



# Vantage Health Plan

Formulary



# Vantage Health Plan

## 2023 Commercial and Marketplace Formulary

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This document includes a list of the drugs (formulary) for Vantage's Commercial and Marketplace plans which is current as of May 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the back-cover page.

### What is the Vantage Commercial and Marketplace Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on Vantage's coverage of your prescriptions, please review your Certificate of Coverage.

Vantage utilizes a Pharmacy and Therapeutics Committee (P & T Committee), made up of practicing physicians and pharmacists to help ensure that our formulary is medically sound and that it supports patient health. This committee reviews and evaluates medications on the formulary based on a regular basis and will make annual formulary updates to drug coverage for safety and efficacy to help maintain clinical integrity in all therapeutic categories.

### Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except when new adverse information about the safety or effectiveness of a drug is released. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and our Pharmacy Benefit Manager (PBM) will provide notice to members who take the drug and their providers. In the event of a mid-year non-maintenance formulary change, the printed and web-based versions of the formulary will be updated as of the effective date of the formulary change. The updated versions of the printed formulary will be available upon request. To get updated information about the drugs covered by our plan, please contact us toll-free at (888) 823-1910.

### How do I use the Formulary?

There are several ways to find your drug within the formulary. The Alphabetical Index begins on page 1 and the Category/Class listing begins on page 115. Drugs requiring Prior Authorizations, Step Therapy and Quantity Limits are also noted in the formulary.

### What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs generally cost less than brand-name drugs. Generic drug coverage has two tiers and includes Preferred Generics and Non-Preferred Generics.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you do not get approval, our plan may not cover the drug.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 2 tablets per day for Eliquis. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our website listed on the back cover.

Pharmacies cannot substitute a preferred brand-name drug without the prescriber's approval. Therefore, a pharmacist may contact the prescriber to obtain authorization to dispense an alternative preferred product when a non-preferred product is prescribed.

## What if my drug is not on the Formulary?

If your drug is not included in this list formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug.

## For more information

For more detailed information about your Vantage prescription drug coverage, please review your Certificate of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information appears on the back-cover page.

Formulary Disclaimer: Coverage for some drugs may be limited to specific dosage forms and/or strengths. The benefit design determines what is covered and the applicable cost share. The medications listed on this formulary are subject to change pursuant to the formulary management activities of Vantage. The presence of a medication on this formulary list does not guarantee coverage. To see the most up-to-date formulary, please visit [www.VantageHealthPlan.com](http://www.VantageHealthPlan.com). You may also call Member Services toll-free at (888) 823-1910 to request a copy be mailed to you.

# Vantage Health Plan, Inc.

## 2023 Commercial and Marketplace Formulary

Please refer to the Certificate of Coverage and/or Cost Share Schedule for the applicable Prescription Drug Deductible and Co-payment amounts or Co-insurance percentages related to each Tier listed below and referenced in this formulary. Tier 6 relates to preventive drugs and is covered at 100%.

### Tiers:

- 1 = Tier 1
- 2 = Tier 2
- 3 = Tier 3
- 4 = Tier 4
- 5 = Tier 5
- 6 = Tier 6

The information in the Special Code column tells you if our plan has any special requirements for coverage of your drug. The formulary includes listings of drugs that require Prior Authorization (PA) or Step Therapy (ST), or have Quantity Limits (QL).

### Requirements/Limits:

- PA = Prior Authorization
- ST = Step Therapy
- QL = Quantity Limits

### Drugs:

- UPPERCASE = Brand name drugs (e.g., COUMADIN TAB)
- Lower case italics = Generic drugs (e.g., warfarin)

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**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.

**Vantage Health Plan Commercial/Marketplace Formulary**  
**Alphabetical Index**  
**Last Updated 5/3/2024**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
abacavir soln (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	5	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	2	ANTIVIRALS
ABELCET INJ	M	M	ANTIFUNGALS
ABILIFY ASIMTUFII INJ 720MG/2.4ML (aripiprazole im er susp prefilled syringe equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY ASIMTUFII INJ 960MG/3.2ML (aripiprazole im er susp prefilled syringe equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY INJ	M	M	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LPSP-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRAXANE INJ, PACLITAXEL INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRILADA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ABRYSVO INJ	VAC	6	VACCINES
ABSORICA CAP	-	4	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	PA	2	ANTIDIABETICS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCURETIC TAB	-	NC	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	2	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	2	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	2	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2	DIURETICS
acetazolamide inj	M	M	DIURETICS
acetazolamide tab	-	1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	2	OTIC AGENTS
acetic acid solution	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	2	OTIC AGENTS
acetylcysteine cap	-	2	NUTRIENTS
acetylcysteine inj	M	M	ANTIDOTES
acetylcysteine soln (MUCOMYST equiv)	-	2	COUGH/COLD/ALLERGY

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	<b>NC/3P</b> = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LPSP	Lumicera Preferred Specialty Pharmacy	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	PSP	Preferred Specialty Pharmacy	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.

**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Alphabetical Index**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
acitretin cap (SORIATANE equiv)	-	5	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA IV INJ	M	M	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHIB INJ, HIBERIX INJ	VAC	6	VACCINES
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	5	ANTINEOPLASTICS
ACUVAIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	2	DERMATOLOGICALS
ACYCLOVIR INJ	M	M	ANTIVIRALS
acyclovir oint (ZOVIRAX equiv)	-	1	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	2	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	2	ANTIVIRALS
ACZONE GEL	-	NC	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	VAC	6	TOXOIDS
ADAGEN INJ	M	M	BIOLOGICALS MISC
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADAPALENE SOLN	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
ADAPALENE LOTION	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	NC	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC	DERMATOLOGICALS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADBRY INJ	-	NC	DERMATOLOGICALS
ADCETRIS INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	LPSP	5	ANTIVIRALS
ADEMPAS TAB (Only available through Accredo 800-803-2523)	LD-PA	5	CARDIOVASCULAR AGENTS - MISC.
adenosine inj (ADENOCARD equiv)	M	M	ANTIARRHYTHMICS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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**Alphabetical Index**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ADLARITY PATCH	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADLYXIN INJ	-	NC	ANTIDIABETICS
ADMELOG INJ, HUMALOG INJ	-	NC	ANTIDIABETICS
ADMELOG SOLOSTAR, HUMALOG TEMPO PEN	-	NC	ANTIDIABETICS
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADRENALIN INJ	-	NC	VASOPRESSORS
ADRENALIN NASAL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
adrucil inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ADVAIR DISKUS INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVATE INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 4000UNIT	M	M	HEMATOLOGICAL AGENTS - MISC.
ADZENYS ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
AEMCOLO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	-	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER	--OTC	NC	MEDICAL DEVICES AND SUPPLIES
AFINITOR DISPERZ TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB	LPSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ (QL= 2 vaccines/calendar year)	QL-VAC	6	VACCINES
AFLURIA INJ, FLUZONE INJ (QL= 2 vaccines/calendar year)	QL-VAC	6	VACCINES
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
AGAMREE SUSP	-	NC	CORTICOSTEROIDS
AGGRASTAT INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
AIMOVIJ INJ (QL= 1 pack/28 days)	PA-QL	3	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRSUPRA INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	3	MIGRAINE PRODUCTS
AKEEGA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AKLIEF CREAM	-	NC	DERMATOLOGICALS
AKYNZEO CAP (QL= 1 tab/fill)	PA-QL	3	ANTIEMETICS
ALA-SCALP LOTION	-	NC	DERMATOLOGICALS
albendazole tab (ALBENZA equiv)	-	2	ANTHELMINTICS
ALBENZA TAB	-	3	ANTHELMINTICS
ALBUKED INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
albuminar-5 inj	M	M	HEMATOLOGICAL AGENTS - MISC.
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.083% (PROVENTIL equiv) (QL= 3 boxes/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5% (VENTOLIN equiv) (QL= 5 boxes/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.63mg (ACCUNEB equiv) (QL= 5 boxes/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv) (QL= 5 boxes/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN 0.5% (QL= 5 boxes/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	2	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	2	DERMATOLOGICALS
ALCOHOL INJ	M	M	NUTRIENTS
ALCOHOL SWABS	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
ALCORTIN A GEL	-	NC	DERMATOLOGICALS
ALDURAZYME INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALECENSA CAP	LPSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	NC	DERMATOLOGICALS
alfentanil inj	M	M	ANALGESICS - OPIOID
ALFERON-N INJ	LPSP-PA	5	ANTINEOPLASTICS
alfuzosin SR tab (UROXATRAL equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ALIMTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	4	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv)	-	2	ANTIHYPERTENSIVES
ALKERAN TAB	-	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	4	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	4	CORTICOSTEROIDS
ALLEGRA ODT	OTC	NC	ANTIHISTAMINES
allopurinol inj	M	M	GOUT AGENTS

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**Alphabetical Index**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALLOPURINOL TAB	-	NC	GOUT AGENTS
ALLZITAL TAB	-	2	ANALGESICS - NONNARCOTIC
ALLZITAL TAB, BUPAP TAB	-	2	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv)	-	NC	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	4	OPHTHALMIC AGENTS
ALODOX KIT	-	4	TETRACYCLINES
ALOGLIPTIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN TAB, NESINA TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN-METFORMIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN-PIOGILTAZONE TAB	-	NC	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	4	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	4	ESTROGENS
alosetron tab (LOTRONEX equiv)	PA	5	GASTROINTESTINAL AGENTS - MISC.
ALOXI INJ	M	M	ANTIEMETICS
alprazolam ER tab (XANAX XR equiv)	-	2	ANTIANKXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	2	ANTIANKXIETY AGENTS
alprazolam tab (XANAX equiv)	-	2	ANTIANKXIETY AGENTS
alprostadil inj	M	M	ASSORTED CLASSES
ALREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
ALREX OPHTH SUSP 0.2%	-	3	OPHTHALMIC AGENTS
ALSUMA INJ (QL= 10 inj/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	4	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTOPREV TAB	-	NC	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVAIZ TAB	-	NC	HEMATOPOIETIC AGENTS
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	2	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	2	ANTIPARKINSON AGENTS
amantadine tab	-	2	ANTIPARKINSON AGENTS
AMBIEN CR TAB (QL= 1 tab/day)	QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
AMBIEN TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
AMBISOME INJ	M	M	ANTIFUNGALS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	NC	DERMATOLOGICALS
amcinonide oint 0.1% (AMCINONIDE OINT equiv)	-	NC	DERMATOLOGICALS
AMCINONIDE OINTMENT	-	NC	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	6	CONTRACEPTIVES
AMICAR SOLN	-	3	HEMOSTATICS
AMICAR TAB	-	3	HEMOSTATICS
amifostine inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
amikacin inj	M	M	AMINOGLYCOSIDES
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
AMILORIDE/HCTZ TAB	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminoac acid solution	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
aminocaproic acid inj	M	M	HEMOSTATICS
aminocaproic acid soln (AMICAR equiv)	-	2	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	2	HEMOSTATICS
AMINOHIPPURATE INJ	M	M	DIAGNOSTIC PRODUCTS
aminophylline inj	M	M	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aminosyn II inj	M	M	NUTRIENTS
AMINOSYN INJ	M	M	NUTRIENTS
AMIODARONE INJ	M	M	ANTIARRHYTHMICS
amiodarone inj (CORDARONE equiv)	M	M	ANTIARRHYTHMICS
amiodarone tab (CORDARONE equiv)	-	2	ANTIARRHYTHMICS
AMITIZA CAP	PA	3	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA AUTO-INJECTOR (1 PEN PACK) (QL= 2 pens/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA AUTO-INJECTOR (2 PEN PACK) (QL= 2 pens/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	2	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	NC	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	ϕ	2	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	2	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	2	DERMATOLOGICALS
AMMONIUM MOLYBDATE INJ	M	M	MINERALS & ELECTROLYTES
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap	-	2	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	2	DERMATOLOGICALS
amoxapine tab (AMOXAPINE equiv)	-	2	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	2	PENICILLINS
AMOXICILLIN CHEW TAB	-	2	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	2	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	2	PENICILLINS
AMOXICILLIN/CLAVULANATE CHEW TAB	-	2	PENICILLINS

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AMOXICILLIN/CLAVULANATE ER TAB	-	2	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	2	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	2	PENICILLINS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (QL= 1 cap/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv) (QL= 2 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AMPHOTEC INJ	M	M	ANTIFUNGALS
amphotericin b liposome iv for susp (AMBISOME INJ equiv)	M	M	ANTIFUNGALS
AMPHOTERICIN INJ	M	M	ANTIFUNGALS
ampicillin cap (AMPICILLIN equiv)	-	2	PENICILLINS
ampicillin inj	M	M	PENICILLINS
ampicillin-sulbactam inj (UNASYN equiv)	M	M	PENICILLINS
AMPYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMRIX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
AMYL NITRITE INH	-	2	ANTIANGINAL AGENTS
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
ANADROL-50 TAB	-	4	ANDROGENS-ANABOLIC
anagrelide cap (AGRYLIN equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	4	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	NC	ANORECTAL AND RELATED PRODUCTS
ANALPRAM-HC LOTION	-	3	ANORECTAL AGENTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (Step therapy requires trial of ANDROGEL equiv)	ST	4	ANDROGENS-ANABOLIC
ANDROGEL 1% 25MG	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1% 50MG	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM	-	4	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM	-	4	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62%	-	4	ANDROGENS-ANABOLIC
ANNOVERA RING (QL= 1 ring/year)	QL	6	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTARA CAP	-	4	ANTIHYPERLIPIDEMICS
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	4	ANTIHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANTIVENIN KIT LAT MACT	M	M	PASSIVE IMMUNIZING AGENTS
ANTIVENIN MI KIT	M	M	PASSIVE IMMUNIZING AGENTS
ANTIVERT TAB, MECLIZINE TAB	-	NC	ANTIEMETICS

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ANZEMET INJ	M	M	ANTIEMETICS
ANZEMET TAB (QL= 5 tabs/30 days)	QL	3	ANTIEMETICS
APADAZ TAB	-	NC	ANALGESICS - OPIOID
APAP/CODEINE SOLN	-	2	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APIDRA INJ	-	NC	ANTIDIABETICS
APIDRA SOLOSTAR INJ	-	NC	ANTIDIABETICS
APLENZIN TAB (QL= 1 tab/day)	QL	4	ANTIDEPRESSANTS
APOKYN INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
apomorphine inj (APOKYN equiv)	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	2	OPHTHALMIC AGENTS
APRACLONIDINE OPHTH SOLN	-	4	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	PA-QL	2	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	PA-QL	2	ANTIEMETICS
APRISO CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC	DERMATOLOGICALS
APTIVUS CAP	-	5	ANTIVIRALS
APTIVUS SOLN	-	5	ANTIVIRALS
ARAKODA TAB	-	NC	ANTIMALARIALS
ARALAST/PROLASTIN/ZEMAIRA INJ	M	M	RESPIRATORY AGENTS - MISC.
aranelle tab (TRI-NORINYL equiv)	-	6	CONTRACEPTIVES
ARANESP INJ	LPSP	5	HEMATOPOIETIC AGENTS
ARAZLO LOTION	-	NC	DERMATOLOGICALS
ARCALYST INJ	M	NC	ANALGESICS - ANTI-INFLAMMATORY
ARCAPTA NEOHALER (QL= 1 inhaler/30 days)	QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AREXVY INJ	VAC	6	VACCINES
arformoterol tartrate neb soln (BROVANA equiv) (QL= 2 nebs/day)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARGATROBAN INJ	M	M	ANTICOAGULANTS
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	5	AMINOGLYCOSIDES
aripiprazole soln (ABILIFY equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv) (QL= 1 tab/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab 2mg (ABILIFY equiv) (QL= 2 tabs/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab 5mg (ABILIFY equiv) (QL= 2 tabs/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	2	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARRANON INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
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arsenic trio inj 10/10ml (TRISENOX equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
ARZERRA INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARZOL SILVER NITRATE APPLICATOR	-	NC	DERMATOLOGICALS
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASCORBIC ACID INJ	M	M	VITAMINS
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	2	ANTIpsychOTICS/ANTIMANIC AGENTS
ASMANEX HFA INHALER (QL= 2 inhalers/30 days)	QL	3	ANTIastHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 2 inhalers/30 days)	QL	3	ANTIastHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for females (no age restriction))	OTC	6	ANALGESICS - NONNARCOTIC
ASPIRIN EC TAB 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for females (no age restriction))	OTC	6	ANALGESICS - NONNARCOTIC
aspirin effer tab (ALKA-SELTZER equiv)	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin tab	OTC	6	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	2	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENEX equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
ASPRUZYO SPRINKLE GRANULES	-	NC	ANTIANGINAL AGENTS
ASTAGRAF XL CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
atazanavir cap (REYATAZ equiv)	-	5	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
ATGAM INJ	M	M	ASSORTED CLASSES
atomoxetine cap (STRATTERA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ATORVALIQ SUSP	-	NC	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv)	-	6	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	2	ANTIMALARIALS
atracurium inj	M	M	NEUROMUSCULAR AGENTS
ATRIPLA TAB (QL= 1 tab/day)	QL	5	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS
ATROPEN INJ	M	M	ULCER DRUGS
atropine ophth oint	-	2	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	2	OPHTHALMIC AGENTS
ATROPINE SUL INJ	M	M	ULCER DRUGS
atropine sul inj (ATROPINE equiv)	M	M	ULCER DRUGS
ATROPINE SUL SOLN 1% OPHTH	-	2	OPHTHALMIC AGENTS
atropine sulfate inj	--M	M	ULCER DRUGS
ATROPINE SULFATE OPHTH OINT	-	2	OPHTHALMIC AGENTS
ATROVENT HFA INHALER (QL= 2 inhalers/30 days)	QL	3	ANTIastHMATIC AND BRONCHODILATOR AGENTS

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AUBAGIO TAB	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN SUSP	-	3	PENICILLINS
AUGTYRO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AURYXIA TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 6MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION KIT	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVELITY TAB	-	NC	ANTIDEPRESSANTS
AUVI-Q INJ	-	NC	VASOPRESSORS
AVAGE CREAM	-	3	DERMATOLOGICALS
AVAR-E LS CREAM 10-2%	-	NC	DERMATOLOGICALS
AVASTIN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVELOX INJ	M	M	FLUOROQUINOLONES
aviane tab (ALESSE equiv)	-	6	CONTRACEPTIVES
AVODART CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
AVONEX INJ	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB	-	NC	MIGRAINE PRODUCTS
AYVAKIT TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZACTAM/DEX INJ	M	M	ANTI-INFECTIVE AGENTS - MISC.
azactidine inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN	-	4	OPHTHALMIC AGENTS
AZATHIOPRINE INJ	M	M	ASSORTED CLASSES
azathioprine tab (IMURAN equiv)	-	2	ASSORTED CLASSES
azathioprine tab 100mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv)	-	2	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/30 days)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/30 days)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	2	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	-	NC	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	NC	MULTIVITAMINS
AZESCO TAB	-	NC	MULTIVITAMINS
AZILECT TAB	-	NC	ANTIPARKINSON AGENTS
azithromycin inj	M	M	MACROLIDES
AZITHROMYCIN POWDER PACK	-	2	MACROLIDES

