3 tabs/day
methylphenidate ER tab 27mg	QL= 1 tab/day
methylphenidate ER tab 36mg	QL= 1 tabs/day
methylphenidate ER tab 54mg	QL= 1 tab/day
METHYLPHENIDATE ER TAB 72MG	QL= 1 tab/day
methylphenidate tab	QL= 3 tabs/day
metyrosine cap	QL= 448 caps/28 days
MEVACOR TAB	QL= 2 tabs/day
MIGERGOT SUPP	QL= 20 supp/28 days
MIGRANAL SPRAY	QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
MINOCYCLINE ER CAP	QL= 1 cap/day; Step Therapy requires trial of minocycline
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
MIRAPEX ER TAB	QL= 1 tab/day
MITIGARE CAP	QL= 2 caps/day
modafinil tab	QL= 2 tabs/day
mometasone nasal spray	QL= 17ml/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone
MONODOX CAP	QL= 2 caps/day
MORGIDOX KIT	QL= 1 kit/30 days
MORPHABOND TAB	QL= 2 tabs/day
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER tab	QL= 3 tabs/day
MS CONTIN TAB	QL= 3 tabs/day
MULPLETA TAB	QL= 7 tabs/fill, 3 fills/365 days; Only available through Lumicera 855-847-3553
MYALEPT INJ	QL= 1 inj/30 days; Only available through Accredo 888-773-7376
MYDAYIS CAP	QL= 1 cap/day
NALOXONE PREFILLED INJ	QL= 2 inj/fill, 2 fills/month
NAMENDA TAB	QL= 2 tabs/day; Step Therapy requires trial of memantine tab
NAMENDA TITRAPAK	QL= 49 tabs/28 days
NAMENDA XR CAP	QL= 1 cap/day; Step Therapy requires trial of memantine tab
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantin or memantin er
NAMZARIC STARTER PACK	QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
naratriptan tab	QL= 9 tabs/30 days
NASONEX NASAL SPRAY	QL= 17gm/30 days; Step Therapy requires trial of 2: budesonide, flunisolide, fluticasone, or triamcinolone
NATESTO NASAL GEL	QL= 3 bottles/30 days
NATROBA SUSP	QL= 1 bottle/fill, 1 fill/month
NAYZILAM SPRAY	QL= 2 packs/fill, 5 fills/month; Step Therapy requires trial of midazolam syrup; Restricted to Neurology Specialist
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NEULASTA INJ	QL= 1.2 units/28 days
NEUPRO PATCH	QL= 1 patch/day
NEVIRAPINE ER TAB	QL= 3 tabs/day
nevirapine susp	QL= 1200ml/30 days
nevirapine tab	QL= 2 tabs/day
NEXAFED SINUS TAB + PAIN	QL= 240 tabs/30 days
NEXLETOL TAB	QL= 1 tab/day
NEXLIZET TAB	QL= 1 tab/day
NICODERM PATCH	Limited to 180 days/plan year
NICORETTE GUM	Limited to 180 days/plan year
NICORETTE LOZENGE	Limited to 180 days/plan year
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	Limited to 180 days/plan year

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
NILANDRON TAB	QL= 150mg/day after the first 30 days
nilutamide tab	QL= 150mg/day after the first 30 days
nitazoxanide tab	QL= 6 tabs/fill, 2 fills/month
NOCTIVA EMULSION SPRAY	QL= 3.8gm/30 days
NORCO 10-325mg	QL= 12 tabs/day
NORCO 5-325mg	QL= 12 tabs/day
NORCO TAB 7.5MG-325MG	QL= 12 tabs/day
NORTHERA CAP	QL= 180 caps/30 days; Only available through Walgreens 888-347-3416
NORTHERA CAP 100MG	QL= 90 caps/30 days; Only available through Walgreens 888-347-3416
NORVIR CAP	QL= 12 caps/day
NORVIR POWDER PACK	QL= 12 packets/day
NORVIR SOLN	QL= 480ml/30 days
NORVIR TAB	QL= 12 tabs/day
NOURIANZ TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
NOVOLIN 70/30 FLEXPEN INJ	QL= 30ml/28 days
NOVOLIN 70/30 INJ	QL= 40ml/28 days
NOVOLIN N FLEXPEN INJ	QL= 30ml/28 days
NOVOLIN N INJ	QL= 40ml/28 days
NOVOLIN R FLEXPEN INJ	QL= 60ml/30 days
NOVOLIN R INJ	QL= 40ml/28 days
NOVOLOG FLEXPEN INJ	QL= 30ml/28 days
NOVOLOG INJ	QL= 60ml/30 days
NOVOLOG MIX FLEXPEN INJ	QL= 30ml/28 days
NOVOLOG MIX INJ	QL= 40ml/28 days
NOVOLOG PENFILL INJ	QL= 30ml/28 days
NOXAFIL TAB	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
NUBEQA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA ER TAB	QL= 2 tabs/day
NUCYNTA TAB	QL= 6 tabs/day
NUDEXTA CAP	QL= 2 caps/day
NUPLAZID CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416
NUPLAZID TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
NURTEC ODT	QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
NUVIGIL TAB 150MG	QL= 1 tab/day
NUVIGIL TAB 200G	QL= 1 tab/day
NUVIGIL TAB 250MG	QL= 1 tab/day