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azithromycin susp (ZITHROMAX equiv)	-	2	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	2	MACROLIDES
AZO URINARY TAB	OTC	NC	GENITOURINARY AGENTS - MISCELLANEOUS
AZOPT OPHTH SUSP	-	3	OPHTHALMIC AGENTS
AZOR TAB	-	NC	ANTIHYPERTENSIVES
AZSTARYS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
aztreonam inj	M	M	ANTI-INFECTIVE AGENTS - MISC.
B6 FOLIC ACD CAP	-	2	HEMATOPOIETIC AGENTS
BACITRACIN INJ	M	M	ANTI-INFECTIVE AGENTS - MISC.
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	2	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	2	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	2	OPHTHALMIC AGENTS
BACLOFEN ORAL SOLN 10 MG/5ML	-	M	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN ORAL SOLN 5 MG/5ML	--M	M	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SUSP (Prior Authorization Required for members age 9 or older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 or older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTOCILL/DEXTRROSE INJ	M	M	PENICILLINS
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
balanced salt soln	-	2	OPHTHALMIC AGENTS
BALCOLTRA TAB	-	6	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	PA	4	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	3	ANTIDIABETICS
BARACLUDE SOLN (Members age 9 or older require Prior Authorization)	PA	4	ANTIVIRALS
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR I	-	NC	ANTIDIABETICS
BAXDELA TAB (QL= 2 tabs/day)	PA-QL	3	FLUOROQUINOLONES
BCG INJ	VAC	NC	VACCINES
B-D INSULIN SYRINGE	--OTC	3	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	3	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	2	ULCER DRUGS
BECONASE AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
belladonna/phenobarbital tab (DONNATAL equiv)	-	2	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2	ANTIHYPERTENSIVES
bendamustine hcl for iv soln (TREANDA equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIX INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
BENICAR HCT TAB	-	NC	ANTIHYPERTENSIVES
BENICAR TAB	-	NC	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ	M	M	ASSORTED CLASSES
BENLYSTA INJ	M--	NC	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENZAACLIN KIT CARE	-	4	DERMATOLOGICALS
BENZALKONIUM SOLN	-	2	ANTISEPTICS & DISINFECTANTS
BENZAMYCIN GEL PACK	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTHELMINTICS
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC	DERMATOLOGICALS
benzonatate cap (TESSALON equiv)	-	2	COUGH/COLD/ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC	COUGH/COLD/ALLERGY
benzoyl peroxide gel	-	2	DERMATOLOGICALS
benzoyl peroxide kit	-	2	DERMATOLOGICALS
benzoyl peroxide liquid	-	2	DERMATOLOGICALS
benzoyl peroxide lotion	-	2	DERMATOLOGICALS
benzoyl peroxide pad	-	2	DERMATOLOGICALS
BENZOYL PEROXIDE WASH	-	2	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC	DERMATOLOGICALS
BENZPHETAMINE TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
benztropine inj	M	M	ANTIPARKINSON AGENTS
benztropine tab	-	1	ANTIPARKINSON AGENTS
bepotastine ophth soln (BEPREVE equiv)	-	4	OPHTHALMIC AGENTS
BEPREVE OPHTH SOLN	-	4	OPHTHALMIC AGENTS
BERINERT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
BESREMI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416)	LD	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	2	DERMATOLOGICALS
betamethasone augmented gel	-	2	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	3	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	2	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	2	DERMATOLOGICALS
betamethasone dipropionate lotion	-	2	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2	DERMATOLOGICALS
betamethasone sodium phosphate inj (CELESTONE-SOLUSPAN equiv)	M	M	CORTICOSTEROIDS
betamethasone valerate cream	-	2	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC	DERMATOLOGICALS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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betamethasone valerate lotion	-	2	DERMATOLOGICALS
betamethasone valerate oint	-	2	DERMATOLOGICALS
BETASERON INJ	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETAXOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
betaxolol ophth soln (BETOPTIC-S equiv)	-	2	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	2	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	2	URINARY ANTISPASMODICS
BETIMOL OPHTH SOLN	-	4	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEXAGLIFLOZN TAB	-	NC	ANTIDIABETICS
bexarotene cap (TARGRETIN equiv)	LPSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv)	LPSP-PA	5	DERMATOLOGICALS
BEXSERO INJ	VAC	6	VACCINES
BEXXAR INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEYAZ TAB	-	NC	CONTRACEPTIVES
BEYFORTUS INJ	VAC	6	PASSIVE IMMUNIZING AND TREATMENT AGENTS
bicalutamide tab (CASODEX equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BICILLIN C-R INJ	M	M	PENICILLINS
BICILLIN L-A INJ	M	M	PENICILLINS
BICNU INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	3	CARDIOVASCULAR AGENTS - MISC.
BIJUVA CAP	-	NC	ESTROGENS
BIKTARVY TAB	-	5	ANTIVIRALS
BILTRICIDE TAB	-	3	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
bimatoprost ophth soln	QL--	EXC	DERMATOLOGICALS
BIMZELX INJ	-	NC	DERMATOLOGICALS
BINOSTO TAB (QL= 4 tabs/ 28 days)	QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
biocel tab (STROVITE equiv)	-	1	MULTIVITAMINS
BIOTHRAX INJ	VAC	6	VACCINES
bismuth/metro/tetra cap (PYLERA equiv)	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
bisoprolol tab (ZEBETA equiv)	-	2	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
bleomycin inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLEPHAMIDE S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
BORTEZOMIB INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bortezomib inj (VELCADE equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LPSP	Lumicera Preferred Specialty Pharmacy	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	PSP	Preferred Specialty Pharmacy	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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bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
BOSULIF CAP	PA-PSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOSULIF TAB	PA-PSP-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX COSMET INJ	M	M	DERMATOLOGICALS
BOTOX INJ	M	M	NEUROMUSCULAR AGENTS
BP VIT 3 CAP	-	2	HEMATOPOIETIC AGENTS
b-plex plus tab (STROVITE equiv)	-	1	MULTIVITAMINS
BRAFTOVI CAP 75MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREZTRI AEROSPHERE INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	2	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	2	OPHTHALMIC AGENTS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	2	OPHTHALMIC AGENTS
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	2	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv)	-	2	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
BRIXADI SOLN 128MG/0.36ML	-	NC	ANALGESICS - OPIOID
BRIXADI SOLN 16MG/0.32ML	-	NC	ANALGESICS - OPIOID
BRIXADI SOLN 24MG/0.48ML	-	NC	ANALGESICS - OPIOID
BRIXADI SOLN 32MG/0.64ML	-	NC	ANALGESICS - OPIOID
BRIXADI SOLN 64MG/0.18ML	-	NC	ANALGESICS - OPIOID
BRIXADI SOLN 8MG/0.18ML	-	NC	ANALGESICS - OPIOID
BRIXADI SOLN 96MG/0.27ML	-	NC	ANALGESICS - OPIOID
bromfenac ophth soln (BROMDAY equiv)	-	2	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	2	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.07%	-	NC	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.075% (BROMSITE equiv)	-	NC	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
brompheniramine soln	-	3	ANTIHISTAMINES
brompheniramine/pseudoephedrine liquid	-	3	COUGH/COLD/ALLERGY
BROMSITE DROP 0.075%	-	NC	OPHTHALMIC AGENTS
BRONCHITOL CAP	-	NC	RESPIRATORY AGENTS - MISC.
BROVANA NEB SOLN (QL= 120 units/30 days)	QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BROVEX PEB LIQUID	OTC	NC	COUGH/COLD/ALLERGY
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION	-	NC	DERMATOLOGICALS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
BSS OPHTH SOLN	-	2	OPHTHALMIC AGENTS
budesonide ER tab (UCERIS equiv)	-	NC	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv) (QL= 2 nebs/day)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 1 bottle/30 days)	OTC-QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	2	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	2	CORTICOSTEROIDS
budesonide/formoterol inhaler (SYMBICORT equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide inj (BUMEX equiv)	M	M	DIURETICS
bumetanide tab (BUMEX equiv)	-	2	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
BUPHENYL TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
bupivacaine inj	M	M	LOCAL ANESTHETICS-PARENTERAL
bupivacaine/epinephrine inj	M	M	LOCAL ANESTHETICS-PARENTERAL
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC	ANALGESICS - OPIOID
buprenorphine inj	M	M	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv)	-	2	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	2	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	2	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv) (QL= 2 tabs/day)	QL	2	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/calendar year)	QL-SMKG	6	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion SR tab 150mg (WELLBUTRIN equiv) (QL= 2 tabs/day)	QL	6	ANTIDEPRESSANTS
bupropion tab (WELLBUTRIN equiv)	-	2	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv) (QL= 1 tab/day)	QL	2	ANTIDEPRESSANTS
buspiron tab (BUSPAR equiv)	-	1	ANTIANKXIETY AGENTS
busulfan inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BUSULFEX INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BUTALBITAL/ACETAMINOPHEN CAP	-	NC	ANALGESICS - NONNARCOTIC
bitalbit/acetaminophen tab (PHRENILIN equiv)	-	2	ANALGESICS - NONNARCOTIC
bitalbit/acetaminophen/caffeine cap (FIORICET equiv)	-	2	ANALGESICS - NONNARCOTIC
bitalbit/acetaminophen/caffeine soln	-	NC	ANALGESICS - NONNARCOTIC
bitalbit/acetaminophen/caffeine tab (FIORICET equiv)	-	2	ANALGESICS - NONNARCOTIC
bitalbit/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv)	-	2	ANALGESICS - OPIOID
bitalbit/aspirin/caffeine cap (FIORINAL equiv)	-	2	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	2	ANALGESICS - NONNARCOTIC
bitalbit/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv)	-	2	ANALGESICS - OPIOID
butorphanol inj	M	M	ANALGESICS - OPIOID
butorphanol nasal spray (STADOL equiv) (QL= 2 bottles/30 days)	QL	2	ANALGESICS - OPIOID
BUTRANS PATCH 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	-	NC	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	3	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days)	QL	3	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	3	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days)	QL	4	ANTIDIABETICS

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BYLVAY CAP 1200MCG	-	NC	GASTROINTESTINAL AGENTS - MISC.
BYLVAY CAP 400MCG	-	NC	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 200MCG	-	NC	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 600MCG	-	NC	GASTROINTESTINAL AGENTS - MISC.
BYNFEZIA PEN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
CABENUVA IM SUSP	-	NC	ANTIVIRALS
cabergoline tab (DOSTINEX equiv)	SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	PA-PSP-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CABTREO GEL	-	NC	DERMATOLOGICALS
CA-DTPA SOLN	-	2	ANTIDOTES
caffeine citrate inj (CAFCIT equiv)	M	M	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
caffeine citrate soln (CAFCIT equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
CAFFEINE/SODIUM BENZOATE INJ	M	M	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	2	DERMATOLOGICALS
calcipotriene cream (TRIONEX equiv)	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint	-	2	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	2	DERMATOLOGICALS
calcipotriene/betamethasone dipropionate susp	-	NC	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC	DERMATOLOGICALS
CALCIPOTRIENE/BETAMETHASONE SUSP	-	NC	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv) (QL= 1 bottle/30 days)	QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	4	DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
calcium chloride inj	M	M	MINERALS & ELECTROLYTES
CALCIUM DISODIUM INJ	M	M	ANTIDOTES
CALCIUM FOLINATE INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALCIUM GLUCONATE INJ	M	M	MINERALS & ELECTROLYTES
CALIBRATION LIQUID	OTC	NC	MEDICAL DEVICES AND SUPPLIES
CALQUENCE CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALSODORE PAK	-	NC	DERMATOLOGICALS
CAMBIA POWDER	-	NC	MIGRAINE PRODUCTS
CAMPATH INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMZYOS CAP	-	NC	CARDIOVASCULAR AGENTS - MISC.
CANCIDAS INJ	M	M	ANTIFUNGALS
candesartan tab (ATACAND equiv)	-	1	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
CAPASTAT SULFATE INJ	M	M	ANTIMYCOBACTERIAL AGENTS
capecitabine tab (XELODA equiv)	LPSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	NC	DERMATOLOGICALS
CAPLYTA CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPRELSA 300MG TAB (Only available through Biologics 800-850-4306)	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
captopril tab (CAPOTEN equiv)	-	1	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARAFATE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	2	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	2	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	2	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	2	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	2	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA ODT	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	2	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN	-	2	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	2	ANTIHISTAMINES
carboplatin inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	M	M	CALCIUM CHANNEL BLOCKERS
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
CARETOUCH MIS	OTC	3	MEDICAL DEVICES AND SUPPLIES
carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.

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CARIMUNE INJ 3GM	M	M	PASSIVE IMMUNIZING AGENTS
carisoprodol tab (SOMA equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMUSTINE INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
carmustine inj (BICNU equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAROSPIR SUSP	PA	4	DIURETICS
CARTEOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	2	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CATAPRES-TTS PATCH	-	NC	ANTIHYPERTENSIVES
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	5	ANTI-INFECTIVE AGENTS - MISC.
cefaclor cap (CECLOR equiv)	-	2	CEPHALOSPORINS
CEFACLOR CAP	-	3	CEPHALOSPORINS
CEFACLOR ER TAB	-	2	CEPHALOSPORINS
CEFACLOR SUSP	-	2	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	2	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	2	CEPHALOSPORINS
CEFADROXIL TAB	-	2	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	2	CEPHALOSPORINS
CEFAZOL/DEX SOL	M	M	CEPHALOSPORINS
cefazolin inj	M	M	CEPHALOSPORINS
CEFAZOLIN INJ	M	M	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	2	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	2	CEPHALOSPORINS
CEFDITOREN TAB	-	2	CEPHALOSPORINS
CEFEPIME INJ	M	M	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	4	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	2	CEPHALOSPORINS
cefotaxime inj	M	M	CEPHALOSPORINS
cefotetan inj	M	M	CEPHALOSPORINS
cefotetan inj (CEFOTAN equiv)	M	M	CEPHALOSPORINS
cefotetan/dextrose inj	M	M	CEPHALOSPORINS
cefoxitin inj	M	M	CEPHALOSPORINS
cefpodoxime proxitil susp (VANTIN equiv)	-	2	CEPHALOSPORINS
cefpodoxime proxitil tab (VANTIN equiv)	-	2	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	2	CEPHALOSPORINS
ceftazidime inj	M	M	CEPHALOSPORINS
ceftazidime/dextrose inj	M	M	CEPHALOSPORINS
ceftriaxone inj	M	M	CEPHALOSPORINS
ceftriaxone/dextrose inj	M	M	CEPHALOSPORINS
cefuroxime inj	M	M	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	2	CEPHALOSPORINS
cefuroxime/dextrose inj	M	M	CEPHALOSPORINS

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celecoxib cap (CELEBREX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	4	ANTICONVULSANTS
CENTANY OINT	-	2	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	2	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	2	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CEPROTIN INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CEQR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CEREZYME INJ	M	M	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	6	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	4	ANTIEMETICS
cesia tab (CYCLESSA equiv)	-	6	CONTRACEPTIVES
cetirizine syrup (Zyrtec equiv)	-	2	ANTIHISTAMINES
cetirizine tab (Zyrtec equiv)	-	1	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (Zyrtec equiv)	-	NC	COUGH/COLD/ALLERGY
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
CHEMET CAP	-	3	ANTIDOTES
chloramphenicol inj	M	M	ANTI-INFECTIVE AGENTS - MISC.
chlordiazepoxide cap (LIBRIUM equiv)	-	2	ANTI-ANXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC	ULCER DRUGS
CHLORHEX GLU SOLN	-	1	ANTISEPTICS & DISINFECTANTS
chlorhexidine gluconate soln (DYNA-HEX 2 SOLN equiv)	-	1	ANTISEPTICS & DISINFECTANTS
chlorhexidine gluconate soln (PERIDEX equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
chloroprocaine inj	M	M	LOCAL ANESTHETICS-PARENTERAL
chloroquine tab (ARALEN equiv)	-	2	ANTIMALARIALS
chlorothiazide inj (DIURIL equiv)	M	M	DIURETICS
CHLOROTHIAZIDE TAB	-	1	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
CHLORPROMAZINE CONC	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine inj	M	M	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	2	DIURETICS
chlorzoxazone tab	-	2	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	2	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	2	MUSCULOSKELETAL THERAPY AGENTS
CHO MAG TRIS LIQUID	-	2	ANALGESICS - NONNARCOTIC
cholecalciferol cap 50000 unit	OTC	1	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	2	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	2	ANTIHYPERLIPIDEMICS
choline/magnesium liquid	-	2	ANALGESICS - NONNARCOTIC
CHROMIUM CHLORIDE INJ	M	M	MINERALS & ELECTROLYTES
CIALIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	4	CARDIOVASCULAR AGENTS - MISC.

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CIBINQO TAB	-	NC	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	2	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	2	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	2	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	2	DERMATOLOGICALS
cidofovir inj	M	M	ANTIVIRALS
cilostazol tab (PLETAL equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPTH OINT	-	3	OPHTHALMIC AGENTS
CIMDUO TAB	-	3	ANTIVIRALS
CIMETIDINE SOLN	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
cimetidine soln (CIMETIDINE equiv)	-	2	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	OTC	1	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LPSP-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP	-	4	OTIC AGENTS
CIPRO SUSP	-	4	FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	4	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	4	FLUOROQUINOLONES
CIPROFLOXACIN INJ	M	M	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	2	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	2	OTIC AGENTS
cisatracurium inj	M	M	NEUROMUSCULAR AGENTS
cisplatin inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CISPLATIN INJ 50MG/50ML	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv) (QL= 600ml/30 days)	QL	2	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv) (QL= 1 tab/day)	QL	1	ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CITRULLINE EASY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
cladribine inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	M	M	CEPHALOSPORINS
CLARINEX SYRUP	-	3	ANTIHISTAMINES
CLARINEX-D TAB	-	3	COUGH/COLD/ALLERGY
clarithromycin ER tab (BIAXIN XL equiv) (QL= 28 tabs/30 days)	QL	2	MACROLIDES
CLARITHROMYCIN SUSP	-	2	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	2	MACROLIDES

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CLARITIN CAP	OTC	NC	ANTIHISTAMINES
CLARITIN CHEW TAB	OTC	1	ANTIHISTAMINES
clemastine fumarate syrup	-	2	ANTIHISTAMINES
CLEMASTINE TAB	-	2	ANTIHISTAMINES
clemastine tab (TAVIST equiv)	-	2	ANTIHISTAMINES
CLENIA PLUS SUSP	-	NC	DERMATOLOGICALS
CLENPIQ SOLN	-	3	LAXATIVES
CLEOCIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN VAGINAL SUPP	-	4	VAGINAL PRODUCTS
clindamycin cap (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	2	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	2	DERMATOLOGICALS
clindamycin inj	M	M	ANTI-INFECTIVE AGENTS - MISC.
clindamycin lotion (CLEOCIN- T equiv)	-	2	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	2	DERMATOLOGICALS
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	2	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	2	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	NC	DERMATOLOGICALS
CLINDAREACH KIT	-	2	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	4	VAGINAL PRODUCTS
CLINIMIX E INJ 4.25/D25	M	M	NUTRIENTS
CLINIMIX INJ 4.25/D20	M	M	NUTRIENTS
CLINIMIX INJ 4.25/D25	M	M	NUTRIENTS
CLINIMIX/D10W INJ	M	M	NUTRIENTS
clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)	PA	2	ANTICONVULSANTS
clobazam tab (ONFI equiv)	PA	2	ANTICONVULSANTS
clobetasol foam (OLUX FOAM equiv)	-	2	DERMATOLOGICALS
clobetasol lotion (CLOBEX LOTION equiv)	PA	4	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE CREAM equiv)	-	2	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE OINT equiv)	-	2	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE SOLN equiv)	-	2	DERMATOLOGICALS
clobetasol shampoo (CLOBEX SHAMPOO equiv)	-	2	DERMATOLOGICALS
clobetasol spray (CLOBEX SPRAY equiv)	-	2	DERMATOLOGICALS
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOBEX LOTION	-	NC	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	NC	DERMATOLOGICALS
clocortolone pivalate cream	-	NC	DERMATOLOGICALS
CLODERM CREAM	-	NC	DERMATOLOGICALS
clofarabine inj (CLOLAR equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLOLAR INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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CLOMID TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	2	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	2	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	2	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
clonidine inj	M	M	ANALGESICS - NONNARCOTIC
clonidine patch (CATAPRES-TTS equiv)	-	2	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab (PLAVIX equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	4	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF equiv)	OTC	2	DERMATOLOGICALS
clotrimazole soln	-	2	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	2	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2	DERMATOLOGICALS
CLOZAPINE ODT	-	NC	ANTIpsychOTICS/ANTIMANIC AGENTS
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC	ANTIpsychOTICS/ANTIMANIC AGENTS
clozapine tab (QL= 4 tabs/day)	QL	2	ANTIpsychOTICS/ANTIMANIC AGENTS
clozapine tab (QL= 6 tabs/day)	QL	2	ANTIpsychOTICS/ANTIMANIC AGENTS
clozapine tab (QL= 9 tabs/day)	QL	2	ANTIpsychOTICS/ANTIMANIC AGENTS
COAL TAR SOLN	-	2	DERMATOLOGICALS
COARTEM TAB	-	3	ANTIMALARIALS
COCAINE HCL SOL	-	2	DERMATOLOGICALS
COCAINE HCL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
CODEINE PHOSPHATE INJ	M	M	ANALGESICS - OPIOID
CODEINE SULFATE SOLN	-	2	ANALGESICS - OPIOID
codeine sulfate tab	-	2	ANALGESICS - OPIOID
COLCHICINE CAP	-	NC	GOUT AGENTS
colchicine cap (COLCHICINE equiv)	-	NC	GOUT AGENTS
colchicine tab (COLCRYS equiv)	-	2	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	2	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	2	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	LPSP-M	M	ANTI-INFECTIVE AGENTS - MISC.
COLLANEX	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP	-	4	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
COMBIPATCH	-	NC	ESTROGENS
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	6	VACCINES
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	6	VACCINES
COMPLERA TAB (QL= 1 tab/day)	QL	5	ANTIVIRALS
compound 347 liquid	-	2	GENERAL ANESTHETICS
COMVAX INJ	VAC	6	VACCINES
CONCEPT DHA CAP	-	4	MULTIVITAMINS
CONCEPTROL GEL	OTC	NC	VAGINAL PRODUCTS
CONDYLOX GEL	-	3	DERMATOLOGICALS
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FILM	OTC	6	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	6	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	6	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	6	VAGINAL PRODUCTS
COPAXONE INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COPPER INJ	-	M	MINERALS & ELECTROLYTES
COPPER SULFATE INJ	M	M	MINERALS & ELECTROLYTES
CORDRAN CREAM 0.025%	-	NC	DERMATOLOGICALS
CORDRAN LOTION	-	NC	DERMATOLOGICALS
CORDRAN OINTMENT	-	NC	DERMATOLOGICALS
CORDRAN TAPE	-	3	DERMATOLOGICALS
CORIFACT KIT	M	M	HEMATOLOGICAL AGENTS - MISC.
CORLANOR SOLN	PA	4	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	PA	4	CARDIOVASCULAR AGENTS - MISC.
CORLOPAM INJ	-	NC	ANTIHYPERTENSIVES
CORTALO GEL	-	2	DERMATOLOGICALS
CORTIC-ND DROPS	-	NC	OTIC AGENTS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	3	CORTICOSTEROIDS
CORTISPORIN CREAM	-	4	DERMATOLOGICALS
CORTISPORIN OINT	-	4	DERMATOLOGICALS
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORVITE TAB	-	NC	HEMATOPOIETIC AGENTS
COSENTYX INJ 300MG/2ML	-	NC	DERMATOLOGICALS
cosyntropin inj	M	M	DIAGNOSTIC PRODUCTS
cosyntropin inj (CORTROSYN equiv)	M	M	DIAGNOSTIC PRODUCTS
COTELLIC TAB (QL= 3 tabs/day)	LPSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
COUMADIN TAB	-	4	ANTICOAGULANTS
COVID-19 TEST	OTC	EXC	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL-VAC	6	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL-VAC	6	VACCINES

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	6	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	6	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL-VAC	6	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL-VAC	6	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL-VAC	6	VACCINES
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days)	QL-VAC	6	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	6	VACCINES
COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	6	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	6	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	6	VACCINES
COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	6	VACCINES
COXANTO CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CREON CAP	-	3	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB	-	NC	ANTHYPERLIPIDEMICS
CRINONE GEL	-	5	VAGINAL PRODUCTS
CRIXIVAN CAP	-	3	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	2	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	2	OPHTHALMIC AGENTS
CROTAN LOTION	-	3	DERMATOLOGICALS
cryselle tab	-	6	CONTRACEPTIVES
CUBICIN INJ	-	NC	ANTI-INFECTION AGENTS - MISC.
CUE COVID-19 INJ TEST CARTRIDGE	-	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR	OTC	EXC	DIAGNOSTIC PRODUCTS
cupric chloride inj (COPPER equiv)	-	M	MINERALS & ELECTROLYTES
CUPRIMINE CAP	-	3	MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVITRU INJ	-	NC	PASSIVE IMMUNIZING AGENTS
CUVPOSA SOLN	-	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFICS
CUVRIOR TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
CYANIDE ANTIDOTE KIT	-	2	ANTIDOTES
cyanocobalamin inj	-	2	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	NC	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	2	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	2	OPHTHALMIC AGENTS
cyclophosphamide cap	PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>LPSP</b>	Lumicera Preferred Specialty Pharmacy	<b>M</b>	Medical Benefit	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>PSP</b>	Preferred Specialty Pharmacy	<b>QL</b>	Quantity Limit
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>SP</b>	Available through Specialty Pharmacy Program	<b>ST</b>	Step Therapy	<b>VAC</b>	Vaccine Program