NUVIGIL TAB 50MG	QL= 3 tabs/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
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/fill, 1 fill/month; Only available through Walgreens 888-347-3416
NYVEPRIA INJ	QL= 2 inj/28 days
OBREDON SOLN	QL= 1800ml/30 days
OCALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
OCREVUS INJ	QL= 60ml/365 days
ODEFSEY TAB	QL= 1 tab/day
OFEV CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
olanzapine ODT	QL= 1 tab/day
olanzapine tab	QL= 1 tab/day
olanzapine/fluoxetine cap	QL= 1 cap/day
olopatadine nasal spray	QL= 30.5ml/30 days, Step Therapy requires trial of budesonide, fluniosolide, fluticasone, or triamcinolone
OLUMIANT TAB	QL= 1 tab/day
omega-3-acid ethyl esters cap	QL= 4 caps/day
OMNIPOD 5 PACK PODS	QL= 10 pods/30 days
OMNIPOD DASH PODS	QL= 10 pods/30 days
OMNIPOD STARTER KIT	QL= 1 kit/year
ondansetron soln	QL= 50ml/fill, 1 fill/15 days
ONFI SUSP	QL= 480ml/30 days
ONFI TAB	QL= 2 tabs/day
OPSUMIT TAB	QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
ORAXYL CAP	QL= 2 caps/day
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; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
ORTHO-EVRA PATCH	QL= 3 patches/28 days
oseltamivir cap 30mg	QL= 40 caps/183 days
oseltamivir cap 45mg	QL= 40 caps/183 days
oseltamivir cap 75mg	QL= 20 caps/183 days
oseltamivir susp	QL= 360ml/183 days
OSMOLEX ER TAB	QL= 1 tab/day; Step Therapy requires trial of amantadine
OSPHENA TAB	QL= 1 tab/day
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	QL= 1 bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocortisone otic
OTREXUP INJ 10MG	QL= 1.6ml/28 days
OTREXUP INJ 12.5MG/0.4ML	QL= 1.6ml/28 days
OTREXUP INJ 15MG	QL= 1.6ml/28 days
OTREXUP INJ 17.5MG/0.4ML	QL= 1.6ml/28 days
OTREXUP INJ 22.5MG/0.4ML	QL= 1.6ml/28 days
OTREXUP INJ, RASUVO INJ 20MG	QL= 1.6ml/28 days
OTREXUP INJ, RASUVO INJ 25MG	QL= 1.6ml/28 days
OXBRYTA TAB	QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
OXERVATE OPHTH SOLN	QL= 28ml/28 days; Only available through Accredo 800-803-2523
OXTELLAR XR TAB 150MG	QL= 1 tab/day
OXTELLAR XR TAB 300MG	QL= 1 tab/day
OXTELLAR XR TAB 600MG	QL= 4 tabs/day
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
oxycodone/acetaminophen tab 10-325mg	QL= 12 tabs/day
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	QL=12 tabs/day
oxycodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 7.5-325mg	QL= 12 tabs/day
OXYCONTIN CR TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYMORPHONE ER TAB 10MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 15MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 20MG	QL= 2 tabs/day
oxymorphone ER tab 30mg	QL= 4 tabs/day
OXYMORPHONE ER TAB 40MG	QL= 4 tabs/day
OXYMORPHONE ER TAB 5MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 7.5MG	QL= 2 tabs/day
OZEMPIC INJ	QL= 3 ml/28 days; Step Therapy requires trial of metformin or metformin ER

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
paliperidone ER tab	QL= 1 tab/day
PALYNZIQ INJ	QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
paroxetine cap	QL= 1 cap/day
PATANASE NASAL SPRAY	QL= 30.5ml/30 days; Step Therapy requires trial of budesonide, fluniosolide, fluticasone, or triamcinolone
pb-belladonna elixir	QL= 1200ml/30 days
peg 3350/electrolytes soln	QL= 2 fills/calendar year
PEMAZYRE TAB	QL= 14 tabs/21 days; Only available through Biologics 800-850-4306
penicillamine tab	QL= 480 tabs/30 days
PERCOCET TAB 10-325MG	QL= 12 tabs/day
PERCOCET TAB 2.5-325mg	QL= 12 tabs/day
PERCOCET TAB 5-325MG	QL= 12 tabs/day
PERCOCET TAB 7.5-325MG	QL= 12 tabs/day
PEXEVA TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
PHEXXI GEL	QL= 180gm/30 days
PICATO GEL	QL= 2 tubes/60 days
PLAVIX TAB 300MG	QL= 4 tabs/30 days
PLEGRIDY INJ	QL= 1 kit/28 days
PLEGRIDY PEN INJ	QL= 1 kit/28 days
POMALYST CAP	QL= 21 caps/28 days; Only available through Walgreens 888-347-3416
PONVORY TAB	QL= 30 tabs/30 days
PONVORY TAB STARTER PACK	QL= 14 tabs/14 days
posaconazole DR tab	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
PRADAXA CAP	QL= 2 caps/day; Step Therapy requires trial of ELIQUIS and XARELTO
PRALUENT INJ	QL= 1 inj/28 days
pramipexole ER tab	QL= 1 tab/day
prasugrel tab	QL= 1 tab/day; Step Therapy requires trial of clopidogrel
PRAVACHOL TAB	QL= 1 tab/day
pravastatin tab	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
PRECISION XTRA TEST STRIP	QL= 300 test strips/30 days
pregabalin cap 100mg	QL= 3 caps/day
pregabalin cap 150mg	QL= 3 caps/day
pregabalin cap 200mg	QL= 3 caps/day
pregabalin cap 225mg	QL= 3 caps/day
pregabalin cap 25mg	QL= 3 caps/day
pregabalin cap 300mg	QL= 3 caps/day
pregabalin cap 50mg	QL= 3 caps/day
pregabalin cap 75mg	QL= 3 caps/day
pregabalin ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln
pregabalin soln	QL= 30ml/day
PRETOMANID TAB	QL= 1 tab/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PREZCOBIX TAB	QL= 1 tab/day
PREZISTA SUSP	QL= 400ml/30 days
PREZISTA TAB 150MG	QL= 8 tabs/day
PREZISTA TAB 300MG	QL= 2 tabs/day
PREZISTA TAB 400MG	QL= 2 tabs/day
PREZISTA TAB 600MG	QL= 2 tabs/day
PREZISTA TAB 75MG	QL= 16 tabs/day
PREZISTA TAB 800MG	QL= 1 tab/day
PRIMLEV TAB	QL= 13 tabs/day
PRIMLEV TAB 10-300MG	QL= 13 tabs/day
PRIMLEV TAB 5-300MG	QL= 13 tabs/day
PRIMLEV TAB 7.5-300MG	QL= 13 tabs/day
PRISTIQ TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
PROAIR HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
PROLATE TAB	QL= 13 tabs/day
PROVENTIL AERO HFA	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler
PROVENTIL HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
PROVIGIL TAB	QL= 2 tabs/day
pseudoephedrine ER tab 120mg	QL= 2 tabs/day
pseudoephedrine liquid 15mg/5ml	QL= 2400ml/30 days
pseudoephedrine tab 30mg	QL= 8 tabs/day
pseudoephedrine tab 60mg	QL= 4 tabs/day
PULMICORT FLEXHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA
PULMICORT INH SUSP 0.25MG/2ML, 0.5MG/2ML	QL= 120 units/30 days
PULMICORT INH SUSP 1MG/2ML	QL= 60 units/30 days
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
QBREXZA PAD	QL= 1 pad/day
QELBREE ER CAP 100MG	QL= 30 caps/30 days; Step Therapy requires trial of atomoxetine AND clonidine OR guanfacine
QELBREE ER CAP 150MG	QL= 60 caps/30 days; Step Therapy requires trial of atomoxetine AND clonidine OR guanfacine
QELBREE ER CAP 200MG	QL= 60 caps/30 days; Step Therapy requires trial of atomoxetine AND clonidine OR guanfacine
QINLOCK TAB	QL= 90 tabs/30 days; Only available through Biologics 800-850-4306
QUDEXY XR CAP 100MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 150MG	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 200MG	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 25MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 50MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
quetiapine tab	QL= 3 tabs/day
quetiapine XR tab	QL= 1 tab/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
QUILLICHEW ER TAB	QL= 1 tab/day
QUILLIVANT XR SUSP	QL= 2ml/day
QVAR INHALER	QL= 17.4gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA
QVAR REDIHALER	QL= 21.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, or ASMANEX HFA
raloxifene tab	QL= 1 tab/day
ramelteon tab	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
RANEXA TAB	QL= 120 tabs/30 days
ranolazine tab	QL= 120 tabs/30 days
rasagiline tab	QL= 1 tab/day
RASUVO INJ 10MG	QL= 0.8ml/28 days
RASUVO INJ 12.5MG	QL= 1ml/28 days
RASUVO INJ 15MG	QL= 1.2ml/28 days
RASUVO INJ 17.5MG	QL= 1.4ml/28 days
RASUVO INJ 22.5MG	QL= 1.8ml/28 days
RASUVO INJ 25MG	QL= 2ml/28 days
RASUVO INJ 27.5MG	QL= 2.2ml/28 days
RASUVO INJ 30MG	QL= 2.4ml/28 days
RASUVO INJ 7.5MG	QL= 0.6ml/28 days
RAYALDEE CAP	QL= 2 caps/day
RAZADYNE ER CAP	QL= 1 cap/day
RAZADYNE TAB	QL= 60 tabs/30 days
REBIF INJ	QL= 1 kit/28 days
REGRANEX GEL	QL= 30gm/30 days
RELAFEN DS TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, bupropfen, or nabumetone
RELENZA DISKHALER	QL= 1 inhaler/fill, 1 fill/month
RELISTOR INJ	QL= 0.4ml/day
RELISTOR INJ KIT	QL= 0.6ml/day