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
CYCLOPHOSPHAMIDE TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cycloserine cap (CYCLOSERINE equiv)	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	4	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	2	ASSORTED CLASSES
cyclosporine inj	M	M	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2	OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC	OPHTHALMIC AGENTS
CYLTEZO AUTO- INJECTOR, YUFLYMA KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
cyproheptadine syrup	-	2	ANTIHISTAMINES
cyproheptadine tab	-	2	ANTIHISTAMINES
CYSTADANE POWDER	PA-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADROPS SOLN	-	NC	OPHTHALMIC AGENTS
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	5	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	5	OPHTHALMIC AGENTS
cysteine hcl inj	M	M	NUTRIENTS
CYTARABINE INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYTOGAM INJ	M	M	PASSIVE IMMUNIZING AGENTS
CYTRA K CRYSTALS	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2	ANTICOAGULANTS
dacarbazine inj (DACARBAZINE equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dactinomycin inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAKLINZA TAB	-	NC	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	LPSP-QL-RS	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG	-	NC	ANTIDIABETICS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
DAPSONE GEL 7.5%	-	NC	DERMATOLOGICALS
dapsone tab	-	2	ANTI-INFECTIVE AGENTS - MISC.
DAPTACEL INJ, INFANRIX INJ	VAC	6	TOXOIDS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
daptomycin inj (CUBICIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB	-	NC	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	2	URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
darunavir tab (PREZISTA equiv)	-	5	ANTIVIRALS
DAUNORUBICIN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAUNOXOME INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAVIMET/FLUORIDE CHEW 0.75MG	-	NC	MULTIVITAMINS
DAYBUE SOLN	-	NC	NEUROMUSCULAR AGENTS
DAYTRANA PATCH	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DAYVIGO TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DAZOMON GEL	-	NC	DERMATOLOGICALS
DDAVP NASAL SOLN	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEBACTEROL SOLN	-	NC	MOUTH/THROAT/DENTAL AGENTS
decitabine inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
deferasirox granules packet (JADENU equiv)	LPSP-PA	5	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (JADENU equiv)	LPSP-PA	5	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab for oral susp (EXJADE equiv)	LPSP-PA	5	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	5	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferoxamine inj	M	M	ANTIDOTES
deflazacort tab (EMFLAZA equiv)	-	NC	CORTICOSTEROIDS
DEGLUDEC FLEXTOUCH INJ	-	NC	ANTIDIABETICS
DEGLUDEC INJ	-	NC	ANTIDIABETICS
DELESTROGEN INJ	-	NC	ESTROGENS
DELSTRIGO TAB	-	4	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	4	TETRACYCLINES
DEMEROL INJ	M	M	ANALGESICS - OPIOID
DEMSEER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	4	DERMATOLOGICALS
DENGXAXIA SUSP	VAC	6	VACCINES
DEPAKENE CAP	-	4	ANTICONVULSANTS
DEPAKENE SYRUP	-	4	ANTICONVULSANTS
DEPAKOTE ER TAB	-	4	ANTICONVULSANTS
DEPAKOTE SPRINKLE CAP	-	4	ANTICONVULSANTS
DEPAKOTE TAB	-	4	ANTICONVULSANTS
DEPEN TITRATAB	-	4	MISCELLANEOUS THERAPEUTIC CLASSE
DEPLIN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
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DEPOCYT INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DEPODUR INJ	M	M	ANALGESICS - OPIOID
DEPO-ESTRADIOL INJ	-	2	ESTROGENS
DEPO-MEDROL INJ	M	M	CORTICOSTEROIDS
DEPO-MEDROL INJ	M--	NC	CORTICOSTEROIDS
DEPO-PROVERA INJ	-	NC	CONTRACEPTIVES
DEPO-PROVERA INJ 400/ML	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	6	CONTRACEPTIVES
DERMACINRX CREAM	-	NC	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
DESCOVY TAB	PA	6	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	2	ANTIDEPRESSANTS
DES LorATADINE ODT	-	NC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	NC	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate nasal spray (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonide cream (DESOWEN equiv)	-	2	DERMATOLOGICALS
desonide gel	-	NC	DERMATOLOGICALS
desonide lotion	-	NC	DERMATOLOGICALS
desonide oint	-	2	DERMATOLOGICALS
DESOWEN CREAM KIT	-	4	DERMATOLOGICALS
DESOWEN LOTION KIT	-	4	DERMATOLOGICALS
DESOWEN OINT KIT	-	4	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	2	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	2	DERMATOLOGICALS
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 4 tabs/day)	QL	1	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	4	CORTICOSTEROIDS
dexamethasone elixir	-	2	CORTICOSTEROIDS
DEXAMETHASONE OPTH SOLN	-	3	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
DEXAMETHASONE SODIUM PHOSPHATE INJ	M	M	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	2	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	2	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	2	CORTICOSTEROIDS
DEXATLAN CAP	-	NC	MULTIVITAMINS
DEXCHLORPHENIRAMINE SYRUP	-	2	ANTIHISTAMINES
DEXCOM G6 RECEIVER	-	NC	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER	-	NC	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER	-	NC	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
DEXFERRUM INJ	M	M	HEMATOPOIETIC AGENTS
DEXILANT DR CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexlansoprazole DR cap (DEXILANT equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv) (QL= 2 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXTAK TAB	-	NC	CORTICOSTEROIDS
DEXPANTHENOL INJ	M	M	GASTROINTESTINAL AGENTS - MISC.
dexrazoxane inj (TOTECT equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
DEXTRAN 40/D5W INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
DEXTRAN 70 INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
dextroamphetamine ER cap 10mg (DEXEDRINE CR equiv) (QL= 6 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 15mg (DEXEDRINE CR equiv) (QL= 4 caps/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 5mg (DEXEDRINE CR equiv) (QL= 3 caps/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextrose inj	M	M	NUTRIENTS
dextrose inj 5%, 10%	M	M	NUTRIENTS
DEXTROSE/ELECTROLYTES INJ	M	M	MINERALS & ELECTROLYTES
dextrose/lactated ringers inj	M	M	MINERALS & ELECTROLYTES
DEXTROSE/NACL INJ	M	M	MINERALS & ELECTROLYTES
dextrose/ringers inj	M	M	MINERALS & ELECTROLYTES
dextrose/sodium chloride inj	M	M	MINERALS & ELECTROLYTES
DHIVY TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABETIC METER	-	NC	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP	-	NC	ANTICONVULSANTS
DIACOMIT POWDER PACK	-	NC	ANTICONVULSANTS
DIAPHRAGM	-	6	MEDICAL DEVICES AND SUPPLIES

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DIASTAT ACDL GEL (QL= 2 packs/fill)	QL	4	ANTICONVULSANTS
DIASTAT PEDIATRIC RECTAL GEL	-	2	ANTICONVULSANTS
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	4	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	2	ANTIANKXIETY AGENTS
DIAZEPAM GEL (QL= 2 packs/fill)	QL	2	ANTICONVULSANTS
DIAZEPAM INJ	M	M	ANTIANKXIETY AGENTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	2	ANTIANKXIETY AGENTS
diazepam rectal gel (QL=2 packs/fill)	QL	2	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	2	ANTIANKXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	2	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv)	-	3	DIURETICS
DICLEGIS TAB	-	NC	ANTIEMETICS
DICLOFENAC CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv)	-	2	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH	-	3	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC	MIGRAINE PRODUCTS
diclofenac potassium cap (ZIPSOR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	2	OPHTHALMIC AGENTS
diclofenac sodium soln (XRYLIX equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	NC	DERMATOLOGICALS
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacin cap (DYNAPEN equiv)	-	2	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine inj (BENTYL equiv)	M	M	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	2	ANTIVIRALS
DIDANOSINE DR CAP, VIDEX EC CAP	-	2	ANTIVIRALS
DIETHYLPROPION ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIFFERIN LOTION	-	NC	DERMATOLOGICALS
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	2	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	3	MACROLIDES
DIFICID TAB (QL= 20 tabs/30 days; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	3	MACROLIDES
DIFIL-G FORTE LIQUID	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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difil-g forte liquid (BRONDIL equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DIFLORASONE CREAM, PSORCON CREAM	-	NC	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	2	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv)	-	2	OPHTHALMIC AGENTS
digoxin inj (LANOXIN equiv)	M	M	CARDIOTONICS
digoxin soln (LANOXIN equiv)	-	2	CARDIOTONICS
DIGOXIN SOLN 0.05MG/ML	-	2	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 10 inj/14 days)	QL	2	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC	MIGRAINE PRODUCTS
DILANTIN CAP 100MG	-	4	ANTICONVULSANTS
DILANTIN CAP 30MG	-	3	ANTICONVULSANTS
DILANTIN INFATABS	-	4	ANTICONVULSANTS
DILANTIN SUSP	-	4	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
DILTIAZEM INJ	M	M	CALCIUM CHANNEL BLOCKERS
diltiazem inj (CARDIZEM equiv)	M	M	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	2	CALCIUM CHANNEL BLOCKERS
DIMENHYDRINATE INJ	M	M	ANTIEMETICS
dimethyl fumarate DR cap (TECFIDERA equiv)	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIPENTUM CAP	-	4	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine elixer (BENADRYL equiv)	-	2	ANTIHISTAMINES
DIPHENHYDRAMINE ELIXIR	-	2	ANTIHISTAMINES
diphenhydramine inj (BENADRYL equiv)	-	2	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	4	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	2	ANTIDIARRHEALS
DIPHThERIA-TETANUS PED INJ	-	6	TOXOIDS
DIPThERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	6	TOXOIDS
dipyridamole inj	M	M	DIAGNOSTIC PRODUCTS
dipyridamole tab (PERSANTINE equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	2	ANTIARRHYTHMICS
DISULFIRAM TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
disulfiram tab (ANTABUSE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
divalproex ER tab (DEPAKOTE ER equiv)	-	2	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	2	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	2	ANTICONVULSANTS
DIVIGEL GEL	-	NC	ESTROGENS

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DIVIGEL GEL, ELESTRIN GEL	-	NC	ESTROGENS
dobutamine inj	M	M	CARDIOTONICS
DOBUTAMINE/D5W INJ	M	M	CARDIOTONICS
DOCEFREZ INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOCETAXEL INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dofetilide cap (TIKOSYN equiv)	-	2	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID	-	NC	NUTRIENTS
donepezil ODT (ARICEPT equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
dopamine inj	M	M	CARDIOTONICS
dopamine inj (DOPAMINE equiv)	M	M	VASOPRESSORS
DOPAMINE/D5W INJ	M	M	CARDIOTONICS
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	HEMATOPOIETIC AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	2	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	2	OPHTHALMIC AGENTS
DOVATO TAB	-	NC	ANTIVIRALS
doxapram inj	M	M	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	2	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	2	ANTIDEPRESSANTS
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	-	4	DERMATOLOGICALS
DOXEPIN HCL CREAM	-	4	DERMATOLOGICALS
doxepin tab (SILENOR equiv) (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
doxercalciferol cap (HECTOROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxercalciferol inj (HECTOROL equiv)	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxorubicin inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	3	DERMATOLOGICALS
DOXYCYCLINE CAP, ORACEA CAP	-	3	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate inj	M	M	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	2	TETRACYCLINES
doxycycline hyclate tab (TARGADOX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC	TETRACYCLINES

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doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	2	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	2	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC	ANTIEMETICS
D-PENAMINE TAB	-	4	ASSORTED CLASSES
DRIZALMA DR CAP	-	NC	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv)	-	2	ANTIEMETICS
DROPERIDOL INJ	M	M	ANTIANKXIETY AGENTS
drosiprone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	6	CONTRACEPTIVES
DROXIA CAP	SP	5	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	-	NC	VASOPRESSORS
DRYSOL SOLN	-	2	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAKLIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUEXIS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap	-	2	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	2	ANTIDEPRESSANTS
DULOXICAINE PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DUOBRII LOTION	-	NC	DERMATOLOGICALS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUOVISC KIT	-	NC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5	DERMATOLOGICALS
DURAXIN CAP	-	2	ANALGESICS - NONNARCOTIC
DUREZOL OPHTH EMULSION	-	4	OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUZALLO TAB	-	NC	GOUT AGENTS
DW5-NACL INJ	-	EXC	MINERALS & ELECTROLYTES
DXEVO 11-DAY PAK	-	NC	CORTICOSTEROIDS
DYANAVAL XR CHEW	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DYMISTA SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
dyphylline-gg tab (LUFYLLIN-GG equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DYRENIUM CAP	-	NC	DIURETICS
DYSPOIN INJ	M	M	NEUROMUSCULAR AGENTS
EB-N3 DR CAP	-	NC	MULTIVITAMINS
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	2	DERMATOLOGICALS
EDARBI TAB	-	NC	ANTIHYPERTENSIVES

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EDARBYCLOR TAB	-	NC	ANTIHYPERTENSIVES
EDECRIIN TAB	-	NC	DIURETICS
ed-flex cap	-	2	ANALGESICS - NONNARCOTIC
EDLUAR SL TAB (QL= 1 tab/day)	QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
EDURANT TAB	-	5	ANTIVIRALS
EFAVIRENZ CAP	-	5	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	5	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	5	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2	ANTIVIRALS
EFFER-K TAB	-	3	MINERALS & ELECTROLYTES
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	PA-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELAPRASE INJ	LPSP-M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
electrolyte-148 solution (PLASMA-LYTE equiv)	M	M	MINERALS & ELECTROLYTES
electrolyte-a solution (PLASMA-LYTE equiv)	M	M	MINERALS & ELECTROLYTES
ELELYSO INJ	M	M	HEMATOPOIETIC AGENTS
ELEPSIA XR TAB	-	NC	ANTICONVULSANTS
eletriptan tab (RELPAK equiv) (QL= 9 tabs/30 days)	QL	2	MIGRAINE PRODUCTS
ELIDEL CREAM (Covered for members 2 years or older)	-	3	DERMATOLOGICALS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	3	ANTICOAGULANTS
ELITEK INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIXOPHYLLIN ELIXIR	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB (QL= 2 tabs/365 days)	QL	6	CONTRACEPTIVES
ELMIRON CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
ELSPAR INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
eluryng vaginal ring (NUVARING equiv)	-	NC	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS
EMADINE OPHTH SOLN	-	4	OPHTHALMIC AGENTS
EMBEDA CAP	-	NC	ANALGESICS - OPIOID
EMCYT CAP	SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND PAK	-	NC	ANTIEMETICS
EMEND SOLN	-	4	ANTIEMETICS
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	3	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	3	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
EMSAM PATCH	-	4	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	-	5	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	6	ANTIVIRALS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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EMTRIVA CAP	-	5	ANTIVIRALS
EMTRIVA SOLN	-	5	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older)	PA	2	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
enalaprilat inj	M	M	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK	-	NC	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	-	3	VAGINAL PRODUCTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	6	VACCINES
enoxaparin inj (LOVENOX equiv)	-	2	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	6	CONTRACEPTIVES
ENSPRYNG INJ (QL= 1 inj/28 days)	LPSP-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS
ENTADFI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv)	LPSP	2	ANTIVIRALS
ENTEREG CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENTOCORT EC CAP	-	NC	CORTICOSTEROIDS
ENTRE-B SUSP	OTC	2	COUGH/COLD/ALLERGY
entre-b susp (VAZOBID equiv)	OTC--	2	COUGH/COLD/ALLERGY
ENTRESTO TAB (QL= 2 tabs/day)	QL	3	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENVARUSUS XR TAB	-	NC	ASSORTED CLASSES
EOHILIA SUSP	-	NC	CORTICOSTEROIDS
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	NC	ANTIVIRALS
ephedrine sulfate inj	M	M	VASOPRESSORS
EPICERAM EMULSION	-	NC	DERMATOLOGICALS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	5	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5% (Acne Only – members age 35 or older require Prior Authorization)	PA	3	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	2	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
EPINEPHRINE INJ	M	M	VASOPRESSORS
epinephrine inj (ADRENALIN equiv)	M	M	VASOPRESSORS
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	3	VASOPRESSORS
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	3	VASOPRESSORS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIPEN (JR) INJ	-	NC	VASOPRESSORS
epirubicin inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EPIVIR HBV SOLN	-	5	ANTIVIRALS
eplerenone tab (INSPIRA equiv)	-	1	ANTIHYPERTENSIVES

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EXC	M Medical Benefit	OTC Over-the-Counter
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RS Restricted to Specialist	ST Step Therapy	VAC Vaccine Program
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epoprostenol inj (FLOLAN equiv)	M	M	CARDIOVASCULAR AGENTS - MISC.
EPRONTIA SOLN	-	NC	ANTICONVULSANTS
EPSOLAY CREAM	-	NC	DERMATOLOGICALS
eptifibatide inj (INTEGRILIN equiv)	M	M	HEMATOLOGICAL AGENTS - MISC.
EPZICOM TAB	-	NC	ANTIVIRALS
ERAXIS INJ	M	M	ANTIFUNGALS
ERBITUX INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SUB	-	3	MIGRAINE PRODUCTS
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	3	MIGRAINE PRODUCTS
ERGOTAMINE/CAFFEINE TAB	-	3	MIGRAINE PRODUCTS
ERIVEDGE CAP	LPSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv)	LPSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv)	LPSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERMEZA SOLN 150 MCG/5ML	-	NC	THYROID AGENTS
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ertapenem inj (INVANZ equiv)	M	M	ANTI-INFECTIVE AGENTS - MISC.
ERWINAZE INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERY PAD	-	3	DERMATOLOGICALS
ERYPED SUSP	-	2	MACROLIDES
ERYTHROCIN INJ	M	M	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	2	MACROLIDES
ERYTHROMYCIN EC CAP	-	2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	2	MACROLIDES
erythromycin gel	-	2	DERMATOLOGICALS
erythromycin ophth oint	-	2	OPHTHALMIC AGENTS
ERYTHROMYCIN OPHTH OINT	-	NC	OPHTHALMIC AGENTS
erythromycin pad	-	2	DERMATOLOGICALS
erythromycin soln	-	2	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	2	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2	MACROLIDES
erythromycin/benzoyl peroxide gel	-	2	DERMATOLOGICALS
ESBRIET CAP (QL= 9 caps/day)	LPSP-PA-QL-SF	5	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	LPSP-PA-QL-SF	5	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	LPSP-PA-QL-SF	5	RESPIRATORY AGENTS - MISC.
ESCAVITE CHEW TAB	-	4	MULTIVITAMINS
escitalopram soln (LEXAPRO equiv) (QL= 600ml/30 days)	QL	2	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv) (QL= 1 tab/day)	QL	1	ANTIDEPRESSANTS

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escitalopram tab 10mg (QL= 1.5 tabs/day)	QL	1	ANTIDEPRESSANTS
ESKATA SOLN	-	NC	DERMATOLOGICALS
esmolol inj (BREVIBLOC equiv)	M	M	BETA BLOCKERS
esomeprazole cap (NEXIUM equiv)	OTC	1	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv) (Step Therapy requires trial of omeprazole, pantoprazole or lansoprazole)	ST	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
estazolam tab (PROSOM equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
estradiol cream (ESTRACE equiv)	-	2	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	2	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	2	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol td gel (DIVIGEL equiv)	-	NC	ESTROGENS
estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	2	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1	ESTROGENS
estradiol valerate inj (DELESTROGEN equiv)	-	2	ESTROGENS
ESTRING (QL= 1 ring/90 days)	QL	3	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	2	ESTROGENS
estropipate tab (OGEN equiv)	-	2	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ethacrynate inj (SODIUM EDECRIN equiv)	M	M	DIURETICS
ethacrynic tab (EDECRIN equiv)	-	4	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	2	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	2	ANTICONVULSANTS
ETHYL CHLOR AER MIST	-	2	DERMATOLOGICALS
etodolac cap (LODINE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	2	ANALGESICS - ANTI-INFLAMMATORY
etomidate inj	M	M	GENERAL ANESTHETICS
ETOPOPHOS INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ETOPOSIDE CAP	LPSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab (INTELENCE equiv)	-	5	ANTIVIRALS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EUFLEXXA INJ	M	M	MUSCULOSKELETAL THERAPY AGENTS
EULEXIN CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EURAX CREAM	-	3	DERMATOLOGICALS
EURAX LOTION	-	3	DERMATOLOGICALS
EVAMIST SPRAY	-	NC	ESTROGENS
EVEKEO ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
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EVEKEO TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LPSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSE!
everolimus tab for oral susp (AFINITOR DISPERZ equiv)	LPSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOTAZ TAB	-	5	ANTIVIRALS
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	NEUROMUSCULAR AGENTS
exactacain aer	-	2	DERMATOLOGICALS
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS
exemestane tab (AROMASIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE HCT TAB	-	4	ANTIHYPERTENSIVES
EXJADE TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EXKIVITY CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXODERM LOTION	-	2	DERMATOLOGICALS
EXSERVAN FILM	-	NC	NEUROMUSCULAR AGENTS
EXTAVIA INJ	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EYLEA HD INJ	-	NC	OPHTHALMIC AGENTS
EYLEA INJ	M	M	OPHTHALMIC AGENTS
EYSUVIS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	2	ANTIHYPERLIPIDEMICS
EZETIMIBE/ATORVASTATIN TAB	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	-	2	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC	ANTIHYPERLIPIDEMICS
FABHALTA CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
FABRAZYME INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	NC	FLUOROQUINOLONES
famciclovir tab 125mg (FAMVIR equiv) (QL= 1 tab/day)	QL	2	ANTIVIRALS
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	2	ANTIVIRALS
famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/30 days)	QL	2	ANTIVIRALS
famotidine inj (PEPCID equiv)	M	M	ULCER DRUGS
FAMOTIDINE PREMIXED INJ	M	M	ULCER DRUGS
famotidine susp (PEPCID equiv)	-	2	ULCER DRUGS
famotidine tab (PEPCID equiv)	OTC	1	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day; Step Therapy requires trial of risperidone, olanzapine, quetiapine, ziprasidone)	QL-ST	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARESTON TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	3	ANTIDIABETICS

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FASENRA PEN INJ (QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASLODEX INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-φ	2	GOUT AGENTS
FEIBA VH INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
felbamate susp (FELBATOL equiv)	-	2	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	2	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	NC	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERTENSIVES
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1	ANTIHYPERTENSIVES
FENOFIBRATE CAP, LIPOFEN CAP	-	2	ANTIHYPERTENSIVES
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERTENSIVES
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1	ANTIHYPERTENSIVES
fenofibric acid DR cap (TRILIPIX equiv)	-	2	ANTIHYPERTENSIVES
FENOFIBRIC TAB 105MG	-	2	ANTIHYPERTENSIVES
FENOFIBRIC TAB 35MG	-	2	ANTIHYPERTENSIVES
fenoldopam inj (CORLOPAM equiv)	M	M	ANTIHYPERTENSIVES
fenopropfen calcium cap (NALFON equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
fenopropfen calcium tab	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP, NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
fentanyl cit inj	M	M	ANALGESICS - OPIOID
FENTANYL CITRATE INJ	M	M	ANALGESICS - OPIOID
fentanyl citrate lollipop (ACTIQ equiv)	PA	2	ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB, FENTANYL BUCCAL TAB	-	3	ANALGESICS - OPIOID
FEONYX TAB	-	NC	HEMATOPOIETIC AGENTS
FERRAPLUS 90 TAB	-	2	HEMATOPOIETIC AGENTS
FERRETT'S IPS SOLN	-	6	HEMATOPOIETIC AGENTS
ferretts tab	-	6	HEMATOPOIETIC AGENTS
ferrex 150 cap	-	6	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	2	HEMATOPOIETIC AGENTS
FERRIMIN 150 TAB	-	6	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	5	ANTIDOTES
FERRIPROX TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRLECIT INJ	-	NC	HEMATOPOIETIC AGENTS
ferrogels fo cap forte	-	2	HEMATOPOIETIC AGENTS
FERRO-PLEX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrous gluconate tab	-	6	HEMATOPOIETIC AGENTS
ferrous sulfate CR tab	-	6	HEMATOPOIETIC AGENTS
ferrous sulfate EC tab	OTC	6	HEMATOPOIETIC AGENTS
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	6	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	6	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	6	HEMATOPOIETIC AGENTS