RELISTOR TAB	QL= 3 tabs/day
RELPAK TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
REQUIP XL TAB	QL= 1 tab/day; Step Therapy requires trial of ropinirole
RESTASIS MULTI-DOSE	QL= 5.5 ml/30 days
RESTASIS OPHTH EMULSION	QL= 60 vials/30 days
RETEVMO CAP 40MG	QL= 180 caps/30 days; Only available through Lumicera 855-847-3553
RETEVMO CAP 80MG	QL= 120 caps/30 days; Only available through Lumicera 855-847-3553
RETROVIR CAP	QL= 6 caps/day
RETROVIR SYRUP	QL= 1920ml/30 days

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
RETROVIR TAB	QL= 2 tabs/day
REVATIO SUSP	QL= 224ml/30 days
REVATIO TAB	QL= 3 tabs/day
REVLIMID CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416
REXULTI TAB	QL= 1 tab/day
REYATAZ CAP 150 MG	QL= 2 caps/day
REYATAZ CAP 200MG	QL= 2 caps/day
REYATAZ CAP 300MG	QL= 1 cap/day
REYATAZ POWDER PACK	QL= 5 packets/day
REYVOW TAB 100mg	QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
REYVOW TAB 50mg	QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
RHINOCORT AQUA NASAL SPRAY	QL= 43 grams/75 days; Step Therapy requires trial of budesonide, fluniosolide, fluticasone, or triamcinolone
RHOPRESSA OPHTH SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln
RINVOQ ER TAB	QL= 1 tab/day
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
risedronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
risedronate tab 30mg	QL= 1 tab/day
risedronate tab 35mg	QL= 4 tabs/28 days
risedronate tab 5mg	QL= 1 tab/day
RISPERDAL M ODT	QL= 2 tabs/day
RISPERDAL SOLN	QL= 8 ml/day
RISPERDAL TAB	QL= 2 tabs/day
RISPERIDONE ODT	QL= 2 tabs/day
risperidone soln	QL= 8ml/day
risperidone tab	QL= 2 tabs/day
RITALIN LA CAP	QL= 1 cap/day
RITALIN TAB	QL= 3 tabs/day
ritonavir tab	QL= 12 tabs/30 days
rivastigmine patch	QL= 1 patch/day
rizatriptan ODT	QL= 12 tabs/30 days
rizatriptan tab	QL= 12 tabs/30 days
ropinirole ER tab	QL= 1 tab/day; Step Therapy requires trial of ropinirole
rosuvastatin tab	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
ROSZET TAB	QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe
ROZEREM TAB	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
ROZLYTREK CAP 100MG	QL= 1 cap/day; Only available through Walgreens 888-347-3416
ROZLYTREK CAP 200MG	QL= 3 caps/day; Only available through Walgreens 888-347-3416
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
RUCONEST INJ	QL= 16 vials/day; Only available through CVS Specialty 800-237-2767
RUKOBIA ER TAB	QL= 60 tabs/30 days
RUZURGI TAB	QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
RYBELSUS TAB	QL= 1 tab/day; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMPIC
RYTARY CAP	QL= 10 caps/day; Step Therapy requires trial of carbidopa/levodopa ER
RYVENT TAB	QL= 4 tabs/day
SABRIL POWDER PACK	QL= 6 packs/day; Only available through Walgreens 888-347-3416
SABRIL TAB	QL= 6 tabs/day; Only available through Walgreens 888-347-3416
SAMSCA TAB 30MG	QL= 1 tab/day; Only available through Walgreens 888-347-3416
SAMSCA TAB, TOLVAPTAN TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SANCUSO PATCH	QL= 4 patches/28 days; Step Therapy requires trial of granisetron
SANTYL OINT	QL= 90gm/30 days
SAPHRIS SL TAB	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine quetiapine XR, risperidone, or risperidone ODT
SAVAYSA TAB	QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO
SAVELLA TAB	QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin
scopolamine patch	QL= 10 patches/30 days
SEASONIQUE TAB	QL= 91 tabs/84 days
SECUADO PATCH	QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
SEEBRI NEOHALER CAP	QL= 60 caps/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT
SEGLUROMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR
SELZENTRY SOLN	QL= 31ml/day
SELZENTRY TAB 150MG	QL= 2 tabs/day
SELZENTRY TAB 25MG	QL= 4 tabs/day
SELZENTRY TAB 300MG	QL= 4 tabs/day
SELZENTRY TAB 75MG	QL= 2 tabs/day
SEMGLEE INJ	QL= 60ml/30 days; Step Therapy requires trial of LANTUS SOLOSTAR INJ, LANTUS INJ, TOUJEO SOLOSTAR INJ, or TOUJEO MAX SOLOSTAR INJ