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LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ferrous sulfate tab	-	6	HEMATOPOIETIC AGENTS
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2	URINARY ANTISPASMODICS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS
fexofenadine tab (ALLEGRA equiv)	-	2	ANTIHISTAMINES
FIASP FLEXTOUCH INJ	-	3	ANTIDIABETICS
FIASP INJ	-	3	ANTIDIABETICS
FIASP PENFILL INJ	-	3	ANTIDIABETICS
FIASP PUMP CARTRIDGE	-	NC	ANTIDIABETICS
FIBRICOR TAB	-	4	ANTIHYPERLIPIDEMICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FILSPARI TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
FILSUVEZ GEL	-	NC	DERMATOLOGICALS
FINACEA FOAM	-	3	DERMATOLOGICALS
FINACEA GEL	-	NC	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	NC	DERMATOLOGICALS
fingolimod hcl cap 0.5mg (GILENYA equiv)	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN	-	NC	ANTICONSULSANTS
FIRAZYR INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRMAGON INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRST METRONIDAZOLE SUSP	-	4	ANTI-INFECTIVE AGENTS - MISC.
FIRST PANTOPRAZOLE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
FIRVANQ SOLN	-	2	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML	-	1	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	4	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	2	URINARY ANTISPASMODICS
FLEBOGAMMA INJ	M	M	PASSIVE IMMUNIZING AGENTS
flecainide tab (TAMBOCOR equiv)	-	2	ANTIARRHYTHMICS
FLEQSUVY SUSP (Prior Authorization required for members age 9 or older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP	-	NC	ANTIHYPERLIPIDEMICS
FLONASE SENSIMIST NASAL SPRAY	OTC	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	2	MULTIVITAMINS
FLOVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER (QL= 2 inhalers/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
floxuridine inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUAD INJ (QL= 2 vaccines/calendar year)	QL-VAC	6	VACCINES
FLUAD QUAD INJ (QL= 2 vaccines/calendar year)	QL-VAC	6	VACCINES
FLUBLOK QUAD PF INJ (QL= 2 vaccines/calendar year)	QL-VAC	6	VACCINES

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FLUCELVAX QUAD INJ (QL= 2 vaccines/calendar year)	QL-VAC	6	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	2	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	2	ANTIFUNGALS
fluconazole tab 150mg (DIFLUCAN equiv)	-	2	ANTIFUNGALS
fluconazole/nacl inj	M	M	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	2	ANTIFUNGALS
fludarabine inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fludrocortisone tab (FLORINEF equiv)	-	2	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 2 vaccines/calendar year)	QL-VAC	6	VACCINES
flumazenil inj	M	M	ANTIDOTES
FLUMIST QUADRIVALENT NASAL SUSP (QL= 2 vaccines/calendar year)	QL-VAC	6	VACCINES
flunisolide nasal soln (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLUOCINOLONE ACET CREAM	-	2	DERMATOLOGICALS
fluocinolone acetonide cream	-	2	DERMATOLOGICALS
fluocinolone acetonide oil	-	2	DERMATOLOGICALS
fluocinolone acetonide oint	-	2	DERMATOLOGICALS
fluocinolone acetonide soln	-	2	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	2	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	2	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1	DERMATOLOGICALS
fluocinonide emollient cream	-	2	DERMATOLOGICALS
fluocinonide gel	-	2	DERMATOLOGICALS
fluocinonide oint	-	2	DERMATOLOGICALS
fluocinonide soln	-	2	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	6	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
fluorescein w/proparacaine ophth soln (FLUORACAINE equiv)	-	2	OPHTHALMIC AGENTS
FLUORIDEX SENSITIVITY PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	2	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	NC	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	2	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	4	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	2	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap 10mg (PROZAC equiv) (QL= 1 cap/day)	QL	1	ANTIDEPRESSANTS
fluoxetine cap 20mg (PROZAC equiv) (QL= 3 caps/day)	QL	1	ANTIDEPRESSANTS
fluoxetine cap 40mg (PROZAC equiv) (QL= 2 caps/day)	QL	1	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv) (QL= 600ml/30 days)	QL	2	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv) (QL= 1 tab/day)	QL	2	ANTIDEPRESSANTS
fluoxetine tab 20mg (PROZAC equiv) (QL= 3 tabs/day)	QL	2	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG	-	4	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv) (QL= 4 caps/28 days)	QL	2	ANTIDEPRESSANTS
fluphenazine decanoate inj	M	M	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLUPHENAZINE ELIXIR	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
fluphenazine inj	M	M	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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FLUPHENAZINE ORAL CONC	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLURANDRENOL LOTION	-	NC	DERMATOLOGICALS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurazepam cap	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
FLURBIPROFEN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTAMIDE CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE DISKUS INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE LOTION	-	NC	DERMATOLOGICALS
fluticasone nasal spray (FLONASE equiv) (QL= 1 bottle/30 days)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	2	DERMATOLOGICALS
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT (QL= 1 inhaler days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	2	DERMATOLOGICALS
fluticasone/salmeterol inhaler (ADVAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	2	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	NC	ANTIHYPERLIPIDEMICS
fluvoxamine tab 100mg (LUVOX equiv) (QL= 3 tabs/day)	QL	2	ANTIDEPRESSANTS
fluvoxamine tab 25mg, 50mg (LUVOX equiv) (QL= 2 tabs/day)	QL	2	ANTIDEPRESSANTS
FLUZONE HD PF INJ (QL= 2 vaccines/calendar year)	QL-VAC	6	VACCINES
FLUZONE HIGH DOSE PF INJ (QL= 2 vaccines/calendar year)	QL-VAC	6	VACCINES
FLUZONE SPLIT QUAD INJ (QL= 2 vaccines/calendar year)	QL-VAC	6	VACCINES
FLUZONE/FLUARIX QUAD INJ (QL= 2 vaccines/calendar year)	QL-VAC	6	VACCINES
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS

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FOLAGENT DHA CAP	-	NC	MULTIVITAMINS
FOLAMED DHA CAP	-	NC	MULTIVITAMINS
folbee tab	-	2	HEMATOPOIETIC AGENTS
folbee tab (FOLGARD RX equiv)	-	2	HEMATOPOIETIC AGENTS
folic acid cap 800mcg	OTC	NC	HEMATOPOIETIC AGENTS
folic acid inj (FOLIC ACID equiv)	M	M	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	6	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	6	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	6	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLITE TAB	-	NC	HEMATOPOIETIC AGENTS
FOLOTYN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FOLTANX TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
FOLTRATE TAB	-	3	HEMATOPOIETIC AGENTS
FOLVITE-FE TAB	-	NC	HEMATOPOIETIC AGENTS
fomepizole inj	M	M	ANTIDOTES
fondaparinux inj (ARIXTRA equiv)	-	2	ANTICOAGULANTS
FORFIVO XL TAB (QL= 1 tab/day)	QL	4	ANTIDEPRESSANTS
formaldehyde soln	-	2	ANTISEPTICS & DISINFECTANTS
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 2 nebs/day)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAZ INJ	--M	M	CEPHALOSPORINS
FORTEO INJ	LPSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL 2% (Step therapy requires trial of ANDROGEL equiv)	ST	4	ANDROGENS-ANABOLIC
FOSAMAX+D TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	5	ANTIVIRALS
fosaprepitant dimeglumine soln (EMEND equiv)	-	2	ANTIEMETICS
foscarnet sodium inj (FOSCAVIR equiv)	M	M	ANTIVIRALS
FOSCAVIR INJ	M	M	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	2	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	2	ANTIHYPERTENSIVES
fosphenytoin sodium inj	M	M	ANTICONSULSANTS
FOSRENOL POWDER PACK	-	3	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ	-	4	ANTICOAGULANTS
FRAGMIN PREFILLED INJ (Limited to 35 day supply/180 days)	QL	4	ANTICOAGULANTS
FREAMINE III INJ	M	M	NUTRIENTS
FREESTYLE LIBRE 2 RECEIVER	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY)	-	NC	MEDICAL DEVICES AND SUPPLIES

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FRENADOL TAB	-	2	ANALGESICS - NONNARCOTIC
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv)	-	NC	MIGRAINE PRODUCTS
FRUZAQLA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FULPHILA INJ	LPSP-PA	5	HEMATOPOIETIC AGENTS
fulvestrant inj (FASLODEX equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-QL	5	DIURETICS
furosemide inj (LASIX equiv)	M	M	DIURETICS
FUROSEMIDE SOLN	-	2	DIURETICS
furosemide soln (LASIX equiv)	-	2	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUSILEV INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FUZEON INJ	LPSP	5	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONSULTANTS
FYCOMPA SUSP	-	4	ANTICONSULTANTS
FYLNETRA INJ	-	NC	HEMATOPOIETIC AGENTS
gabapentin (once-daily) tab (GRALISE equiv)	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	2	ANTICONSULTANTS
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	2	ANTICONSULTANTS
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	2	ANTICONSULTANTS
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	2	ANTICONSULTANTS
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	4	MINERALS & ELECTROLYTES
GAMASTAN S/D INJ	M	M	PASSIVE IMMUNIZING AGENTS
GAMMAGARD SD INJ	M	M	PASSIVE IMMUNIZING AGENTS
GAMMAKED INJ	M	M	PASSIVE IMMUNIZING AGENTS
ganciclovir inj	M	M	ANTIVIRALS
GANITE INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
GARDASIL 9 INJ	VAC	6	VACCINES
gatifloxacin ophth soln (ZYMAXID equiv)	-	2	OPHTHALMIC AGENTS
GATTEX KIT	PA	5	GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	6	LAXATIVES
GAVRETO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	NC	DERMATOLOGICALS

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gefitinib tab (IRESSA equiv) (Only available through Lumicera 855-847-3553)	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELNIQUE	-	NC	URINARY ANTISPASMODICS
gemcitabine inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gemfibrozil tab (LOPID equiv)	-	2	ANTHYPERLIPIDEMICS
GEMTESA TAB	-	NC	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PAD 3.5%	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN IN, OMNITROPE INJ, ZOMACTON INJ	LPSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ, HUMATROPE INJ, ZOMACTON INJ	LPSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	2	OPHTHALMIC AGENTS
gentamicin inj	M	M	AMINOGLYCOSIDES
gentamicin ophth soln (GARAMYCIN equiv)	-	2	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	2	DERMATOLOGICALS
gentamicin sulfate oint	-	2	DERMATOLOGICALS
gentamycin/nacl inj	M	M	AMINOGLYCOSIDES
GENVOYA TAB	-	5	ANTIVIRALS
GEODON INJ	M	M	ANTIPSYCHOTICS/ANTIMANIC AGENTS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	6	CONTRACEPTIVES
GIAZO TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
GILENYA CAP 0.25MG (QL= 1 cap/day)	LPSP-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILENYA CAP 0.5MG (QL= 1 cap/day)	LPSP-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY	-	NC	GASTROINTESTINAL AGENTS - MISC.
GLASSIA INJ	M	M	RESPIRATORY AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEOSTINE/LOMUSTINE CAP	LPSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLIADEL WAFER	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
GLIPIZIDE TAB	-	NC	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	2	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GLUCAGEN INJ	-	4	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GLUCAGON KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCOCARD EXPRESSION CONTROL SOLUTION	OTC	1	MEDICAL DEVICES AND SUPPLIES
GLUCOCARD EXPRESSION METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
GLUCOCARD EXPRESSION TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
GLUCOCARD SHINE CONNEX METER	-	4	MEDICAL DEVICES AND SUPPLIES
GLUCOCARD SHINE CONTROL SOLUTION	OTC	1	MEDICAL DEVICES AND SUPPLIES
GLUCOCARD SHINE EXPRESS METER	-	4	MEDICAL DEVICES AND SUPPLIES
GLUCOCARD SHINE METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
GLUCOCARD SHINE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
GLUCOCARD SHINE XL METER	-	4	MEDICAL DEVICES AND SUPPLIES
GLYBURID MCR TAB	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	2	ANTIDIABETICS
GLYCATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS
glycopyrrolate inj (ROBINUL equiv)	M	M	ULCER DRUGS
glycopyrrolate oral soln (CUVPOSA equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
glycopyrrolate tab (ROBINUL equiv)	-	2	ULCER DRUGS
GLYGEST PAK	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB (QL= 1 tab/day)	QL	3	ANTIDIABETICS
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS
GOLYTELY PACKET	-	3	LAXATIVES
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	6	LAXATIVES
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GRALISE STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRANISETRON INJ	M	M	ANTIEMETICS
granisetron inj (KYTRIL equiv)	M	M	ANTIEMETICS
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	2	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	4	ANTIEMETICS
GRANIX INJ	-	NC	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	2	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	2	ANTIFUNGALS
GUAIFENESIN/CODEINE SYRUP	OTC	2	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv)	OTC	2	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV TAB equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES

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LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
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GUANIDINE TAB	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GVOKE INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GYNAZOLE-1 CREAM	-	3	VAGINAL PRODUCTS
HADLIMA INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HALAC KIT	-	3	DERMATOLOGICALS
HALAVEN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
halcinonide cream (HALOG equiv)	PA	2	DERMATOLOGICALS
HALOBETASOL AER	-	NC	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
halobetasol propionate foam (HALOBETASOL equiv)	-	NC	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS
HALOG OINT	-	NC	DERMATOLOGICALS
HALOG SOLN	-	NC	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	2	DERMATOLOGICALS
haloperidol decanoate inj	M	M	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol lactate conc (HALDOL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol lactate inj	M	M	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI PELLETT PAK	-	NC	ANTIVIRALS
HARVONI TAB	-	NC	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	6	VACCINES
HC BUTYRATE CREAM	-	NC	DERMATOLOGICALS
HC BUTYRATE SOLN	-	NC	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	NC	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HELIDAC PACK	-	NC	ULCER DRUGS
HEMATINIC/FA TAB	-	2	HEMATOPOIETIC AGENTS
HEMLIBRA INJ	LPSP-PA	5	HEMATOLOGICAL AGENTS - MISC.
HEMOPIL M INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
hemoycte-f tab	-	2	HEMATOPOIETIC AGENTS
heparin lock flush	M	M	ANTICOAGULANTS
heparin sodium inj	M	M	ANTICOAGULANTS
heparin sodium/nacl inj	M	M	ANTICOAGULANTS
HEPARIN/D5W INJ	M	M	ANTICOAGULANTS
heparin/d5w inj (HEPARIN/ D5W equiv)	M	M	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	6	VACCINES
HERCEPTIN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hetastarch inj	M	M	HEMATOLOGICAL AGENTS - MISC.
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS

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HETLIOZ SUSP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
HEXALEN CAP	SP	5	ANTINEOPLASTICS
HIXDEFRIMA SOLN	-	NC	DERMATOLOGICALS
HIZENTRA INJ	PA-PSP	5	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HONEY BEE INJ	M	M	BIOLOGICALS MISC
HORIZANT TAB	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HULIO INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HULIO KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMALOG JR KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG MIX INJ	-	NC	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	-	NC	ANTIDIABETICS
HUMALOG PEN INJ	-	NC	ANTIDIABETICS
HUMATE-P INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
HUMATIN CAP	-	NC	AMINOGLYCOSIDES
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	ST	4	ANTIDIABETICS
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	ST	4	ANTIDIABETICS
HUMULIN N INJ	-	3	ANTIDIABETICS
HUMULIN N PEN INJ	-	3	ANTIDIABETICS
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	ST	4	ANTIDIABETICS
HUMULIN R INJ U-500	-	3	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	3	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYALGAN INJ	M	M	MUSCULOSKELETAL THERAPY AGENTS
HYALURONATE GEL	-	2	DERMATOLOGICALS
HYCANTIN CAP	LPSP-PA	5	ANTINEOPLASTICS
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
HYD POL/CPM SUSP	-	2	COUGH/COLD/ALLERGY
hydralazine inj	M	M	ANTIHYPERTENSIVES
hydralazine tab (APRESOLINE equiv)	-	2	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)	QL	2	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)	QL	2	ANALGESICS - OPIOID

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hydrocodone bitartrate er tab (HYSINGLA equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	2	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	2	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv)	-	2	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	2	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	2	ANALGESICS - OPIOID
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	4	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE LIPO CREAM	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	2	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	2	ANORECTAL AGENTS
hydrocortisone lotion (LOCOID equiv)	-	2	DERMATOLOGICALS
hydrocortisone lotion (HYTONE equiv)	-	2	DERMATOLOGICALS
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC	DERMATOLOGICALS
hydrocortisone oint	-	2	DERMATOLOGICALS
HYDROCORTISONE PAK	-	NC	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	NC	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	2	CORTICOSTEROIDS
hydrocortisone valerate cream	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone/aloe gel (NUZON equiv)	-	2	DERMATOLOGICALS
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
hydrogen peroxide soln	-	2	ANTISEPTICS & DISINFECTANTS
hydromorphone ER tab (EXALGO equiv)	-	2	ANALGESICS - OPIOID
hydromorphone inj	M	M	ANALGESICS - OPIOID
HYDROMORPHONE INJ	M--	NC	ANALGESICS - OPIOID
hydromorphone liquid	-	2	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	NC	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	2	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	2	DERMATOLOGICALS
hydroquinone gel	-	2	DERMATOLOGICALS
hydroquinone micro cream	-	2	DERMATOLOGICALS
hydroquinone/sunscreen cream	-	2	DERMATOLOGICALS
HYDROXOCOBALAMIN INJ	M	M	HEMATOPOIETIC AGENTS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYM GEL	-	NC	DERMATOLOGICALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone inj (MAKENA equiv)	M	M	PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	2	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	2	ANTIAXIETY AGENTS
HYDROXYZINE PAMOATE CAP 100MG	-	2	ANTIAXIETY AGENTS

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hydroxyzine syrup (ATARAX equiv)	-	2	ANTI-ANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	2	ANTI-ANXIETY AGENTS
HYDXOZYLINE INJ	M	M	ANTI-ANXIETY AGENTS
HYFTOR GEL	-	NC	DERMATOLOGICALS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
hyophen tab (PROSED DS equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
HYOPHEN TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
HYOSCYAMINE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	2	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	2	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	2	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	2	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	2	ULCER DRUGS
hyoscyamine sulfate tab (LEVSIN equiv)	-	2	ULCER DRUGS
HYPERHEP B INJ S/D	M	M	PASSIVE IMMUNIZING AGENTS
HYQVIA INJ	PA-PSP	5	PASSIVE IMMUNIZING AGENTS
HYRIMOZ INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYRMIOZ PFS INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/28 days)	QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days)	PA-PSP-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB (QL= 21 caps/28 days)	PA-PSP-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
IBU 600-EZS KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab ((RX Only))	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibutilide inj (CORVERT equiv)	M	M	ANTIARRHYTHMICS
icatibant inj (FIRAZYR equiv)	M	M	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap (VASCEPA equiv)	-	NC	ANTIHYPERLIPIDEMICS
IDACIO INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
idarubicin inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDHIFA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IFEX INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IFOSFAMIDE INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IFOSFAMIDE/MESNA KIT	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IHEEZO GEL	-	NC	OPHTHALMIC AGENTS
ILARIS INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
imatinib tab (GLEEVEC equiv)	LPSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 140MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 280MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
imipenem/cilastatin inj	M	M	ANTI-INFECTIVE AGENTS - MISC.
imipramine pamoate cap (TOFRANIL PM equiv)	-	2	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	2	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	2	DERMATOLOGICALS
IMIQUIMOD CREAM 3.75%	-	NC	DERMATOLOGICALS
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC	DERMATOLOGICALS
IMITREX INJ	-	NC	MIGRAINE PRODUCTS
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
IMOGAM RABIES-HT INJ	M	M	PASSIVE IMMUNIZING AND TREATMENT AGENTS
IMOVAX INJ	VAC	NC	VACCINES
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	NC	DERMATOLOGICALS
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INBRIJA INH POWDER	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDERAL XL CAP, INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INDOCIN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin inj	M	M	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INFLAMMA-K KIT	-	NC	DERMATOLOGICALS
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INFLUENZA H1N1 INJ	VAC	6	VACCINES
INFUMORPH INJ	M	M	ANALGESICS - OPIOID
INFUVITE INJ	M	M	MULTIVITAMINS

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LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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INGREZZA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB	PA-PSP-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEFA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	NC	MEDICAL DEVICES
INQOVI TAB (QL= 5 tabs/28 days)	PA-PSP-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ	-	3	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	3	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC	ANTIDIABETICS
INSULIN LISPRO INJ (HUMALOG equiv)	-	NC	ANTIDIABETICS
INSULIN LISPRO JR KWIKPEN INJ	-	NC	ANTIDIABETICS
INSULIN LISPRO KWIKPEN INJ	-	NC	ANTIDIABETICS
INSULIN SYRINGE	-	NC	MEDICAL DEVICES AND SUPPLIES
INSULIN SYRINGE (all other brands)	-	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	5	ANTIVIRALS
INTENSE COUGH LIQUID	-	NC	COUGH/COLD/ALLERGY
INTRALIPID INJ	M	M	NUTRIENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ	PA-PSP	5	ANTINEOPLASTICS
INTUNIV TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
INVANZ INJ	M	M	ANTI-INFECTIVE AGENTS - MISC.
INVEGA HAFYERA INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA INJ	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
INVIRASE CAP	-	5	ANTIVIRALS
INVIRASE TAB	-	5	ANTIVIRALS
INVOKAMET TAB	-	NC	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB	-	NC	ANTIDIABETICS
iodine soln	-	2	ANTISEPTICS & DISINFECTANTS
IODINE STRONG SOLN	-	2	MINERALS & ELECTROLYTES
IODINE TINCTURE	-	2	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN	-	4	OPHTHALMIC AGENTS
IPOL INJ	VAC	6	VACCINES

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
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ipratropium nasal spray (ATROVENT equiv) (QL= 60gm/30 days)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv) (QL= 125 nebs/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
irinotecan inj (CAMPTOSAR equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISENTRESS (HD) TAB	-	5	ANTIVIRALS
ISENTRESS CHEW TAB	-	5	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	6	CONTRACEPTIVES
isoflurane soln	-	2	GENERAL ANESTHETICS
isolyte-m inj	M	M	MINERALS & ELECTROLYTES
ISOLYTE-S INJ	M	M	MINERALS & ELECTROLYTES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC	MIGRAINE PRODUCTS
ISONIAZID INJ	M	M	ANTIMYCOBACTERIAL AGENTS
isoniazid syrup (ISONIAZID equiv)	-	4	ANTIMYCOBACTERIAL AGENTS
ISONIAZID TAB	-	2	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPTH SOLN	-	3	OPHTHALMIC AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	1	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
ISOSORBIDE MONONITRATE TAB	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isosulfan inj (ISOSULFAN BLUE equiv)	M	M	DIAGNOSTIC PRODUCTS
isotretinoin cap 25mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isotretinoin cap 35mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isoxsuprine tab	-	2	CARDIOVASCULAR AGENTS - MISC.
ISOXSUPRINE TAB	-	3	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
ISTODAX INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISTODAX OVR INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISTURISA TAB 10MG	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 1MG	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 5MG	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
itraconazole cap (SPORANOX equiv)	-	2	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	-	3	ANTIFUNGALS
IVERMECTIN CREAM	-	NC	DERMATOLOGICALS
ivermectin cream (SOOLANTRA equiv)	-	NC	DERMATOLOGICALS
IVERMECTIN LOTION	-	2	DERMATOLOGICALS
ivermectin tab (STROMECTOL equiv)	-	2	ANTHELMINTICS
IWILFIN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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IXCHIQ INJ	-	NC	VACCINES
IXEMPRA KIT	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXIARO INJ	VAC	EXC	VACCINES
IYUZEH OPHTH DROPS	-	NC	OPHTHALMIC AGENTS
JADENU SPRINKLE	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 180MG	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 90MG, 360MG	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day )	PA-PSP-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
JANUVIA TAB	¢	3	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	3	ANTIDIABETICS
JAYPIRCA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
JESDUVROQ TAB	-	NC	HEMATOPOIETIC AGENTS
JETREA INJ	M	M	OPHTHALMIC AGENTS
JE-VAX INJ	VAC	NC	VACCINES
JEVTANA INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
jinteli tab (FEMHRT equiv)	-	2	ESTROGENS
JOENJA TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	6	CONTRACEPTIVES
JULUCA TAB	-	5	ANTIVIRALS
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 or older)	PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JYNARQUE PAK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KADCYLA INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KADIAN CAP (QL= 2 caps/day)	QL	4	ANALGESICS - OPIOID
KALBITOR INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
KALETRA SOLN	-	NC	ANTIVIRALS
KALETRA TAB	-	5	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	5	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	5	RESPIRATORY AGENTS - MISC.
KANAMYCIN INJ	M	M	AMINOGLYCOSIDES
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KAPVAY DOSE PACK	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
KATERZIA SUSP (Prior Authorization required for members age 9 or older)	PA	4	CALCIUM CHANNEL BLOCKERS
kcl/d5w inj	M	M	MINERALS & ELECTROLYTES