SEMGLEE SOLN	QL= 60ml/30 days; Step Therapy requires trial of LANTUS SOLOSTAR INJ, LANTUS INJ, TOUJEO SOLOSTAR INJ, or TOUJEO MAX SOLOSTAR INJ
SENSIPAR TAB 30MG	QL= 2 tabs/day
SENSIPAR TAB 60MG	QL= 2 tabs/day
SENSIPAR TAB 90MG	QL= 4 tabs/day
SEREVENT DISKUS INHALER	QL= 1 inhaler/30 days
SEROQUEL TAB	QL= 3 tabs/day
SEROQUEL XR TAB	QL= 1 tab/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
sildenafil susp	QL= 224ml/30 days
sildenafil tab 20mg	QL= 3 tabs/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SILENOR TAB	QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem zolpidem ER tab, or zolpidem SL
SILIQ INJ	QL= 4 inj/28 days
SIMCOR TAB	QL= 1 tab/day
SIMPONI SC INJ	QL= 1 inj/28 days
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
simvastatin tab 5mg, 10mg, 20mg, 40mg	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
simvastatin tab 80mg	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
SITAVIG TAB	QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir
SIVEXTRO TAB	QL= 6 tabs/fill
SKYRIZI INJ	QL= 2 inj/84 days
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
SOLARAZE GEL	QL= 100gm/fill, 2 fills/month; Step Therapy requires trial of fluorouracil cream or imiquimod cream
solifenacin tab	QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine tolterodine ER, trospium, or trospium ER
SOLQUA INJ	QL= 18ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC
SOLODYN TAB	QL= 1 tab/day
SOLOSEC GRANULES PACKET	QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole
SOMA TAB	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
SONATA CAP	QL= 1 cap/day
SOOLANTRA CREAM	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
SOVALDI TAB	QL= 28 tabs/28 days
SPINOSAD SUSP	QL= 1 bottle/fill, 1 fill/month
SPIRIVA HANDIHALER	QL= 1 cap/day; For use with Handihaler device
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	QL= 1 inhaler/30 days
SPRAVATO NASAL SOLN	QL= 4 kits/28 days; Only available through Walgreens 888-347-3416
SPRIX NASAL SPRAY	QL= 5 units/30 days
STAHIST AD TAB 25-60MG	QL= 4 tabs/day
STAVUDINE CAP	QL= 2 caps/day
stavudine soln	QL= 2400ml/30 days
STEGLATRO TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB
STELARA INJ	QL= 1 inj/84 days

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
STIOLTO INHALER	QL= 1 inhaler/30 days
STIVARGA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
STRATTERA CAP 10MG	QL= 2 caps/day
STRATTERA CAP 18MG	QL= 2 caps/day
STRATTERA CAP 25MG	QL= 2 caps/day
STRATTERA CAP 40MG	QL= 2 caps/day
STRATTERA CAP 60MG	QL= 1 cap/day
STRIANT FILM	QL= 60 films/30 days
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of SEREVENT DISKUS
SUBOXONE SL FILM 12-3MG	QL= 2 films/day
SUBOXONE SL FILM 2-0.5MG	QL= 1 film/day
SUBOXONE SL FILM 4-1MG	QL= 1 film/day
SUBOXONE SL FILM 8-2MG	QL= 2 films/day
SUDAFD SINUS TAB 30MG	QL= 8 tabs/day
SUDAFED 24HR TAB 240MG	QL= 1 tab/day
SUDAFED CHILDRENS LIQUID 15MG/5M	QL= 2400ml/30 days
sumatriptan inj	QL= 8 inj/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 8 inj/30 days
sumatriptan nasal spray	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
sumatriptan tab	QL= 9 tabs/30 days
sumatriptan vial inj	QL= 1 inj/7 days
sumatriptan/naproxen tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
SUNOSI TAB 150MG	QL= 1 tab/day
SUNOSI TAB 75 MG	QL= 2 tabs/day
SYMBYAX CAP	QL= 1 cap/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
SYMJEPI INJ	QL= 2 inj/fill, 2 fills/month
SYMLINPEN INJ 120	QL= 11ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
SYMLINPEN INJ 60	QL= 6ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
SYNDROS SOLN	QL= 60ml/30 days
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TABLOID TAB	QL= 4 tabs/day
TABRECTA TAB	QL= 112 tabs/28 days; Only available through Lumicera 855-847-3553

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
tadalafil tab	QL= 1 tab/day; Prior Authorization for BPH
tadalafil tab (PAH)	QL= 2 tabs/day