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KCL/D5W/LACTATED RINGERS INJ	M	M	MINERALS & ELECTROLYTES
KCL/D5W/NACL INJ	M	M	MINERALS & ELECTROLYTES
kcl/dextrose/sodium chloride inj	M	M	MINERALS & ELECTROLYTES
KEFLEX CAP 750MG	-	NC	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	6	CONTRACEPTIVES
KENALOG INJ	-	NC	CORTICOSTEROIDS
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	NC	CORTICOSTEROIDS
KEPIVANCE INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEPPRA SOLN	-	4	ANTICONVULSANTS
KEPPRA TAB	-	4	ANTICONVULSANTS
KEPPRA XR TAB	-	4	ANTICONVULSANTS
KERAFOAM	-	4	DERMATOLOGICALS
KERAMATRIX	-	NC	DERMATOLOGICALS
KERASTAT CREAM	-	NC	DERMATOLOGICALS
KERASTAT GEL	-	NC	DERMATOLOGICALS
KERENDIA TAB (QL= 1 tab/day)	PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KESIMPTA INJ	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL TROCHES	-	NC	GENERAL ANESTHETICS
ketamine inj	M	M	GENERAL ANESTHETICS
ketoconazole cream (NIZORAL CREAM equiv)	-	2	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	2	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	2	ANTIFUNGALS
ketodan foam	-	2	DERMATOLOGICALS
KETOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	M	M	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	M	M	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 15mg/ml (TORADOL equiv)	M	M	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 30mg/ml (TORADOL equiv)	M	M	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 60mg/2ml (TORADOL equiv)	M	M	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	2	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/30 days)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
KEVEYIS TAB	-	3	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
KINERET INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KINRIX INJ, QUADRACEL DTAP-IPV INJ	M	M	TOXOIDS
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	6	TOXOIDS
KISQALI PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLISYRI OINT	-	NC	DERMATOLOGICALS
KLOXXADO NASAL SPRAY	-	3	ANTIDOTES AND SPECIFIC ANTAGONISTS

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KOGENATE FS INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KONVOMEPEP SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	5	ANTIDIABETICS
KOSELUGO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	NC	MINERALS & ELECTROLYTES
KRAZATI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB	-	3	ANTIMALARIALS
KRISTALOSE PACK, LACTULOSE PACK	-	NC	LAXATIVES
KRISTALOSE PACKET	-	NC	LAXATIVES
KRYSTEXXA INJ	M	M	GOUT AGENTS
KUVAN POWDER PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNMOBI FILM (QL= 5 films/day)	LPSP-PA-QL	5	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT (QL=1 kit/fill)	LPSP-PA-QL	5	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYPROLIS INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC	ANDROGENS-ANABOLIC
L.E.T. GEL	-	NC	DERMATOLOGICALS
labetalol inj (NORMODYNE equiv)	M	M	BETA BLOCKERS
labetalol tab (NORMODYNE equiv)	-	2	BETA BLOCKERS
lacosamide oral solution (VIMPAT equiv)	-	1	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
lactated ringers inj	M	M	MINERALS & ELECTROLYTES
lactated ringers irrigation	-	2	ASSORTED CLASSES
LACTIC ACID E CREAM	-	2	DERMATOLOGICALS
LACTIC ACID LOTION	-	2	DERMATOLOGICALS
lactic acid w/ vitamin E cream	-	2	DERMATOLOGICALS
lactulose soln	-	2	LAXATIVES
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	6	ANTIVIRALS
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	3	ANTIVIRALS
LAMICTAL ODT	-	3	ANTICONVULSANTS
LAMICTAL ODT KIT	-	NC	ANTICONVULSANTS
LAMICTAL STARTER KIT	-	NC	ANTICONVULSANTS
LAMICTAL XR KIT	-	2	ANTICONVULSANTS
LAMISIL GRANULE	-	3	ANTIFUNGALS
lamivudine soln (EPIVIR equiv)	-	5	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	2	ANTIVIRALS

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LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
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lamivudine tab 100mg (EPIVIR HBV equiv)	-	2	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	2	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	2	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	2	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL equiv)	-	2	ANTICONVULSANTS
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	2	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	2	ANTICONVULSANTS
LAMPIT TAB	PA	3	ANTI-INFECTIVE AGENTS - MISC.
LANCET DEVICE	-	3	MEDICAL DEVICES AND SUPPLIES
LANCET KIT	-	3	MEDICAL DEVICES AND SUPPLIES
LANCETS	-	3	MEDICAL DEVICES AND SUPPLIES
LANOXIN TAB 62.5MCG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	-	1	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv) (QL= 1 tab/day)	QL	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE SUSP	-	4	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ, INSULIN GLARGINE INJ	-	NC	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	LPSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASTACRAFT OPTH SOLN (QL= 3ml/30 days)	QL	4	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/25 days)	QL	2	OPHTHALMIC AGENTS
latrix susp	-	2	DERMATOLOGICALS
LATUDA TAB (QL= 1 tab/day)	QL-¢	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LATUDA TAB 80MG (QL= 2 tabs/day)	QL-¢	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	4	ANALGESICS - OPIOID
lazerformaly soln	-	2	ANTISEPTICS & DISINFECTANTS
L-CYSTEINE INJ	M	M	NUTRIENTS
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LPSP-PA-QL	5	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	5	MISCELLANEOUS THERAPEUTIC CLASSE
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL XL TAB	-	NC	ANTHYPERLIPIDEMICS
LETAIRIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv) (QL= 1 tab/day)	QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin calcium inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUCOVORIN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	2	ANTINEOPLASTICS

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LEUKERAN TAB	SP	5	ANTINEOPLASTICS
LEUKINE INJ	-	NC	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/30 day	QL	4	ANTIASTMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	2	ANTIASTMATIC AND BRONCHODILATOR AGENTS
LEVEMIR FLEXTOUCH INJ	-	3	ANTIDIABETICS
LEVEMIR INJ	-	3	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	2	ANTICONVULSANTS
levetiracetam inj	M	M	ANTICONVULSANTS
LEVETIRACETAM INJ	M--	NC	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	2	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	2	ANTICONVULSANTS
LEVITRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
LEVOBUNOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	2	OPHTHALMIC AGENTS
levocarnitine inj (CARNITOR equiv)	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine soln (CARNITOR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	2	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	2	ANTIHISTAMINES
levofloxacin inj	M	M	FLUOROQUINOLONES
levofloxacin ophth soln (QUIXIN equiv)	-	2	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN 0.5%	-	2	OPHTHALMIC AGENTS
levofloxacin tab (LEVAQUIN equiv)	-	2	FLUOROQUINOLONES
levofloxacin/d5w inj	M	M	FLUOROQUINOLONES
levoleucovorin inj (FUSILEV equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levonorgestrel tab 0.75mg (PLAN B equiv) (QL= 4 tabs/365 days)	OTC-QL	6	CONTRACEPTIVES
levonorgestrel tab 1.5mg (PLAN B equiv) (QL= 2 tabs/365 days)	OTC-QL	6	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	6	CONTRACEPTIVES
LEVORPHANOL TAB	-	NC	ANALGESICS - OPIOID
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	M	M	THYROID AGENTS
levothyroxine inj (LEVOTHYROXINE equiv)	M	M	THYROID AGENTS
LEVOTHYROXINE INJ	M--	NC	THYROID AGENTS
LEVOTHYROXINE INJ 100MCG/ML	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
LEXIVA SUSP	-	5	ANTIVIRALS
LIALDA TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
LICART PATCH	-	NC	DERMATOLOGICALS
LIDO/MENTHOL SPRAY	-	NC	DERMATOLOGICALS
LIDO/RAC/TET GEL	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	2	DERMATOLOGICALS

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lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	2	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	2	DERMATOLOGICALS
LIDOCAINE GEL	-	3	DERMATOLOGICALS
lidocaine inj	M	M	LOCAL ANESTHETICS-PARENTERAL
lidocaine inj (XYLOCAINE equiv)	M	M	ANTIARRHYTHMICS
LIDOCAINE INJ 4%	M	M	LOCAL ANESTHETICS-PARENTERAL
lidocaine oint (QL= 107gm/30 days)	QL	2	DERMATOLOGICALS
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	NC	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch	-	2	DERMATOLOGICALS
lidocaine patch 3.5% (GEN7T equiv)	-	NC	DERMATOLOGICALS
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	2	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	2	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
lidocaine viscous soln (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
lidocaine/d5w inj	M	M	ANTIARRHYTHMICS
LIDOCAINE/DEXTROSE INJ	M	M	LOCAL ANESTHETICS-PARENTERAL
lidocaine/epinephrine inj	M	M	LOCAL ANESTHETICS-PARENTERAL
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2	ANORECTAL AGENTS
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	2	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	2	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	PA	2	DERMATOLOGICALS
LIDOCAINE/TETRACAINE CREAM	-	NC	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDO-HYDRO GEL	-	2	ANORECTAL AGENTS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTIN PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTRAL CREAM	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LIDOVEX CREAM	-	NC	DERMATOLOGICALS
LIKMEZ SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
lincomycin inj (LINCOCIN equiv)	M	M	ANTI-INFECTIVE AGENTS - MISC.
LINDANE SHAMPOO	-	2	DERMATOLOGICALS
linezolid soln (ZYVOX equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
linezolid susp (ZYVOX equiv) (QL= 600ml/28 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (QL= 28 tabs/30 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP	PA	4	GASTROINTESTINAL AGENTS - MISC.
LIORESAL INT INJ	M	M	MUSCULOSKELETAL THERAPY AGENTS
LIOthyRONINE INJ	M	M	THYROID AGENTS
liothyronine tab (CYTOMEL equiv)	-	2	THYROID AGENTS
LIQREV SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES

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LITFULO CAP	-	NC	DERMATOLOGICALS
LITHIUM CARBONATE CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate cap (ESKALITH equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOBID TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	4	ANTIHYPERTENSIVES
LIVMARLI SOLN	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5	ANTIVIRALS
L-METHYLFOLATE TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
L-METHYL-MC TAB	-	4	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LMR PLUS KIT	-	NC	DERMATOLOGICALS
LO LOESTRIN TAB	-	6	CONTRACEPTIVES
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LODOCO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
loestrin 21 tab	-	NC	CONTRACEPTIVES
loestrin tab	-	NC	CONTRACEPTIVES
lohist liquid (DECON-A equiv)	OTC	NC	COUGH/COLD/ALLERGY
LOKELMA PAK	PA	3	MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
LONHALA MAGNAIR SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB	PA-PSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv)	-	5	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	5	ANTIVIRALS
loratadine cap (CLARITIN equiv)	OTC	2	ANTIHISTAMINES
loratadine chew tab (CLARITIN equiv)	-	1	ANTIHISTAMINES
loratadine ODT (CLARITIN equiv)	-	NC	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv)	-	2	ANTIHISTAMINES
loratadine tab (CLARITIN equiv)	-	1	ANTIHISTAMINES
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	-	NC	COUGH/COLD/ALLERGY
lorazepam conc (ATIVAN equiv)	-	2	ANTI-ANXIETY AGENTS
lorazepam inj	M	M	ANTI-ANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	2	ANTI-ANXIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tab/day)	PA-PSP-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day)	PA-PSP-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTI-ANXIETY AGENTS
LORTAB ELIXIR	-	3	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES

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losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
LOTEMAX GEL	-	NC	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT (QL= 14gm/365 days)	QL	4	OPHTHALMIC AGENTS
LOTEMAX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	NC	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	NC	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	2	OPHTHALMIC AGENTS
lovastatin tab (MEVACOR equiv)	-	1	ANTIHYPERLIPIDEMICS
LOVENOX INJ	-	NC	ANTICOAGULANTS
loxapine cap (LOXITANE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv)	PA	3	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUCENTIS INJ 0.5MG	M	M	OPHTHALMIC AGENTS
LUCENTIS SOLN 0.3MG	M	M	OPHTHALMIC AGENTS
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIGAN OPHTH SOLN (QL= 2.5ml/25 days)	QL	4	OPHTHALMIC AGENTS
LUMRYZ PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUPKYNIS CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LUPRON DEPOT INJ	LPSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lurasidone hcl tab (LATUDA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lurasidone hcl tab (LATUDA TAB 80MG equiv) (QL= 2 tabs/day)	--QL- $\phi$	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUVIRA CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LYBALVI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	NC	ANTICONVULSANTS
LYRICA CAP 225MG	-	NC	ANTICONVULSANTS
LYRICA CAP 300MG	-	NC	ANTICONVULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN (QL= 30 mls/day)	QL	4	ANTICONVULSANTS
lysiplex plus tab (STROVITE equiv)	-	1	MULTIVITAMINS
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI THERAPY PACK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	NC	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	NC	ANTIDIABETICS
LYUMJEV TEMPO PEN	-	NC	ANTIDIABETICS
LYVISPAN GRANULE PACKET (Members age 9 or older require Prior Authorization)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
M.V.I. INJ	M	M	MULTIVITAMINS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
MACRILEN PAK	-	NC	DIAGNOSTIC PRODUCTS
MACRODANTIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MACRODANTIN CAP 25MG	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MACUGEN INJ	M	M	OPHTHALMIC AGENTS
mafenide acetate soln packet (SULFAMYLON equiv)	-	2	DERMATOLOGICALS
MAGNEBIND TAB	-	4	MINERALS & ELECTROLYTES
MAGNESIUM CHLORIDE INJ	M	M	MINERALS & ELECTROLYTES
magnesium salicylate tab	-	2	ANALGESICS - NONNARCOTIC
magnesium sulfate inj	M	M	MINERALS & ELECTROLYTES
MAGNESIUM SULFATE INJ	M--	NC	MINERALS & ELECTROLYTES
MAGNESIUM SULFATE/D5W INJ	M	M	MINERALS & ELECTROLYTES
MAGNESIUM SULFATE/D5W INJ	M--	NC	MINERALS & ELECTROLYTES
MAKENA INJ	M	M	PROGESTINS
malathion lotion (OVIDE equiv)	-	2	DERMATOLOGICALS
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	6	MEDICAL DEVICES AND SUPPLIES
MANGANESE CHLORIDE INJ	M	M	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	M	M	MINERALS & ELECTROLYTES
MAPROTILINE TAB	-	2	ANTIDEPRESSANTS
maraviroc tab (SELZENTRY equiv)	-	5	ANTIVIRALS
MARPLAN TAB	-	4	ANTIDEPRESSANTS
MATULANE CAP	PA-SP	5	ANTINEOPLASTICS
MAVENCLAD PAK (Only available through Walgreens 888-347-3416)	LD	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packs/day)	LPSP-PA-QL	5	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	LPSP-PA-QL	5	ANTIVIRALS
MAXIPIME INJ	M	M	CEPHALOSPORINS
MAYZENT TAB	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv)	-	2	ANTIEMETICS
meclizine tab (ANTIVERT equiv) (Rx Only)	-	2	ANTIEMETICS
MECLOFENAMATE CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	6	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	2	ANTIMALARIALS
MEFOXIN INJ	M	M	CEPHALOSPORINS
MEGACE ES SUSP	-	NC	PROGESTINS
megestrol ES susp (MEGACE ES equiv)	-	4	PROGESTINS
megestrol susp (MEGACE equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LPSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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MEKINIST TAB 2MG (QL= 1 tab/day)	LPSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam cap (VIVLODEX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	2	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
MELPAQUE HP CREAM	-	2	DERMATOLOGICALS
melphalan inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELPHALAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELQUIN 3 SOLN	-	2	DERMATOLOGICALS
memantine ER cap (NAMENDA XR equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine sol (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	6	VACCINES
MENEST TAB	-	4	ESTROGENS
MENOSTAR PATCH	-	NC	ESTROGENS
MENQUADFI INJ	VAC	6	VACCINES
MENTAX CREAM	-	3	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS
MENVEO INJ	VAC	6	VACCINES
mepiridine inj	M	M	ANALGESICS - OPIOID
mepiridine tab (DEMEROL equiv)	-	NC	ANALGESICS - OPIOID
MEPHYTON TAB	-	3	VITAMINS
MEPIVACAINE INJ	M	M	LOCAL ANESTHETICS-PARENTERAL
meprobamate tab (MILTOWN equiv)	-	2	ANTI-ANXIETY AGENTS
mercaptapurine tab (PURINETHOL equiv)	-	2	ANTINEOPLASTICS
meropenem inj (MERREM equiv)	M	M	ANTI-INFECTIVE AGENTS - MISC.
mesalamine DR cap (DELZICOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA CR equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
MESALAMINE TAB DR	-	2	GASTROINTESTINAL AGENTS - MISC.
mesna inj (MESNEX equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESNEX TAB	LPSP	5	ANTINEOPLASTICS
METANX CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
metaproterenol syrup	-	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	NC	DERMATOLOGICALS
metformin ER osmotic tab 1000mg (FORTAMET equiv)	-	NC	ANTIDIABETICS

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>SP</b> Available through Specialty Pharmacy Program	<b>ST</b> Step Therapy	<b>VAC</b> Vaccine Program

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metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	2	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
METFORMIN TAB	-	NC	ANTIDIABETICS
methadone inj	M	M	ANALGESICS - OPIOID
methadone soln	-	2	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	2	ANALGESICS - OPIOID
methadose tab	-	2	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv) (QL= 5 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	2	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	2	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	2	THYROID AGENTS
METHITEST TAB	-	3	ANDROGENS-ANABOLIC
methocarbamol (ROBAXIN equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
METHOCARBAMOL TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
METHOTREXATE INJ	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	2	ANTINEOPLASTICS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	1	DERMATOLOGICALS
METHOXSALEN CAP	-	3	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	2	ULCER DRUGS
methsuximide cap (CELONTIN equiv)	-	2	ANTICONVULSANTS
METHYCLOTHIAZIDE TAB	-	2	DIURETICS
methyl dopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
METHYLDOPATE INJ	M	M	ANTIHYPERTENSIVES
methylene blue inj	M	M	ANTIDOTES
methylergonovine inj (METHERGINE equiv)	M	M	OXYTOCICS
methylergonovine tab (METHERGINE equiv)	-	2	OXYTOCICS
methylphenidate CD cap 10mg, 20mg, 30mg (METADATE CD equiv) (QL= 2 caps/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate CD cap 40mg (METADATE CD equiv) (QL= 1 cap/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate CD cap 50mg (METADATE CD equiv) (QL= 1 cap/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate CD cap 60mg (METADATE CD equiv) (QL= 1 cap/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (APTENSIO XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap 10mg, 20mg, 30mg (RITALIN LA equiv) (QL= 2 caps/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap 40mg (RITALIN LA equiv) (QL= 1 cap/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 10mg (METADATE equiv) (QL= 2 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LPSP	Lumicera Preferred Specialty Pharmacy	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	PSP	Preferred Specialty Pharmacy	QL	Quantity Limit
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methylphenidate ER tab 18mg (CONCERTA equiv) (QL= 1 tab/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB 18mg, 27mg, 36mg, 54mg (QL= 1 tab/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 20mg (RITALIN SR equiv) (QL= 3 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 27mg (CONCERTA equiv) (QL= 1 tab/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 36mg (CONCERTA equiv) (QL= 2 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 54mg (CONCERTA equiv) (QL= 1 tab/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv) (QL= 3 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate td patch (DAYTRANA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	2	CORTICOSTEROIDS
methylprednisolone inj (DEPO-MEDROL equiv)	M	M	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	2	CORTICOSTEROIDS
methylprenisolone sod succinate inj (SOLU-MEDROL equiv)	M	M	CORTICOSTEROIDS
methyltestosterone cap	-	NC	ANDROGENS-ANABOLIC
METIPRANOLOL OPTH SOLN	-	2	OPHTHALMIC AGENTS
metoclopramide inj (REGLAN equiv)	M	M	GASTROINTESTINAL AGENTS - MISC.
metoclopramide soln (REGLAN equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	2	DIURETICS
metoprolol 37.5mg, 75mg	-	2	BETA BLOCKERS
metoprolol ER tab 100mg, 200mg (TOPROL XL equiv)	-	2	BETA BLOCKERS
metoprolol ER tab 25mg (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol ER tab 50mg (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol inj (LOPRESSOR equiv)	M	M	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2	ANTIHYPERTENSIVES
metronidazole cap (FLAGYL equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	2	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	2	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	2	VAGINAL PRODUCTS
metronidazole/nacl inj	M	M	ANTI-INFECTIVE AGENTS - MISC.
metyrosine cap (DEMSEER equiv)	-	NC	ANTIHYPERTENSIVES
mexiletine hcl cap	-	2	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MIACALCIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
micafungin inj (MYCAMINE equiv)	M	M	ANTIFUNGALS
MICLARA LIQUID	-	NC	ANTIHISTAMINES
miconazole 3 kit	-	2	VAGINAL PRODUCTS