TAFINLAR CAP	QL= 4 caps/day
TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767
TALTZ INJ	QL= 1 inj/28 days
TALZENNA CAP 0.25MG	QL= 3 caps/day; Only available through Walgreens 888-347-3416
TALZENNA CAP 1MG	QL= 1 cap/day; Only available through Walgreens 888-347-3416
TAMIFLU CAP 30MG	QL= 40 caps/183 days
TAMIFLU CAP 45MG	QL= 40 caps/183 days
TAMIFLU CAP 75MG	QL= 20 caps/183 days
TAMIFLU SUSP	QL= 360ml/183 days
TANZEUM INJ	QL= 4 inj/28 days; Step Therapy requires trial of 2: VICTOZA, TRULICITY, or OZEMF
TARCEVA TAB 100MG	QL= 3 tabs/day
TARCEVA TAB 150MG	QL= 3 tabs/day
TARCEVA TAB 25MG	QL= 2 tabs/day
TARGADOX TAB	QL= 4 tabs/day; Step Therapy requires trial of doxycycline monohydrate
TASMAR TAB	QL= 3 tabs/day
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
TAZVERIK TAB	QL= 8 tabs/day; Only available through Onco360 877-662-6633
TECFIDERA STARTER PACK	QL= 60 caps/30 days
TECHNIVIE TAB	QL= 1 pack/28 days; Only available through Walgreens 888-347-3416
TEGSEDI INJ	QL= 4 inj/28 days; Only available through Accredo 800-803-2523
TENCON TAB	QL= 6 tabs/day
tenofovir disoproxil fumarate tab	QL= 1 tab/day
TEPMETKO TAB	QL= 60 tabs/30 days; Only available through Biologics 800-850-4306
TERIPARATIDE INJ	QL= 2.48 units/28 days
TESTOSTERONE ENANTHATE INJ	QL= 4 vials/28 days
TESTOSTERONE GEL 1% 25MG	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 300gm/30 days
testosterone gel 1% pump	QL= 300gm/30 days
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
testosterone gel 2%	
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
TESTOSTERONE GEL, VOGELXO GEL	QL= 2 packets/day
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ	QL= 1 vial/28 days
testosterone soln	QL= 2 bottles/30 days
THALOMID CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
THIOLA EC TAB	QL= 8 tabs/day; Only available through Eversana 636-519-2400
THIOLA TAB	QL= 8 tabs/day; Only available through Eversana 636-519-2400
tiagabine tab 12mg	QL= 4 tabs/day
tiagabine tab 16mg	QL= 3 tabs/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
tiagabine tab 2mg	QL= 4 tabs/day
tiagabine tab 4mg	QL= 4 tabs/day
TIBSOVO TAB	QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
timolol maleate (pf) ophth soln 0.5%	QL= 2ml/day
TIMOPTIC OCUDOSE OPHTH SOLN 0.25	QL= 2ml/day
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	QL= 2ml/day
tiopronin tab	QL= 8 tabs/day; Only available through Eversana 636-519-2400
TIVICAY PD TAB	QL= 180 tabs/30 days
TIVICAY TAB	QL= 180 tabs/30 days
tolcapone tab	QL= 3 caps/day
TOLSURA CAP	QL= 4 caps/day; Step Therapy requires trial of itraconazole
tolvaptan tab	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
topiramate ER cap 100mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 150mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 200mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 25mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
TOSYMRA SOLN	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
TOUJEO MAX SOLOSTAR INJ	QL= 18ml/28 days
TOUJEO SOLOSTAR INJ	QL= 13.5ml/28 days
TRACLEER TAB 32MG	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
TRADJENTA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin or metformin ER
TRAMADOL ER CAP	QL= 1 cap/day; Step Therapy requires trial of tramadol tab
TRAMADOL HCL TAB 100MG	QL= 4 tabs/day
tranexamic acid tab	QL= 180 tabs/30 days
TRANSDERM-SCOP PATCH	QL= 10 patches/30 days
TRAVATAN Z DROPS	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln or travoprost ophth soln
travoprost ophth soln	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln
TRELEGY ELLIPTA INHALER	QL= 1 inhaler/30 days
TREMFYA INJ	QL= 1 inj/56 days
TRESIBA FLEXTOUCH INJ	QL= 30ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO
TRESIBA INJ	QL= 30ml/28 days; Step Therapy requires trial of LANTUS or TOUJEO
TREXIMET TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODONE CAP	QL= 10 caps/day
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