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MICONAZOLE 3 SUPP 200MG	-	4	VAGINAL PRODUCTS
miconazole nitrate cream	-	2	DERMATOLOGICALS
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICRHOGAM/RHOGAM PLUS INJ	M	M	PASSIVE IMMUNIZING AGENTS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midazolam inj	M	M	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
midodrine tab (PROAMATINE equiv)	-	2	VASOPRESSORS
MIEBO OPTH SOLN	-	NC	OPHTHALMIC AGENTS
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	5	ANTIDIABETICS
mifepristone tab (MIFIPREX equiv)	LD-PA-QL	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIFIPREX TAB	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
miglitol tab (MIGLITOL equiv)	-	2	ANTIDIABETICS
MIGLITOL TAB	-	NC	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	5	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY	-	NC	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS
milrinone lactate inj	M	M	CARDIOTONICS
milrinone/dextrose inj	M	M	CARDIOTONICS
MINASTRIN CHEW TAB	-	NC	CONTRACEPTIVES
MINIVELLE PATCH	-	NC	ESTROGENS
minocycline cap (MINOCIN equiv)	-	2	TETRACYCLINES
MINOCYCLINE ER CAP	-	NC	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	2	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
MINOLIRA TAB	-	4	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	2	ANTIHYPERTENSIVES
mirabegron tab er (MYRBETRIQ equiv)	-	4	URINARY ANTISPASMODICS
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRENA IUD	-	6	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	2	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	2	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	2	ULCER DRUGS
mitomycin inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mitoxantron inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MIXED VESPID INJ	M	M	BIOLOGICALS MISC
M-M-R II INJ	VAC	6	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
moexipril tab (UNIVASC equiv)	-	2	ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
mometasone cream (ELOCON equiv)	-	2	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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mometasone oint (ELOCON equiv)	-	2	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	2	DERMATOLOGICALS
MONOCLATE-P INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
MONONINE INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
montelukast chew tab (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	4	ANTI-INFECTIVE AGENTS - MISC.
morgidox cap	-	2	TETRACYCLINES
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULF SOLN 10MG/5ML	-	2	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP (QL= 1 cap/day)	QL	4	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP (QL= 2 caps/day)	QL	2	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv) (QL= 2 caps/day)	QL	2	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
MORPHINE SULFATE INJ	M	M	ANALGESICS - OPIOID
morphine sulfate inj (INFUMORPH INJ equiv)	M	M	ANALGESICS - OPIOID
morphine sulfate soln	-	2	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	2	ANALGESICS - OPIOID
MORPHINE SULFATE TAB	-	2	ANALGESICS - OPIOID
morrhuate sodium inj	M	M	ASSORTED CLASSES
MOTEGRITY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
MOTOFEN TAB	-	3	ANTIDIARRHEALS
MOTPOLY XR CAP	-	NC	ANTICONVULSANTS
MOUNJARO INJ (QL= 4 inj/28 days)	QL	3	ANTIDIABETICS
MOVANTIK TAB	PA	3	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	NC	LAXATIVES
MOXATAG TAB	-	4	PENICILLINS
MOXATAG TAB 775MG	-	4	PENICILLINS
MOXEZA OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	2	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	2	FLUOROQUINOLONES
MOZOBIL INJ	LPSP-M	M	HEMATOPOIETIC AGENTS
MPM PAK	-	NC	OXYTOCICS
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MULPLETA TAB	-	NC	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	4	ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	NC	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	NC	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	NC	HEMATOPOIETIC AGENTS
MULTI-LANCET DEVICE 2	OTC	1	MEDICAL DEVICES AND SUPPLIES
MULTI-MAC TAB	-	NC	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	1	MULTIVITAMINS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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MULTIVITAMIN/FLUORIDE CHEW 0.25MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW 0.5MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW 1MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1	MULTIVITAMINS
MULTI-VIT-FLOR CHEW 0.25MG	-	1	MULTIVITAMINS
MULTI-VIT-FLOR CHEW 0.5MG	-	1	MULTIVITAMINS
MULTI-VIT-FLOR CHEW 1MG	-	1	MULTIVITAMINS
mupirocin cream (BACTROBAN CREAM equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	2	DERMATOLOGICALS
MUSTARGEN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYCAMINE INJ	M	M	ANTIFUNGALS
MYCAPSSA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	2	ASSORTED CLASSES
mycophenolate inj (CELLCEPT equiv)	M	M	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	2	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	2	ASSORTED CLASSES
MYDAYIS CAP 12.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 25MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 37.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 50MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	3	ESTROGENS
MYLERAN TAB	LPSP-PA	5	ANTINEOPLASTICS
MYNATAL-Z TAB	-	4	MULTIVITAMINS
MYOBLOC INJ	M	M	NEUROMUSCULAR AGENTS
MYOXIN SUS OTIC	-	2	OTIC AGENTS
MYOZYME INJ	LPSP-M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYRBETRIQ SUSP	-	NC	URINARY ANTISPASMODICS
MYRBETRIQ TAB	-	2	URINARY ANTISPASMODICS
nabumetone tab (RELAFEN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	2	BETA BLOCKERS
nafcillin inj	M	M	PENICILLINS
NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAFTIFINE CREAM	-	4	DERMATOLOGICALS
naftifine cream (NAFTIN equiv)	-	4	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	NC	DERMATOLOGICALS
naftifine hcl gel 2% (NAFTIN equiv)	-	NC	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
NAGLAZYME INJ	LPSP-M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
nalbuphine inj	M	M	ANALGESICS - OPIOID
naloxone hcl nasal spray (NARCAN equiv)	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	2	ANTIDOTES
naloxone prefilled inj	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS

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naltrexone tab (REVIA equiv)	-	2	ANTIDOTES
NAMENDA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naproxen EC tab (NAPROSYN EC equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen EC tab 500mg (NAPROSYN EC equiv) (QL= 1 tab/day)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) (QL= 60 tabs/30 days)	PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	2	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	-	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB 15MG	-	NC	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY	OTC	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
NASONEX NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NATACYN OPHTH SUSP	-	3	OPHTHALMIC AGENTS
NATAZIA TAB	-	6	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	2	ANTIDIABETICS
NATESTO GEL	-	NC	ANDROGENS-ANABOLIC
NATESTO NASAL GEL	-	NC	ANDROGENS-ANABOLIC
NATPARA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	4	DERMATOLOGICALS
NAYZILAM SPRAY	-	NC	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv)	¢	2	BETA BLOCKERS
NEBUPENT NEB SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NEFAZODONE TAB	-	2	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	2	ANTIDEPRESSANTS
nelarabine iv soln (ARRANON equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NENDRUX GEL	-	NC	DERMATOLOGICALS
neo/poly gu sol	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
NEO/POLY GU SOLN	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
neomycin tab	-	2	AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	2	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	2	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	2	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	2	OPHTHALMIC AGENTS

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NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	4	MULTIVITAMINS
NEONATAL FE TAB	-	4	MULTIVITAMINS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSALUS LOTION	-	NC	DERMATOLOGICALS
neostigmine methylsulfate inj	M	M	ANTIMYASTHENIC/CHOLINERGIC AGENTS
NEOTUSS PLUS LIQUID	-	2	COUGH/COLD/ALLERGY
NEPHRON FA TAB	-	3	HEMATOPOIETIC AGENTS
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEULASTA ONPRO INJ	LPSP-PA	5	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	4	ANTIPARKINSON AGENTS
NEURONTIN CAP	-	NC	ANTICONVULSANTS
NEURONTIN TAB 600MG	-	NC	ANTICONVULSANTS
NEURONTIN TAB 800MG	-	NC	ANTICONVULSANTS
NEVANAC OPHTH SUSP (QL= 4 bottles/year)	QL	3	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB	-	2	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv)	-	2	ANTIVIRALS
NEVIRAPINE SUSP	-	2	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	2	ANTIVIRALS
NEXAVAR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR TAB	-	NC	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXIUM GRANULE PACK (Step Therapy requires trial of omeprazole, pantoprazole or lansoprazole)	ST	4	ULCER DRUGS
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	3	ANTIHYPERLIPIDEMICS
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	3	ANTIHYPERLIPIDEMICS
NEXPLANON IMPLANT	-	6	CONTRACEPTIVES
NEXTERONE INJ	M	M	ANTIARRHYTHMICS
NEXTSTELLIS TAB	-	6	CONTRACEPTIVES
NGENLA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
niacin cap	-	2	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	-	2	VITAMINS
niacin ER tab (NIASPAN equiv)	-	2	ANTIHYPERLIPIDEMICS
niacin tab	-	2	VITAMINS
NIACIN TR TAB	-	2	VITAMINS
niacinamide tab	-	2	VITAMINS
NIACOR TAB	-	NC	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	4	CALCIUM CHANNEL BLOCKERS
nicardipine inj (CARDENE equiv)	M	M	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	6	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/calendar year)	OTC-QL-SMKG	6	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
nicotine lozenge (COMMIT equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	6	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	6	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/calendar year)	QL-SMKG	6	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/calendar year)	QL-SMKG	6	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv)	LPSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	4	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	4	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 25.5MG	-	4	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL = 6 tabs/3 days)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	3	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older)	PA	2	ANTI-INFECTIVE AGENTS - MISC.
NITROFURANTOIN SUSP	PA--	NC	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	2	ANTIANGINAL AGENTS
NITROGLYCERIN INJ	M	M	ANTIANGINAL AGENTS
NITROGLYCERIN LINGUAL AEROSOL	-	2	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	2	ANTIANGINAL AGENTS
nitroglycerin oint (RECTIV equiv)	-	3	ANORECTAL AND RELATED PRODUCTS
nitroglycerin patch (NITRO-DUR equiv)	-	2	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS
NITROGLYCERIN/D5W INJ	-	NC	ANTIANGINAL AGENTS
nitroglycerine/d5w inj (NITROGLYCERIN/D5W equiv)	M	M	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	4	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	NC	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	LPSP	5	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizatidine cap (AXID equiv)	-	2	ULCER DRUGS
NIZORAL A-D SHAMPOO	OTC	EXC	DERMATOLOGICALS
nizoral a-d shampoo (NIZORAL equiv)	OTC	EXC	DERMATOLOGICALS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN FLEXPEN INJ, NUTROPIN AQ INJ	LPSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
norepinephrine inj (LEVOPHED equiv)	M	M	VASOPRESSORS
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	6	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	6	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	6	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	2	PROGESTINS
norethindrone tab (NORA-QD equiv)	-	6	CONTRACEPTIVES
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	6	CONTRACEPTIVES
NORGESIC TAB FORTE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
NORLIQVA ORAL SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
normal saline flush inj	M	M	MINERALS & ELECTROLYTES
NORMOSOL-M INJ	M	M	MINERALS & ELECTROLYTES
NORMOSOL-R INJ	M	M	MINERALS & ELECTROLYTES
NORMOSOL-R/DEXTROSE INJ	M	M	MINERALS & ELECTROLYTES
NORPACE CR CAP	-	4	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	-	6	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	2	ANTIDEPRESSANTS
NORVIR CAP	-	5	ANTIVIRALS
NORVIR POWDER PACK	-	5	ANTIVIRALS
NORVIR SOLN	-	5	ANTIVIRALS
NOURIANZ TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVAFERRUM DROP 15MG/ML	-	6	HEMATOPOIETIC AGENTS
novagesic tab	-	2	ANALGESICS - NONNARCOTIC
NOVOFINE PEN NEEDLE	OTC	3	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ	-	3	ANTIDIABETICS
NOVOLIN 70/30 INJ	-	3	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	-	3	ANTIDIABETICS
NOVOLIN N INJ	-	3	ANTIDIABETICS
NOVOLIN N RELION INJ	-	3	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	-	3	ANTIDIABETICS
NOVOLIN R INJ	-	3	ANTIDIABETICS
NOVOLIN VIAL	-	3	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	3	ANTIDIABETICS
NOVOLOG INJ	-	3	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	3	ANTIDIABETICS
NOVOLOG MIX INJ	-	3	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	3	ANTIDIABETICS
NOVOSEVEN RT INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
NOVOTWIST PEN NEEDLE	OTC	3	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	3	MEDICAL DEVICES AND SUPPLIES
NOXAFIL PAK	-	NC	ANTIFUNGALS
NOXAFIL SUSP	-	3	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	2	THYROID AGENTS
NPLATE INJ	M	M	HEMATOPOIETIC AGENTS
NUBEQA TAB (QL= 4 tabs/day)	LPSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	LPSP-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	NC	DERMATOLOGICALS
NUCORT LOTION	-	4	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	3	ANALGESICS - OPIOID
NUCYNTA TAB (QL= 6 tabs/day)	QL	3	ANALGESICS - OPIOID
NUDEXTA CAP (QL= 2 caps/day)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nulido pad (NULIDO equiv)	-	NC	DERMATOLOGICALS
NULOJIX INJ	M	M	ASSORTED CLASSES
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUQUIN HP GEL	-	2	DERMATOLOGICALS
NURTEC ODT	-	NC	MIGRAINE PRODUCTS
nutrifac zx tab (STROVITE equiv)	-	1	MULTIVITAMINS
NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUVARING (QL= 1 ring/28 days)	QL	6	CONTRACEPTIVES
NUVIGIL TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
NUZYRA TAB	-	NC	TETRACYCLINES
NYATA KIT	-	NC	DERMATOLOGICALS
NYMALIZE SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
nystatin cream (MYCOSTATIN CREAM equiv)	-	2	DERMATOLOGICALS
nystatin oint	-	2	DERMATOLOGICALS
nystatin powder	-	2	ANTIFUNGALS
nystatin susp	-	2	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	2	ANTIFUNGALS
nystatin topical powder	-	2	DERMATOLOGICALS
nystatin/triamcinolone cream	-	1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	1	DERMATOLOGICALS
NYVEPRIA INJ	LPSP	5	HEMATOPOIETIC AGENTS
OCALIVA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	LPSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	LPSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUDOX KIT	-	4	TETRACYCLINES
ODACTRA SL TAB	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB	-	3	ANTIVIRALS
ODOMZO CAP	LPSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	5	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	2	OPHTHALMIC AGENTS

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>SP</b> Available through Specialty Pharmacy Program	<b>ST</b> Step Therapy	<b>VAC</b> Vaccine Program

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ofloxacin otic soln (FLOXIN equiv)	-	2	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	2	FLUOROQUINOLONES
OGSIVEO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJJAARA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
olanzapine inj	M	M	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv) (QL= 1 tab/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
olmesartan tab (BENICAR equiv)	-	2	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	2	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv) (QL= 1 inhaler/30 days)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	OTC	2	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	OTC-QL	2	OPHTHALMIC AGENTS
OLPRUVA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OLUMIANT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
OLUX-OLUX-E PACK	-	4	DERMATOLOGICALS
OMECLAMOX-PAK	-	4	ULCER DRUGS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2	ANTIHYPERLIPIDEMICS
omeprazole cap (QL= 2 caps/day)	QL	1	ULCER DRUGS
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole tab	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 INTRO KIT (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PDM KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	LPSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMONTYS INJ	M	M	HEMATOPOIETIC AGENTS
OMVOH INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ONCASPAR INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron inj 40mg/20ml (ZOFTRAN equiv)	M	M	ANTIEMETICS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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ondansetron ODT (ZOFTRAN equiv) (QL= 15 tabs/30 days)	QL	2	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv) (QL= 150ml/30 days)	QL	2	ANTIEMETICS
ONDANSETRON TAB (QL= 1 tab/30 days)	QL	2	ANTIEMETICS
ondansetron tab 24mg (ZOFTRAN equiv) (QL= 1 tab/30 days)	QL	2	ANTIEMETICS
ondansetron tab 4mg, 8mg (ZOFTRAN equiv) (QL= 15 tabs/30 days)	QL	2	ANTIEMETICS
ondansetron/nacl inj	M	M	ANTIEMETICS
ONETOUCH DELICA LANCETS	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA PLUS LANCETS	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
ONETOUCH VERIO FLEX METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO IQ METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO REFLECT METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
ONEXTON GEL1.2-3.75%	-	NC	DERMATOLOGICALS
ONGENTYS CAP (QL= 1 tab/day; 30 tabs/fill)	PA-QL	4	ANTIPARKINSON AND RELATED THERAPY AGENTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONTAK INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONUREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB (CRUSH RESISTANT) (QL= 2 tabs/day)	QL	4	ANALGESICS - OPIOID
OPFOLDA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OPILL TAB	OTC	NC	CONTRACEPTIVES
opium tincture	-	2	ANTIDIARRHEALS
OPSUMIT TAB (Only available through Accredo 800-803-2523)	LD-PA	5	CARDIOVASCULAR AGENTS - MISC.
OPSYNVI TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
OPVEE NASAL SPRAY	-	3	ANTIDOTES AND SPECIFIC ANTAGONISTS
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	5	DERMATOLOGICALS
ORACEA CAP	-	3	DERMATOLOGICALS
ORACIT SOLN	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAPRED ODT	-	4	CORTICOSTEROIDS
ORAVIG TAB	-	4	MOUTH/THROAT/DENTAL AGENTS
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA INJ	LPSP-M	M	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB MONTH PAK	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	3	ESTROGENS
ORLISSA TAB 150MG (QL=1 tab/day)	PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET	-	NC	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine inj	M	M	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/cafeine tab (NORGESIC FORTE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORSERDU TAB (QL= 3 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORTHOCLONE INJ	M	M	ASSORTED CLASSES
ORTHOVISC INJ	M	M	MUSCULOSKELETAL THERAPY AGENTS
ORTIKOS ER CAP	-	NC	CORTICOSTEROIDS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/ 180 days)	QL	2	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/ 180 days)	QL	2	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 180ml/180 days)	QL	2	ANTIVIRALS
OSMITROL INJ	M	M	DIURETICS
OSMOLEX ER TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	4	LAXATIVES
OTEZLA STARTER PACK (QL= 1 pack/ 28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
oticin drop 1-0.1%	-	2	OTIC AGENTS
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC	OTIC AGENTS
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDREL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxacillin inj	M	M	PENICILLINS
OXANDROLONE TAB	-	2	ANDROGENS-ANABOLIC
oxaplatin inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
oxaprozin tab (DAYPRO equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
OXAYDO TAB, ROXYBOND TAB	-	3	ANALGESICS - OPIOID
oxazepam cap (SERAX equiv)	-	3	ANTI-ANXIETY AGENTS
OXBRYTA TAB	-	NC	HEMATOPOIETIC AGENTS
OXBRYTA TAB FOR ORAL SUSP	-	NC	HEMATOPOIETIC AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	2	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	2	ANTICONVULSANTS
OXERVATE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS

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OXIANUJO CREAM	-	NC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	4	DERMATOLOGICALS
OXSORALEN LOT	SP	5	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin syrup	-	2	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
OXYBUTYNIN TAB	-	NC	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	2	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone soln	-	2	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	2	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	2	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	2	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	2	ANALGESICS - OPIOID
OXYCODONE/IBUPROFEN TAB (QL= 28 tabs/30 days)	QL	2	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv) (QL= 28 tabs/30 days)	QL	2	ANALGESICS - OPIOID
OXYCONTIN CR TAB (QL= 4 tabs/day)	QL	3	ANALGESICS - OPIOID
oxymorphone ER tab (OPANA ER equiv)	-	NC	ANALGESICS - OPIOID
oxymorphone tab 10mg (OPANA equiv)	-	NC	ANALGESICS - OPIOID
oxymorphone tab 5mg (OPANA equiv)	-	NC	ANALGESICS - OPIOID
oxytocin inj (PITOCIN equiv)	M	M	OXYTOCICS
OXYTROL PATCH (QL= 8 patches/30 days)	QL	3	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days)	QL	3	ANTIDIABETICS
OZEMPIC INJ (QL=1 pack/28 days)	QL	3	ANTIDIABETICS
OZURDEX IMPLANT	-	3	OPHTHALMIC AGENTS
paclitaxel inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PALFORZIA POWDER PACK	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
paliperidone ER tab 6mg (INVEGA equiv) (QL= 2 tabs/day; Step Therapy requires trial of risperidone, olanzapine, quetiapine, ziprasidone)	QL-ST	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALONOSETRON INJ	M	M	ANTIEMETICS
palonosetron inj (ALOXI equiv)	M	M	ANTIEMETICS
PALYNZIQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMIDRONATE INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
pamidronate inj (PAMIDRONATE equiv)	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANCURONIUM INJ	M	M	NEUROMUSCULAR AGENTS

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PANRETIN GEL	-	3	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv) (QL= 2 tabs/day)	QL	2	ULCER DRUGS
pantoprazole inj (PROTONIX equiv)	M	M	ULCER DRUGS
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
papaverine inj	M	M	CARDIOVASCULAR AGENTS - MISC.
PARAGARD IUD	-	6	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	2	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
paricalcitol inj	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	2	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab 12.5mg (PAXIL CR equiv) (QL= 1 tab/day)	QL	2	ANTIDEPRESSANTS
paroxetine ER tab 25mg, 37.5mg (PAXIL CR equiv) (QL= 2 tabs/day)	QL	2	ANTIDEPRESSANTS
paroxetine tab 10mg (QL= 1.5 tabs/day)	QL	1	ANTIDEPRESSANTS
paroxetine tab 20mg, 40mg (PAXIL equiv) (QL= 1 tab/day)	QL	1	ANTIDEPRESSANTS
paroxetine tab 30mg (QL= 2 tabs/day)	QL	1	ANTIDEPRESSANTS
PASER GRANULE	-	NC	ANTIMYCOBACTERIAL AGENTS
PATADAY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PAXIL ORAL SUSP (QL= 15ml/day)	QL	3	ANTIDEPRESSANTS
PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)	QL	3	ANTIVIRALS
PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)	QL	3	ANTIVIRALS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	LPSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PCE TAB	-	4	MACROLIDES
PEDIADERM HC KIT	-	4	DERMATOLOGICALS
PEDIADERM TA KIT	-	4	DERMATOLOGICALS
PEDIARIX INJ	M	M	TOXOIDS
pediatric multiple vitamins/fluoride soln	-	2	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
PEDIPIROX-4 KIT	-	4	DERMATOLOGICALS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
PEDVAXHIB INJ	VAC	6	VACCINES
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year)	QL	6	LAXATIVES
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	6	LAXATIVES
peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	6	LAXATIVES
PEGANONE TAB	-	3	ANTICONVULSANTS
PEGASYS INJ	LPSP	5	ANTIVIRALS
PEG-PREP KIT	-	3	LAXATIVES

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
PEMAZYRE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pemetrexed disodium for iv soln (ALIMTA equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE (all other Brands)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PENBRAYA INJ	VAC	6	VACCINES
peniclovir cream (DENA VIR equiv)	-	4	DERMATOLOGICALS
penicillamine tab (DEPEN TITRATAB equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine cap (CUPRIMINE equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
PENICILLIN G PROCAINE INJ	M	M	PENICILLINS
PENICILLIN G SODIUM INJ	M	M	PENICILLINS
PENICILLIN GK INJ	M	M	PENICILLINS
PENICILLIN VK SOLN	-	2	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	2	PENICILLINS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENTACEL INJ	VAC	6	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CR CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
PENTASA CR CAP 250MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	2	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	2	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentostatin inj (NIPENT equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pentoxifylline ER tab (TRENAL equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
PERFOROMIST NEB SOLN (QL= 2 nebs/day)	QL	4	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
PERINDOPRIL TAB	-	2	ANTI-HYPERTENSIVES
perindopril tab (ACEON equiv)	-	2	ANTI-HYPERTENSIVES
PERJETA INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
permethrin cream (ELIMITE CREAM equiv)	-	2	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	2	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/AMITRIPTYLINE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PHEBURANE ORAL PELLETS	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
phenazopyridine plus tab (PYRIDIUM equiv)	-	2	URINARY ANTISPASMODICS
phenazopyridine tab (PYRIDIUM equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 95mg (AZO equiv)	OTC	2	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 97.5mg (AZO equiv)	OTC	2	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 99.5mg (AZO equiv)	OTC	2	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
PHENELZINE SULFATE TAB	-	2	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	2	ANTIDEPRESSANTS

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phenobarbital elixir	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenobarbital sodium inj	M	M	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenobarbital tab	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenoxybenzamine cap (DIBENZYLIN equiv)	PA	5	ANTIHYPERTENSIVES
phentolamine mesylate inj	M	M	ANTIHYPERTENSIVES
phenylephrine inj (NEO-SYNEPHRINE equiv)	M	M	VASOPRESSORS
phenylephrine ophth soln (MYDFRIN equiv)	-	2	OPHTHALMIC AGENTS
phenylephrine/chlorpheniramine dm liquid (NASOHIST DM equiv)	-	2	COUGH/COLD/ALLERGY
phenylephrine/guaifenesin soln	-	2	COUGH/COLD/ALLERGY
phenylephrine/guaifenesin soln (ENTEX equiv)	-	2	COUGH/COLD/ALLERGY
phenyltoloxamine/acetaminophen tab	-	2	ANALGESICS - NONNARCOTIC
phenytoin cap (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin inj	M	M	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	2	ANTICONVULSANTS
PHEXXI GEL (QL= 1 box/fill)	QL	6	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	4	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	2	MINERALS & ELECTROLYTES
phosphasal tab	-	2	ANTI-INFECTIVE AGENTS - MISC.
PHOSPHOLINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
PHOTOFRIN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
physiolyte soln	-	2	ASSORTED CLASSES
PHYSOSTIGMINE SALICYLATE INJ	M	M	ANTIDOTES
phytonadione tab (MEPHYTON equiv)	-	2	VITAMINS
PICATO GEL	-	4	DERMATOLOGICALS
PIFELTRO TAB	-	4	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2	DERMATOLOGICALS
PIMOZIDE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	2	BETA BLOCKERS
pioglitazone tab (ACTOS TAB equiv)	-	2	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
piperacillin/tazobactam inj (ZOSYN equiv)	M	M	PENICILLINS
PIQRAY TAB	LPSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	LPSP-PA-QL	5	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB	-	NC	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	LPSP-PA-QL	5	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	LPSP-PA-QL	5	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY

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pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	2	ANTIHYPERLIPIDEMICS
PLAN B ONE-STEP (QL= 2 tabs/365 days)	QL	6	CONTRACEPTIVES
PLAN B TAB (QL= 4 tabs/365 days)	OTC-QL	6	CONTRACEPTIVES
PLASMA-LYTE INJ	M	M	MINERALS & ELECTROLYTES
PLASMA-LYTE INJ -148	M	M	MINERALS & ELECTROLYTES
PLASMA-LYTE INJ -A	M	M	MINERALS & ELECTROLYTES
PLEGRIDY INJ	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
PLENVU SOLN	-	NC	LAXATIVES
plerixafor subcutaneous inj (MOZOBIL equiv)	LPSP-M	M	HEMATOPOIETIC AGENTS
PLEXION CREAM 9.8-4.8%	-	NC	DERMATOLOGICALS
PLIAGLIS CREAM	-	NC	DERMATOLOGICALS
PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PNEUMOVAX INJ (QL= 1 vaccine/lifetime)	QL-VAC	6	VACCINES
PODIAPN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv)	-	2	DERMATOLOGICALS
PODOFILOX SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
POKONZA POWDER	-	NC	MINERALS & ELECTROLYTES
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	2	LAXATIVES
polymyxin b inj	M	M	ANTI-INFECTIVE AGENTS - MISC.
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	2	OPHTHALMIC AGENTS
POLY-VI-FLOR CHEW 0.25MG	-	1	MULTIVITAMINS
POLY-VI-FLOR CHEW 0.25MG	-	NC	MULTIVITAMINS
POLY-VI-FLOR CHEW 0.5MG	-	1	MULTIVITAMINS
POLY-VI-FLOR CHEW 0.5MG	-	NC	MULTIVITAMINS
POLY-VI-FLOR CHEW 1MG	-	1	MULTIVITAMINS
POLY-VI-FLOR CHEW 1MG	-	NC	MULTIVITAMINS
POLY-VI-FLOR CHEW W/IRON	-	NC	MULTIVITAMINS
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS
POMALYST CAP (QL= 21 caps/28 days)	PA-PSP-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONVORY TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv)	-	2	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv)	-	2	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	2	MINERALS & ELECTROLYTES
POTABA CAP	-	4	VITAMINS
POTABA POWDER PACKET	-	3	VITAMINS
potassium acetate inj	M	M	MINERALS & ELECTROLYTES
potassium bicarbonate effer tab (K-LYTE equiv)	-	2	MINERALS & ELECTROLYTES

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<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
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potassium chloride effer tab (K-LYTE/CL equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride inj	M	M	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride soln	-	2	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	NC	MINERALS & ELECTROLYTES
potassium chloride/nacl inj	M	M	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium iodide oral soln (SSKI equiv)	-	2	COUGH/COLD/ALLERGY
potassium phosphate inj	M	M	MINERALS & ELECTROLYTES
potassium phosphate monobasic tab (K-PHOS equiv)	-	NC	MINERALS & ELECTROLYTES
POTIGA TAB (QL= 3 tabs/day)	QL	3	ANTICONVULSANTS
PRADAXA CAP	-	4	ANTICOAGULANTS
PRADAXA PELLETT PACK	-	NC	ANTICOAGULANTS
PRALIDOXIME INJ	M	M	ANTIDOTES
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	3	ANTIHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv)	-	2	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	2	ANTIPARKINSON AGENTS
PRAMOSONE E CREAM	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	NC	DERMATOLOGICALS
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
PRAMOX GEL	-	2	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	2	ANORECTAL AGENTS
PRASCION RA CREAM	-	3	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	1	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	2	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	2	ANTIHYPERTENSIVES
PRECISION XTRA TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP	-	4	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	3	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	2	DERMATOLOGICALS
PREDNICARBATE OIN	-	2	DERMATOLOGICALS
PREDNISOLONE OPHTH SUSP	-	2	OPHTHALMIC AGENTS
PREDNISOLONE ORAL SOLN	-	2	CORTICOSTEROIDS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
prednisolone soln	-	2	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	2	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	4	CORTICOSTEROIDS
prednisolone tab (MILLIPRED equiv)	-	NC	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS

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PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISONE INTENSOL	-	4	CORTICOSTEROIDS
prednisone pack	-	NC	CORTICOSTEROIDS
PREDNISONE SOLN	-	3	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	4	ESTROGENS
pregabalin cap (LYRICA equiv)	-	2	ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv)	-	2	ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv)	-	2	ANTICONVULSANTS
pregabalin ER tab (LYRICA CR equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	2	ANTICONVULSANTS
PREGEN DHA CAP	-	NC	MULTIVITAMINS
PREGENNA TAB	-	NC	MULTIVITAMINS
PREHEVBRIO SUSP	VAC	6	VACCINES
PREMARIN INJ	M	M	ESTROGENS
PREMARIN TAB	-	3	ESTROGENS
PREMARIN VAGINAL CREAM	-	3	VAGINAL PRODUCTS
premasol soln	M	M	NUTRIENTS
PREMPHASE TAB, PREMPRO TAB	-	3	ESTROGENS
PRENARA CAP	-	NC	MULTIVITAMINS
PRENATABS RX TAB	-	4	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	4	VITAMINS
PRENATAL 19 TAB	-	4	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	--OTC	4	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1	VITAMINS
PRENATRIX TAB	-	NC	MULTIVITAMINS
PRENATRYL TAB	-	NC	MULTIVITAMINS
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	3	ANTIMYCOBACTERIAL AGENTS
PREVACID SOLUTAB (QL= 1 tab/day; Step Therapy requires trial of omeprazole, pantoprazole or lansoprazole)	QL-ST	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	6	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT SOLN	-	3	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ (QL= 1 vaccine/lifetime)	QL-VAC	6	VACCINES
PREVNAR 20 INJ (Covered for members age 19 years or older)	VAC	6	VACCINES
PREVYMIS TAB	-	NC	ANTIVIRALS
PREZCOBIX TAB	-	5	ANTIVIRALS
PREZISTA SUSP	SP	5	ANTIVIRALS
PREZISTA TAB	-	5	ANTIVIRALS
PRIALT INJ	M	M	ANALGESICS - NONNARCOTIC
PRIFTIN TAB	-	3	ANTIMYCOBACTERIAL AGENTS
PRILOSEC OTC DR TAB	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
PRIMAQUINE TAB	-	2	ANTIMALARIALS
primaquine tab (PRIMAQUINE equiv)	-	2	ANTIMALARIALS
PRIMAXIN IM INJ	M	M	ANTI-INFECTIVE AGENTS - MISC.
primidone tab (MYSOLINE equiv)	-	2	ANTICONVULSANTS
PRIMIDONE TAB	-	NC	ANTICONVULSANTS
PRIMLEV TAB 10-300MG	-	NC	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG	-	NC	ANALGESICS - OPIOID
PRIMSOL SOLN	-	4	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	6	VACCINES
PRISTIQ TAB	-	NC	ANTIDEPRESSANTS
PROAIR HFA INHALER, PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROAIR RESPICLICK INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	2	GOUT AGENTS
procainamide inj	M	M	ANTIARRHYTHMICS
prochlorperazine inj	M	M	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCORT CREAM	-	NC	ANORECTAL AGENTS
PROCRIT INJ	-	NC	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	3	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	2	ANORECTAL AGENTS
PROCYSBI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PROCYSBI GRANULES PACKET	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PROFE CAP 180MG	OTC	6	HEMATOPOIETIC AGENTS
PROFERRIN ES TAB	-	6	HEMATOPOIETIC AGENTS
PROFILNINE INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
progesterone cap (PROMETRIUM equiv)	-	1	PROGESTINS
progesterone oil inj	M	M	PROGESTINS
PROGLYCEM SUSP	-	4	ANTIDIABETICS
PROGRAF INJ	M	M	ASSORTED CLASSES
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB 7.5-300MG	-	NC	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN	-	3	OPHTHALMIC AGENTS
PROLIA INJ	LPSP-M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER	-	NC	HEMATOPOIETIC AGENTS
PROMACTA TAB	LPSP-PA	5	HEMATOPOIETIC AGENTS
PROMACTA TAB 12.5MG	-	3	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	2	COUGH/COLD/ALLERGY
promethazine inj (PHENERGAN equiv)	M	M	ANTIHISTAMINES
promethazine supp (PHENERGAN equiv)	-	2	ANTIHISTAMINES
promethazine syrup	-	2	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	2	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	2	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	2	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	2	COUGH/COLD/ALLERGY

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	2	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	2	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	2	ANTIHISTAMINES
PROMISEB CREAM	-	NC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	2	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	2	OPHTHALMIC AGENTS
propofol inj	M	M	GENERAL ANESTHETICS
propranolol ER cap (INDERAL LA equiv)	-	2	BETA BLOCKERS
propranolol inj (HEMANGEOL equiv)	M	M	BETA BLOCKERS
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	2	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
propylthiouracil tab	-	2	THYROID AGENTS
PROQUAD INJ	VAC	6	VACCINES
PROTAMINE SULFATE SOLN	M	M	HEMATOLOGICAL AGENTS - MISC.
PROTID TAB	-	2	COUGH/COLD/ALLERGY
PROTONIX INJ	-	NC	ULCER DRUGS
protriptyline tab (VIVACTIL equiv)	-	2	ANTIDEPRESSANTS
PROVAYBLUE INJ	M	M	ANTIDOTES AND SPECIFIC ANTAGONISTS
PROVENGE INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	LPSP-PA	5	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURIXAN SUSP (Members age 9 or older require Prior Authorization)	PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
pyrazinamide tab	-	2	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOXINE INJ	M	M	VITAMINS
pyridstigmine soln (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5	ANTIMALARIALS
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC	ANTIMALARIALS
PYROGALL ACD OINT	-	2	DERMATOLOGICALS
PYRUKYND TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
QBRELIS SOLN (Prior Authorization required for members age 9 or older)	PA	4	ANTIHYPERTENSIVES
QBREXZA PAD	-	NC	DERMATOLOGICALS
QDOLO SOLN, TRAMADOL SOLN	-	NC	ANALGESICS - OPIOID
QELBREE ER CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QMIIZ ODT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY (QL= 1 bottle/30 days; Step therapy requires trial of flunisolide or fluticasone)	QL-ST	4	NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	NC	ANTIDIABETICS
QUADRAMET INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QUDEXY XR CAP	-	NC	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv) (QL= 2 tabs/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUETIAPINE TAB	QL--	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine tab 25mg (QL= 3 tabs/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine tab 50mg (QL= 3 tabs/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv) (QL= 2 tabs/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW 0.25MG	-	1	MULTIVITAMINS
QUFLORA PEDIATRIC CHEW 0.5MG	-	1	MULTIVITAMINS
QUFLORA PEDIATRIC CHEW 1MG	-	1	MULTIVITAMINS
QUILLIVANT XR SUSP (QL= 360ml/30 days)	QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	2	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	2	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	2	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	2	ANTIARRHYTHMICS
QUINIDINE GLUCONATE INJ	M	M	ANTIARRHYTHMICS
quinidine sulfate tab	-	2	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap	-	NC	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QUINOSONE KIT	-	NC	DERMATOLOGICALS
QULIPTA TAB	-	NC	MIGRAINE PRODUCTS
QUVIVIQ TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QVAR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	VAC	NC	VACCINES
rabeprazole EC tab (ACIPHEX equiv)	-	1	ULCER DRUGS
RADICAVA ORS STARTER KIT	-	NC	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP	-	NC	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB	-	NC	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	6	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ramipril cap (ALTACE equiv)	-	2	ANTIHYPERTENSIVES
RANEXA TAB	-	NC	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	NC	ULCER DRUGS
RANITIDINE INJ	M	M	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
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ranitidine syrup (ZANTAC equiv)	-	NC	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC	ULCER DRUGS
ranolazine tab (RANEXA equiv)	-	2	ANTIANGINAL AGENTS
RAPAFLO CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
rasagiline tab (AZILECT equiv)	¢	2	ANTIPARKINSON AGENTS
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	4	CORTICOSTEROIDS
REBIF INJ	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	NC	HEMATOPOIETIC AGENTS
RECOMBINATE INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
RECORLEV TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECTIV OINT	-	3	ANORECTAL AND RELATED PRODUCTS
REDITREX INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
REGONOL INJ	M	M	ANTIMYASTHENIC/CHOLINERGIC AGENTS
REGRANEX GEL	-	4	DERMATOLOGICALS
RELAFEN DS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/180 days)	QL	3	ANTIVIRALS
RELEUKO INJ	-	NC	HEMATOPOIETIC AGENTS
RELEUKO PREFILLED SYRINGE INJ	-	NC	HEMATOPOIETIC AGENTS
RELEXXI ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELTONE CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELYVRIO PAK	-	NC	NEUROMUSCULAR AGENTS
REMEDIENT CAP	-	NC	MULTIVITAMINS
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ 10MG/ML	LD-M	M	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 1MG/ML	LD-M	M	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 2.5MG/ML	LD-M	M	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 5MG/ML	LD-M	M	CARDIOVASCULAR AGENTS - MISC.
RENACIDIN SOLN	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
RENOVA CREAM	-	4	DERMATOLOGICALS
RENVELA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	2	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	3	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	3	ANTIHYPERTENSIVES
REPLESTA WAFER	OTC	6	VITAMINS
RESCON-JR TAB	-	2	COUGH/COLD/ALLERGY
RESCRIPTOR TAB	-	3	ANTIVIRALS
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESPA-BR TAB	-	2	ANTIHISTAMINES

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>SP</b> Available through Specialty Pharmacy Program	<b>ST</b> Step Therapy	<b>VAC</b> Vaccine Program

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RESTASIS OPHTH EMULSION (QL= 60 unit dose vials/30 days)	PA-QL	3	OPHTHALMIC AGENTS
RETACRIT INJ	-	NC	HEMATOPOIETIC AGENTS
RETEVMO CAP (QL= 4 caps/day)	LPSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETISERT IMPLANT	-	3	OPHTHALMIC AGENTS
RETROVIR INJ	M	M	ANTIVIRALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVESTA CAP	-	NC	HEMATOPOIETIC AGENTS
REVLIMID CAP (Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist)	LD-RS	5	MISCELLANEOUS THERAPEUTIC CLASSES
revonto inj	M	M	MUSCULOSKELETAL THERAPY AGENTS
REYATAZ POWDER PACK	-	5	ANTIVIRALS
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	3	MIGRAINE PRODUCTS
REZDIFFRA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
REZVOGLAR INJ	-	NC	ANTIDIABETICS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RHOPHYLAC INJ	M	M	PASSIVE IMMUNIZING AGENTS
RHOPRESSA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
RIASTAP	M	M	HEMATOLOGICAL AGENTS - MISC.
RIAX FOAM	-	2	DERMATOLOGICALS
RIBAPAK TAB	LPSP-PA	2	ANTIVIRALS
RIBAVIRIN CAP	LPSP	2	ANTIVIRALS
ribavirin cap (REBETOL equiv)	LPSP	2	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	SP	5	ANTIVIRALS
RIBAVIRIN TAB	LPSP	2	ANTIVIRALS
RIBAVIRIN TAB 400MG	-	NC	ANTIVIRALS
RIBAVIRIN TAB 600MG	-	NC	ANTIVIRALS
RIDAURA CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	4	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin inj	M	M	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	-	4	ANTIMYCOBACTERIAL AGENTS
RIGHT STEP PRENATAL VITAMINS	OTC	1	MULTIVITAMINS
riluzole tab (RILUTEK equiv)	SP	5	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	4	ANTIVIRALS
ringers inj	M	M	MINERALS & ELECTROLYTES
ringers irrigation	-	2	ASSORTED CLASSES
RINVOQ ER TAB (QL= 1 tab/day)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
RIOMET SOLN	-	NC	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate or ibandronate)	QL-ST	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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RISPERIDONE ODT (QL= 2 tabs/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv) (QL= 2 tabs/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv) (QL= 240ml/30 days)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv) (QL= 2 tabs/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR equiv)	-	5	ANTIVIRALS
RITUXAN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RIVFLOZA INJ	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RIVIVE SPRAY	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
rizatriptan ODT (MAXALT equiv) (QL= 9 tabs/30 days)	QL	2	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 9 tabs/30 days)	QL	2	MIGRAINE PRODUCTS
ROAOXIA GEL	-	NC	DERMATOLOGICALS
ROCKLATAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
rocuronium inj	M	M	NEUROMUSCULAR AGENTS
roflumilast tab (DALIRESP equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
romidepsin inj (ISTODAX equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ropinirole ER tab (REQUIP XL equiv)	-	2	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	2	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
rosuvastatin tab (CRESTOR equiv)	-	6	ANTIHYPERLIPIDEMICS
ROSZET TAB	-	NC	ANTIHYPERLIPIDEMICS
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC	ANTIHYPERLIPIDEMICS
ROTARIX SUSP	VAC	6	VACCINES
ROTATEQ SUS	VAC	6	VACCINES
ROXICET SOLN	-	3	ANALGESICS - OPIOID
ROXYBOND TAB	-	NC	ANALGESICS - OPIOID
ROZEREM TAB (QL= 1 tab/day)	QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ROZLYTREK CAP (QL= 3 caps/day)	LPSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	2	ANTICONSULSANTS
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	5	ANTIVIRALS
RYALTRIS SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RYBELSUS TAB (QL=1 tab/day)	QL	3	ANTIDIABETICS
RYBIX ODT	-	4	ANALGESICS - OPIOID
RYCLORA SOLN	-	2	ANTIHISTAMINES
RYDAPT CAP (QL= 56 caps/28 days)	LPSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC	ANTIPARKINSON AGENTS

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<b>NC/3P</b> = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
RYVENT TAB	-	NC	ANTIHISTAMINES
SABRIL POWDER PACK (Only available through Lumicera 855-847-3553)	LD-PA	5	ANTICONVULSANTS
SABRIL TAB	-	NC	ANTICONVULSANTS
SAFYRAL TAB	-	4	CONTRACEPTIVES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	LPSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALEX LOTION KIT	-	NC	DERMATOLOGICALS
SALEX SHAMPOO	-	4	DERMATOLOGICALS
SALICATE LIQUID	-	NC	DERMATOLOGICALS
salicylic acid aerosol	-	2	DERMATOLOGICALS
salicylic acid cream (CERAVE equiv)	-	NC	DERMATOLOGICALS
salicylic acid gel	-	2	DERMATOLOGICALS
salicylic acid liquid	-	2	DERMATOLOGICALS
salicylic acid lotion	-	2	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
SALICYLIC ACID SOLN	-	2	DERMATOLOGICALS
SALIMEZ CREAM	-	2	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
SALISOL SOLN 23%	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	3	ANALGESICS - NONNARCOTIC
SAMSCA TAB	PA-PSP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCUSO (QL= 1 patch/30 days)	QL	3	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	5	ASSORTED CLASSES
SANDOSTATIN LAR INJ KIT	LPSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	3	DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day)	QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sapropterin dihydrochloride powder packet (KUVAN equiv)	LPSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	LPSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
saxagliptin hcl tab (ONGLYZA equiv)	-	NC	ANTIDIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC	ANTIDIABETICS
SAXENDA INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCEMBLIX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCOPOLAMINE INJ	M	M	ULCER DRUGS
scopolamine patch (TRANSDERM-SCOP equiv)	-	2	ANTIEMETICS
SECUADO PATCH	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLENTIS TAB	-	NC	ANALGESICS - OPIOID
SEGLUROMET TAB	-	NC	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	2	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	2	ANTIPARKINSON AGENTS
SELENIUM INJ	M	M	MINERALS & ELECTROLYTES
selenium sulfide lotion	OTC	2	DERMATOLOGICALS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	2	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	2	DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS
SELRX SHAMPOO 2.3%	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	-	5	ANTIVIRALS
SELZENTRY TAB	-	5	ANTIVIRALS
SEMGLEE INJ (SINGLE PEN)	-	3	ANTIDIABETICS
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	3	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	3	ANTIDIABETICS
SEMGLEE SOLN	-	NC	ANTIDIABETICS
SENSIPAR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SENSORCAINE-MPF EPINEPHRINE INJ	M	M	LOCAL ANESTHETICS-PARENTERAL
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SERTRALINE CAP	-	NC	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	2	ANTIDEPRESSANTS
sertraline tab 100mg (ZOLOFT equiv) (QL= 2 tabs/day)	QL	1	ANTIDEPRESSANTS
sertraline tab 25mg, 50mg (ZOLOFT equiv) (QL= 1.5 tabs/day)	QL	1	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
sevelamer hydrochloride tab (RENAGEL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sevoflurane soln	-	2	GENERAL ANESTHETICS
SEYSARA TAB	-	NC	TETRACYCLINES
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	6	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
SILATRIX GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
sildenafil inj (REVATIO equiv)	M	M	CARDIOVASCULAR AGENTS - MISC.
sildenafil susp (REVATIO equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	2	CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB (QL= 1 tab/day)	QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
SILPHEN COUGH SYRUP	-	2	ANTIHISTAMINES

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SILVER NITRATE OINT	-	2	DERMATOLOGICALS
SILVER NITRATE SOLN	-	2	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	2	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	3	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS
SIMLANDI INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 100MG (QL=1 inj/28 days)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	M	M	ASSORTED CLASSES
simvastatin tab (ZOCOR equiv)	-	1	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERLIPIDEMICS
sirolimus soln (RAPAMUNE equiv)	-	5	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	2	ASSORTED CLASSES
SIRTURO TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SKLICE LOTION	-	4	DERMATOLOGICALS
SKYCLARYS CAP	-	NC	NEUROMUSCULAR AGENTS
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	LPSP-PA-QL	5	DERMATOLOGICALS
SKYRIZI INJ 180 MG/1.2ML	-	NC	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 360MG/2.4ML	-	NC	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	LPSP-PA-QL	5	DERMATOLOGICALS
SKYTROFA INJ	LPSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLOW RELEASE IRON TAB	-	6	HEMATOPOIETIC AGENTS
SLYND TAB	-	6	CONTRACEPTIVES
SM IRON TAB	-	6	HEMATOPOIETIC AGENTS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
smz-tmp inj (SMZ-TMP INJ equiv)	M	M	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB	-	NC	DIURETICS
SOD CHLORIDE INJ	M	M	MINERALS & ELECTROLYTES
sodium acetate inj	M	M	MINERALS & ELECTROLYTES
SODIUM BICARBONATE INJ	M	M	MINERALS & ELECTROLYTES
sodium chloride 0.9% irr soln	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride inj	M	M	MINERALS & ELECTROLYTES
sodium chloride inj 0.45%	M	M	MINERALS & ELECTROLYTES
sodium chloride neb soln (HYPER-SAL equiv)	-	2	COUGH/COLD/ALLERGY
sodium ferric gluconate complex in sucrose inj	M	M	HEMATOPOIETIC AGENTS
sodium fluoride cream (PREVIDENT 5000 PLUS equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	6	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE SOLN equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	6	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	6	MINERALS & ELECTROLYTES