trilyte soln	QL= 2 fills/calendar year
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
triprolidine/pseudoephedrine tab 2.5-60 mg	QL= 4 tabs/day
trispesec pse liquid	QL= 1200ml/30 days
TRIUMEQ TAB	QL= 1 tab/day
TRIZIVIR TAB	QL= 2 tabs/day
TROKENDI XR CAP	QL= 2 caps/day
TROKENDI XR CAP 100MG	QL= 1 cap/day
TROKENDI XR CAP 25MG	QL= 1 cap/day
TROKENDI XR CAP 50MG	QL= 1 cap/day
TRULICITY INJ	QL= 2 ml/28 days; Step Therapy requires trial of metformin or metformin ER
TRUVADA TAB	QL= 30 tabs/30 days
TUDORZA PRESSAIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT
TUKYSA TAB	QL= 120 tabs/30 days; Only available through Biologics 800-850-4306
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
TUSNEL C SYRUP	QL= 1200ml/30 days
TUSNEL SYRUP	QL= 1200ml/30 days
TUSSICAPS	QL= 20 caps/fill, 2 fills/30 days
tussin cf liquid	QL= 1200ml/30 days
TUSSI-ORGANI SYRUP	QL= 240ml/fill, 2 fills/month
TUXARIN ER TAB	QL= 20 tabs/fill, 2 fills/30 days
TUZISTRA XR SUSP	QL= 120ml/fill, 2 fills/30 days
TYMLOS INJ	QL= 1.56 units/30 days
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
UDENYCA INJ	QL= 1.2 units/28 days
ULESFIA LOTION	QL= 4 bottles/fill, 2 fills/month
ULORIC TAB	QL= 1 tab/day
UPNEEQ SOLN	QL= 30 droppers/30 days
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
UTIBRON NEOHALER CAP	QL= 2 caps/day; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Avella (877) 546-5779
VANCOGIN CAP 125MG	QL= 56 caps/30 days
VANCOGIN CAP 250MG	QL= 112 caps/30 days
vancomycin cap 125mg	QL= 56 caps/30 days
vancomycin cap 250mg	QL= 112 caps/30 days
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of ondansetron
VASCEPA CAP 0.5GM	QL= 4 caps/day
VASCEPA CAP 1GM	QL= 4 caps/day
VELTASSA POWDER	QL= 1 packet/day; Step Therapy requires trial of LOKELMA
VEMLIDY TAB	QL= 1 tab/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
VERZENIO TAB	QL= 2 tabs/day
VESICARE TAB	QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
V-GO INJ KIT	QL= 1 kit/day
VIBRAMYCIN CAP	QL= 2 caps/day
VICTOZA INJ	QL= 9ml/30 days; Step Therapy requires trial of metformin or metformin ER
VIDEX SOLN	QL= 600ml/30 days
VIEKIRA PAK TAB	QL= 4 tabs/day; Only available through Lumicera 855-847-3553
VIEKIRA XR TAB	QL= 3 tabs/day; Only available through Lumicera 855-847-3553
vigabatrin powder pack	QL= 6 packs/day; Only available through Walgreens 888-347-3416 or PantherRx 855-726-8479
vigabatrin tab	QL= 6 tabs/day; Only available through Walgreens 888-347-3416
VIMPAT TAB	QL= 2 tabs/day
VIRAMUNE SUSP	QL= 1200ml/30 days
VIRAMUNE TAB	QL= 2 tabs/day
VIRAMUNE XR TAB	QL= 1 tab/day
VIREAD TAB	QL= 1 tab/day
VITEKTA TAB	QL= 1 tab/day
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI CAP 25MG	QL= 8 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI SOLN	QL= 10ml/day; Only available through US Bioservices 888-518-7246
VIVELLE-DOT PATCH	QL= 8 patches/28 days
VIVLODEX CAP	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
VIVOTIF CAP	QL= 4 caps/fill, 1 fill/year
VIZIMPRO TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
VOGELXO PUMP	QL= 4 bottles/30 days
VOSEVI TAB	QL= 1 tab/day
VRAYLAR CAP	QL= 1 cap/day
VRAYLAR PACK	QL= 2 packs/plan year
VUMERITY CAP	QL= 120 caps/30 days
VYLEESI INJ	QL= 2.4 ml/28 days
VYNDAMAX CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416
VYNDAQEL CAP	QL= 4 caps/day; Only available through Walgreens 888-347-3416
VYTORIN TAB	QL= 1 tab/day
VYVANSE CAP	QL= 1 cap/day
VYVANSE CHEW TAB	QL= 1 tab/day
VYZULTA SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln
WAKIX TAB	QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
XADAGO TAB	QL= 1 tab/day
XALKORI CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XARTEMIS XR TAB	QL= 12 tabs/day
XATMEP SOLN	QL= 60ml/30 days
XCOPRI PAK 100-150MG	QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 150-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 50-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
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; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XELJANZ SOLN	QL= 10ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XENLETA TAB	QL= 10 tabs/fill, 1 fill/month
XEPI CREAM	QL= 30gm/30 days
XERMELO TAB	QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Diplomat Pharmacy 877-977-9118
XIFAXAN TAB 200MG	QL= 9 tabs/fill, 2 fills/month
XIFAXAN TAB 550MG	QL= 2 tabs/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XIIDRA OPHTH SOLN	QL= 60ml/30days; Step Therapy requires trial of RESTASIS OPHTH EMULSION
XODOL TAB 10MG-300MG	QL= 13 tabs/day
XODOL TAB 5MG-300MG	QL= 13 tabs/day
XODOL TAB 7.5MG-300MG	QL= 13 tabs/day
XOFLUZA TAB	QL= 2 tabs/fill
XOLAIR INJ	QL= 1 vial/28 days
XOSPATA TAB	QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
XPOVIO TAB	QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
XTAMPZA ER CAP 13.5MG	QL= 2 caps/day
XTAMPZA ER CAP 18MG	QL= 2 caps/day
XTAMPZA ER CAP 27MG	QL= 4 caps/day
XTAMPZA ER CAP 36MG	QL= 8 caps/day
XTAMPZA ER CAP 9MG	QL= 2 caps/day
XTANDI CAP	QL= 4 caps/day; Only available through Walgreens 888-347-3416
XTANDI TAB 40MG	QL= 4 tabs/day; Only available through Walgreens 888-347-3416

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XTANDI TAB 80MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
XULTOPHY INJ	QL= 15ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPI
XYOSTED INJ	QL= 4 syringes/28 days
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050
XYZAL SOLN	QL= 10ml/day
YONSA TAB	QL= 4 tabs/day
YUPELRI SOLN	QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT
zaleplon cap	QL= 1 cap/day
ZECUITY PAD	QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatripta ODT, or sumatriptan
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB	QL= 8 tabs/day; Only available through Walgreens 888-347-3416
zenzedi tab 10mg	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 15MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 2.5MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 20MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 30MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
zenzedi tab 5mg	QL= 3 tabs/day; Step Therapy requires trial of dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 7.5MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZEPATIER TAB	QL= 1 tab/day
zephrex-d tab 30mg	QL= 240 tabs/30 days
ZEPOSIA CAP	QL=30 caps/30 days
ZEPOSIA STARTER PACK	QL= 7 units/30 days, 2 fills/year
ZERIT CAP	QL= 2 caps/day
ZERIT SOLN	QL= 2400ml/30 days
ZETIA TAB	QL= 1 tab/day
ZIAGEN SOLN	QL= 960ml/30 days
ZIAGEN TAB	QL= 2 tabs/day

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Moda Large Group Commercial Formulary Cont.
Last Updated* 6/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
zidovudine cap	QL= 6 caps/day
zidovudine syrup	QL= 1920ml/30 days
zidovudine tab	QL= 2 tabs/day
ZIEXTENZO INJ	QL= 1.2 units/28 days
zileuton ER tab	QL= 2 tabs/day
ZIOPTAN OPHTH SOLN	QL= 1 bottle/day; Step Therapy requires trial of latanoprost ophth soln
ziprasidone cap	QL= 2 caps/day
ZIPSOR CAP	QL= 4 caps/day
ZOCOR TAB 5MG, 10MG, 20MG, 40MG	QL= 1 tab/day
ZOCOR TAB 80MG	QL= 1 tab/day
ZOFRAN SOLN	QL= 50ml/fill, 1 fill/15 days
ZOHYDRO ER CAP	QL= 2 caps/day
zolmitriptan ODT	QL= 9 tabs/30 days
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem tab	QL= 1 tab/day
zolpidem tartrate SL tab	QL= 1 tab/day
ZOMIG TAB	QL= 9 tabs/30 days
ZOMIG ZMT	QL= 9 tabs/30 days
ZORVOLEX CAP	QL= 3 caps/day
ZUBSOLV SL TAB	QL= 90 tabs/30 days
ZURAMPIC TAB	QL= 1 tab/day
ZYBAN TAB	Limited to 180 days/plan year
ZYCLARA CREAM 2.5%	QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream
ZYFLO CR TAB	QL= 2 tabs/day
ZYFLO TAB	QL= 4 tabs/day
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYPITAMAG TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
ZYPREXA TAB	QL= 1 tab/day
ZYPREXA ZYDIS TAB	QL= 1 tab/day
ZYRTEC-D TAB 5-120MG	QL= 2 tabs/day
ZYTIGA TAB 250MG	QL= 3 tabs/day
ZYTIGA TAB 500MG	QL= 2 tabs/day

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