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EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
LPSP	Lumicera Preferred Specialty Pharmacy	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	PSP	Preferred Specialty Pharmacy	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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sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	6	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
SODIUM IODIDE I-131 SOLN	-	NC	THYROID AGENTS
SODIUM LACTATE INJ	M	M	MINERALS & ELECTROLYTES
SODIUM NITRITE INJ	M	M	ANTIDOTES
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phosphate inj	M	M	MINERALS & ELECTROLYTES
sodium polystyrene susp (SPS equiv)	-	2	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide gel	-	2	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	2	DERMATOLOGICALS
sodium thiosulfate inj	M	M	ANTIDOTES
sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year)	QL	6	LAXATIVES
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LPSP-PA-QL	5	ANTIVIRALS
SOGROYA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOHONOS CAP 1.5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 10MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 1MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 2.5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	2	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 15ml/25 days)	QL	3	ANTIDIABETICS
SOLIRIS INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
SOLODYN TAB	-	4	TETRACYCLINES
SOLOSEC GRANULES PACKET	-	NC	AMEBICIDES
SOLTAMOX SOLN	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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SOLU-CORTEF INJ	M	M	CORTICOSTEROIDS
SOLU-CORTEF INJ 100MG	M	M	CORTICOSTEROIDS
SOLU-MEDROL INJ	-	NC	CORTICOSTEROIDS
SOLU-MEDROL INJ 2GM	-	NC	CORTICOSTEROIDS
SOLU-MEDROL PF INJ	-	NC	CORTICOSTEROIDS
SOMA TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOOLANTRA CREAM	-	NC	DERMATOLOGICALS
sorafenib tosylate tab (NEXAVAR equiv)	LPSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SORBITOL IRRIGATION	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
SORBITOL/MANNITOL SOLN	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
sotalol AF tab (BETAPACE AF equiv)	-	2	BETA BLOCKERS
SOTALOL HCL INJ	M	M	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	2	BETA BLOCKERS
SOTYKTU TAB	-	NC	DERMATOLOGICALS
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older)	PA	4	BETA BLOCKERS
SOVALDI PELLETT PAK	-	NC	ANTIVIRALS
SOVALDI TAB	-	NC	ANTIVIRALS
SOVUNA TAB	-	NC	ANTIMALARIALS
SPECTRACEF TAB	-	2	CEPHALOSPORINS
SPEVIGO INJ	-	NC	DERMATOLOGICALS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	6	VACCINES
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	6	VACCINES
SPINOSAD SUSP	-	2	DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv)	PA	4	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	2	DIURETICS
SPORANOX SOLN	-	3	ANTIFUNGALS
SPRAVATO NASAL SOLN	-	NC	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	6	CONTRACEPTIVES
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	LPSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS SUSP	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
SSKI ORAL SOLN	-	4	COUGH/COLD/ALLERGY
STALEVO TAB	-	4	ANTIPARKINSON AND RELATED THERAPY AGENTS
stannous fluoride conc	-	2	MOUTH/THROAT/DENTAL AGENTS
STAVUDINE CAP	-	2	ANTIVIRALS

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stavudine cap (ZERIT equiv)	-	2	ANTIVIRALS
STAVZOR CAP	-	4	ANTICONVULSANTS
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ (QL= 1 inj/84 days)	LPSP-PA-QL	5	DERMATOLOGICALS
sterile water for irrigation	-	2	ASSORTED CLASSES
STIMUFEND INJ	-	NC	HEMATOPOIETIC AGENTS
STIOLTO INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB	PA-PSP-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
STRENSIQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
STREPTOMYCIN INJ	M	M	AMINOGLYCOSIDES
STRIANT FILM	-	NC	ANDROGENS-ANABOLIC
STRIBILD TAB (QL= 1 tab/day)	QL	5	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE SOLN	-	NC	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	3	ANALGESICS - OPIOID
SUCRAID SOLN	PA-SP	5	DIGESTIVE AIDS
sucralfate susp (CARAFATE equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
sucralfate tab (CARAFATE equiv)	-	2	ULCER DRUGS
sufentanil inj	M	M	ANALGESICS - OPIOID
SUFLAVE SOLN	-	NC	LAXATIVES
SULFACET SODIUM OPHTH OINT 10%	-	2	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	2	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	2	OPHTHALMIC AGENTS
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	2	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC	DERMATOLOGICALS
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
sulfadiazine tab	-	2	SULFONAMIDES
SULFADIAZINE TAB	-	NC	SULFONAMIDES
SULFAMYLON CREAM	-	4	DERMATOLOGICALS
SULFAMYLON PACK	-	NC	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN WASH 9-4.5%	-	4	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
SUMANSETRON PAK	-	NC	MIGRAINE PRODUCTS
SUMATRIPTAN INJ (QL= 10 inj/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 10 inj/30 days)	QL	2	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 5 inj/30 days)	QL	2	MIGRAINE PRODUCTS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 18 sprays/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 10 inj/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ (QL= 6 inj/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	4	MIGRAINE PRODUCTS
sunitinib malate cap (SUTENT equiv)	LPSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNLENCA TAB	-	NC	ANTIVIRALS
SUNOSI TAB (QL= 1 tab/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
SUPPRELIN LA KIT	PA-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SUPRAX CAP	-	4	CEPHALOSPORINS
SUPRAX CHEW TAB	-	4	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	4	CEPHALOSPORINS
SUPREP BOWEL PREP PACK (Step Therapy requires trial of CLENPIQ)	ST	3	LAXATIVES
SUSTOL INJ	-	NC	ANTIEMETICS
SUTAB TAB	-	NC	LAXATIVES
SUTENT CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	4	ULCER DRUGS
SYMBICORT INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	4	ANTIVIRALS
SYMJEPI INJ (QL= 2 inj/fill)	QL	1	VASOPRESSORS
SYMLIN INJ	M	M	ANTIDIABETICS
SYMLINPEN INJ	-	3	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONVULSANTS
SYMPROIC TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	NC	ANTIVIRALS
SYNAGIS INJ	M	M	PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN	PA-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNERA PATCH	-	4	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	3	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
SYNRIBO INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	1	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
SYNVISC INJ	M	M	MUSCULOSKELETAL THERAPY AGENTS
TABLOID TAB	SP	5	ANTINEOPLASTICS

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TABRECTA TAB (QL= 4 tabs/day)	LPSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	2	ASSORTED CLASSES
tacrolimus oint (PROTOPIC equiv)	-	2	DERMATOLOGICALS
tadalafil tab (CIALIS equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	LPSP-PA	5	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	2	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	LPSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day)	PA-QL	2	OPHTHALMIC AGENTS
TAGRISSE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML	-	NC	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
TALTZ INJ (QL= 1 inj/28 days)	LPSP-PA-QL	5	DERMATOLOGICALS
TALWIN INJ	M	M	ANALGESICS - OPIOID
TALZENNA CAP 0.1MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.25MG (QL= 3 caps/day)	PA-PSP-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.35MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	PA-PSP-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP	-	NC	ANTIVIRALS
TAMIFLU CAP 30MG	-	NC	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	6	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
TANDEM F CAP	-	2	HEMATOPOIETIC AGENTS
TARCEVA TAB	LPSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	-	NC	DERMATOLOGICALS
TARPEYO CAP	-	NC	CORTICOSTEROIDS
TASCENSO ODT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TASIGNA CAP	LPSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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tasimelteon cap (HETLIOZ equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole soln (KERYDIN equiv)	-	NC	DERMATOLOGICALS
TAVALISSE TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
TAXOTERE INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAYTULLA CAP	-	NC	CONTRACEPTIVES
tazarotene cream 0.1% (TAZORAC equiv)	-	2	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv)	-	NC	DERMATOLOGICALS
TAZORAC CREAM	-	NC	DERMATOLOGICALS
TAZORAC GEL	-	NC	DERMATOLOGICALS
TAZVERIK TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHLITE INSULIN SYRINGE	-	2	MEDICAL DEVICES AND SUPPLIES
TECHLITE LANCET 28G	OTC	1	MEDICAL DEVICES AND SUPPLIES
TECHLITE LANCET 30G	OTC	1	MEDICAL DEVICES AND SUPPLIES
TECHLITE LANCETS 25G	-	1	MEDICAL DEVICES AND SUPPLIES
TECHLITE PEN NEEDLE	-	2	MEDICAL DEVICES AND SUPPLIES
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEFLARO INJ	M	M	CEPHALOSPORINS
TEGRETOL SUSP	-	4	ANTICONVULSANTS
TEGRETOL TAB	-	4	ANTICONVULSANTS
TEGRETOL XR TAB	-	4	ANTICONVULSANTS
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKTURNA HCT TAB	-	4	ANTIHYPERTENSIVES
TEKTURNA TAB	-	4	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	1	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB	-	NC	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	2	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
TEMODAR INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMOVATE CREAM	-	NC	DERMATOLOGICALS
temozolomide cap (TEMODAR equiv)	LPSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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temsirolimus soln (TORISEL equiv)	PA-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	5	ANTIVIRALS
TEPADINA INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	2	ANTIFUNGALS
TERBINEX KIT	-	4	ANTIFUNGALS
terbutaline inj (BRETHINE equiv)	M	M	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terbutaline sulfate tab (BRETHINE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	2	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	2	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	2	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO TAB equiv)	LPSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv)	LPSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
TERIPARATIDE INJ 620MCG/2.48ML	LPSP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
TEST STRIPS (all other Brands)	-	NC	DIAGNOSTIC PRODUCTS
TESTIM GEL (Step therapy requires trial of ANDROGEL equiv)	ST	4	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	PA	2	ANDROGENS-ANABOLIC
testosterone enanthate inj	M	M	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv)	-	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG	-	4	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv)	-	2	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv)	-	2	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	4	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	4	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP	-	4	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv)	-	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TETANUS TOXOID INJ	-	6	TOXOIDS
TETANUS/DIPHThERIA TOXOID INJ	VAC	6	TOXOIDS
tetrabenazine tab (XENAZINE equiv)	LPSP-PA	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracaine hcl inj (TETRACAINE equiv)	M	M	LOCAL ANESTHETICS-PARENTERAL
tetracaine ophth soln	-	2	OPHTHALMIC AGENTS
tetracycline cap	-	2	TETRACYCLINES
TETRACYCLINE TAB	-	NC	TETRACYCLINES
TEXACORT SOLN	-	NC	DERMATOLOGICALS
TEZSPIRE INJ	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB	-	NC	DIURETICS
THALOMID CAP	PA-PSP	5	ASSORTED CLASSES

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THEO-24 CAP	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline tab er (THEOPHYLLINE ER equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline/d5w inj	M	M	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THERA-D TAB	OTC	6	VITAMINS
thiamine inj	M	M	VITAMINS
THIOLA EC TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THIOTEPA INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THROMBAT III INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
THYMOGLOBULN INJ	M	M	ASSORTED CLASSES
THYQUIDITY SOLN	-	NC	THYROID AGENTS
THYROGEN INJ	M	M	DIAGNOSTIC PRODUCTS
THYROLAR TAB	-	4	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2	ANTICONSULTANTS
TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICE BCG INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tigecycline inj (TYGACIL equiv)	M	M	TETRACYCLINES
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
TIKOSYN CAP	-	NC	ANTIARRHYTHMICS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	NC	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	NC	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	2	BETA BLOCKERS
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	NC	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv)	LPSP-PA	5	GENITOURINARY AGENTS - MISCELLANEOUS
tiopronin tab delayed release (THIOLA EC equiv)	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
tirofiban hcl in nacl (AGGRASTAT equiv)	M	M	HEMATOLOGICAL AGENTS - MISC.
TIROSINT CAP	-	NC	THYROID AGENTS
TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older)	PA-QL	4	THYROID AGENTS
TIVICAY PD TAB	-	3	ANTIVIRALS
TIVICAY TAB	-	3	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER (Only available through Walgreens 888-347-3416)	LD-PA	5	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	3	OPHTHALMIC AGENTS
tobramycin inj	M	M	AMINOGLYCOSIDES
tobramycin neb soln (TOBI equiv)	LPSP-PA	5	AMINOGLYCOSIDES
tobramycin neb solution (BETHKIS equiv)	-	NC	AMINOGLYCOSIDES
tobramycin ophth soln (TOBEX equiv)	-	2	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	2	OPHTHALMIC AGENTS
TOBRAMYCIN/NACL INJ	M	M	AMINOGLYCOSIDES
TOBEX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	6	VAGINAL PRODUCTS
TOLAZAMIDE TAB	-	2	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	2	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	2	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	1	URINARY ANTISPASMODICS
TOLVAPTAN TAB	PA-PSP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab (SAMSCA equiv)	PA-PSP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOPICORT CREAM 0.05%	-	NC	DERMATOLOGICALS
TOPICORT OINT	-	NC	DERMATOLOGICALS
TOPICORT OINT 0.05%	-	NC	DERMATOLOGICALS
topiramate er cap (TROKENDI XR equiv)	-	2	ANTICONSULTANTS
topiramate ER cap (QUDEXY equiv)	-	NC	ANTICONSULTANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	2	ANTICONSULTANTS
topiramate tab (TOPAMAX equiv)	-	2	ANTICONSULTANTS
toposar inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
topotecan inj (HYCAMTIN equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
toremifene tab (FARESTON equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TORISEL SOLN	PA-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TORSEMIDE INJ	M	M	DIURETICS
torsemide tab (DEMADEX equiv)	-	2	DIURETICS
TOSYMRA SOLN	-	NC	MIGRAINE PRODUCTS

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LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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TOTECT INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TOUJEO MAX SOLOSTAR INJ	-	3	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	3	ANTIDIABETICS
TOVET KIT	-	NC	DERMATOLOGICALS
TOVIAZ TAB	-	NC	URINARY ANTISPASMODICS
TRACLEER TAB 32MG (Only available through Accredo 800-803-2523)	LD-PA	5	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG (Only available through Accredo 800-803-2523)	LD-PA	5	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	3	ANTIDIABETICS
tramadol ER tab (ULTRAM ER equiv) (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
TRAMADOL ER/CONZIP CAP 100MG, 200MG, 300MG (QL= 1 cap/day)	QL	4	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB (QL= 1 tab/day)	QL	3	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB (BIPHASIC RELEASE)	-	NC	ANALGESICS - OPIOID
TRAMADOL HCL TAB	-	NC	ANALGESICS - OPIOID
tramadol hcl tab 100mg	-	NC	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv) (QL= 8 tabs/day)	QL	2	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv) (QL= 8 tabs/day)	QL	2	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	2	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB	-	2	ANTIHYPERTENSIVES
tranexamic acid inj	M	M	HEMOSTATICS
tranexamic acid tab (LYSTEDA equiv)	-	2	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	3	ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	2	ANTIDEPRESSANTS
TRAVATAN Z DROPS (QL= 2.5ml/30 days)	QL	4	OPHTHALMIC AGENTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
trazodone tab 300mg	-	2	ANTIDEPRESSANTS
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	1	ANTIDEPRESSANTS
TREANDA INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECTOR TAB (Restricted to Infectious Disease Specialist)	RS	4	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ (QL= 1 inj/56 days)	LPSP-PA-QL	5	DERMATOLOGICALS
treprostinil inj 10mg/ml (REMODULIN equiv)	LD-M	M	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv)	LD-M	M	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv)	LD-M	M	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv)	LD-M	M	CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ	-	3	ANTIDIABETICS
TRESIBA INJ	-	3	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	LPSP-PA	5	ANTINEOPLASTICS
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
TRETIN-X CREAM	-	NC	DERMATOLOGICALS

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TREXALL TAB	-	NC	ANTINEOPLASTICS
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone acetate inj (KENALOG equiv)	-	NC	CORTICOSTEROIDS
triamcinolone acetate oint (TRIANEX equiv)	-	2	DERMATOLOGICALS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste	-	2	MOUTH/THROAT/DENTAL AGENTS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone oint	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	NC	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv)	-	2	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	2	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
TRICHOPHYTON INJ	M	M	DIAGNOSTIC PRODUCTS
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC	DIAGNOSTIC PRODUCTS
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
TRICHOSOL SOLN	-	NC	PHARMACEUTICAL ADJUVANTS
tricitrates soln (POLYCITRA-LC equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	2	HEMATOPOIETIC AGENTS
TRICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
triderm cream	-	2	DERMATOLOGICALS
trientine cap (SYPRINE equiv)	LPSP-PA	5	MISCELLANEOUS THERAPEUTIC CLASSE
TRIENTINE CAP	LPSP-PA	NC	MISCELLANEOUS THERAPEUTIC CLASSE
trifluoperazine tab (STELAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	4	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	2	ANTIPARKINSON AGENTS
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	3	ANTIDIABETICS
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
TRIKAFTA TAB	-	NC	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK	-	NC	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	-	6	CONTRACEPTIVES
TRILEPTAL SUSP	-	NC	ANTICONVULSANTS
TRILEPTAL TAB	-	4	ANTICONVULSANTS
TRILOCICLO KIT	-	NC	DERMATOLOGICALS
trimethobenzamide cap (TIGAN equiv)	-	2	ANTIEMETICS
TRIMETHOPRIM TAB	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.

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trimipramine cap (SURMONTIL equiv)	-	2	ANTIDEPRESSANTS
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL- <del>c</del>	4	ANTIDEPRESSANTS
TRIONEX PAK	-	NC	DERMATOLOGICALS
TRISENOX INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRISENOX SOLN	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	6	CONTRACEPTIVES
TRIUMEQ PD TAB	-	5	ANTIVIRALS
TRIUMEQ TAB	-	5	ANTIVIRALS
TRI-VIT/FLOURIDE/IRON DROPS	-	1	MULTIVITAMINS
TRIZIVIR TAB	-	NC	ANTIVIRALS
tropicamide ophth soln (MYDRIACYL equiv)	-	2	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
trosipium chloride SR cap (SANCTURA XR equiv)	-	2	URINARY ANTISPASMODICS
trosipium tab (SANCTURA equiv)	-	1	URINARY ANTISPASMODICS
TRUDHESA NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
TRUE METRIX BLOOD GLUCOSE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
TRUE RESULT BLOOD GLUCOSE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
TRUEDRAW LANCING DEVICE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
TRUETEST CALIBRATION LIQUID	OTC	NC	MEDICAL DEVICES AND SUPPLIES
TRUETEST TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
TRUETEST TEST STRIPS	OTC	NC	DIAGNOSTIC PRODUCTS
TRULANCE TAB	PA	3	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days)	QL	3	ANTIDIABETICS
TRUMENBA INJ	VAC	6	VACCINES
TRUPLUS LANCET	OTC	1	MEDICAL DEVICES AND SUPPLIES
TRUQAP TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 75MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUVADA TAB	PA	6	ANTIVIRALS
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	2	COUGH/COLD/ALLERGY
TUXARIN ER TAB	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	6	VACCINES
TWIRLA PATCH	-	6	CONTRACEPTIVES
TWYNEO CREAM	-	NC	DERMATOLOGICALS
TYBLUME TAB	-	6	CONTRACEPTIVES

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TYGACIL INJ	M	M	TETRACYCLINES
TYKERB TAB	LPSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ	LPSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHIM VI INJ	VAC	EXC	VACCINES
TYRVAYA NASAL SPRAY	-	NC	OPHTHALMIC AGENTS
TYSABRI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO DPI POWDER	-	NC	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	-	NC	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	-	NC	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32MCG	-	NC	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	3	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	PA	4	ANORECTAL AND RELATED PRODUCTS
UCERIS TAB	-	NC	CORTICOSTEROIDS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
ULESFIA LOTION	-	3	DERMATOLOGICALS
ULORIC TAB	-	NC	GOUT AGENTS
ULTRAVATE LOTION	-	NC	DERMATOLOGICALS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
umecta mouss aer	-	2	DERMATOLOGICALS
UPNEEQ SOLN	-	EXC	OPHTHALMIC AGENTS
UPTRAVI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN AER	-	2	DERMATOLOGICALS
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
urea emulsion	-	2	DERMATOLOGICALS
UREA EMULSION	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	2	DERMATOLOGICALS
UREA SOLN 45%	-	2	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
URELIEF PLUS TAB	-	2	URINARY ANTISPASMODICS
ursodiol cap (ACTIGALL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
URSODIOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
ustell cap	-	2	ANTI-INFECTIVE AGENTS - MISC.
UTA cap	-	NC	ANTI-INFECTIVE AGENTS - MISC.
UTIBRON NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
UVADEX INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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VAGIFEM TAB	-	NC	VAGINAL PRODUCTS
valacyclovir tab (VALTREX equiv) (QL= 2 tabs/day)	QL	2	ANTIVIRALS
valacyclovir tab 1000mg (VALTREX equiv) (QL= 3 tabs/day)	QL	2	ANTIVIRALS
VALCHLOR GEL (Only available through Optum Pharmacy 877-445-6874)	LD-PA	5	DERMATOLOGICALS
VALCYTE SOLN	-	NC	ANTIVIRALS
VALCYTE TAB	-	NC	ANTIVIRALS
valganciclovir soln (VALCYTE equiv)	PA-SP	5	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	PA	2	ANTIVIRALS
valproate inj	M	M	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	2	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	2	ANTICONVULSANTS
valrubicin soln (VALSTAR equiv)	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VALSARTAN SOLN	-	NC	ANTIHYPERTENSIVES
valsartan tab 160mg (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan tab 320mg (DIOVAN equiv)	-	2	ANTIHYPERTENSIVES
valsartan tab 40mg (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan tab 80mg (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	2	ANTIHYPERTENSIVES
VALSTAR SOLN	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VALTOCO NASAL SPRAY	-	NC	ANTICONVULSANTS
VANCOCIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANCOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
vancomycin inj	M	M	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN ORAL SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/DEXTROSE INJ	M	M	ANTI-INFECTIVE AGENTS - MISC.
VANFLYTA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANFLYTA TAB 26.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANOS CREAM	-	NC	DERMATOLOGICALS
VANTAS KIT	PA-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
varденаfil ODT (STAXYN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
varденаfil tab (LEVITRA equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
VARENICLINE TAB (Limited to 180 days/calendar year)	QL-SMKG	6	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/calendar year)	QL-SMKG	6	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/calendar year)	QL-SMKG	6	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARIVAX INJ	VAC	6	VACCINES
VAROPHEN KIT	-	NC	DERMATOLOGICALS
VARUBI TAB (QL= 2 tabs/day)	PA-QL	3	ANTIEMETICS
VASCEPA CAP	-	3	ANTIHYPERLIPIDEMICS
vasoalex oint (XENADERM equiv)	-	2	DERMATOLOGICALS
vasopressin inj (PITRESSIN SYNTHETIC equiv)	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
VAXCHORA SUSP	VAC	EXC	VACCINES
VAXELIS INJ	VAC	6	TOXOIDS
VAXNEUVANCE INJ	VAC	6	VACCINES
VAYARIN CAP	-	4	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
VAYAROL CAP	-	4	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
V-C FORTE CAP	-	4	MULTIVITAMINS
v-c forte cap (V-C FORTE equiv)	-	4	MULTIVITAMINS
VECAMYL TAB	-	NC	ANTIHYPERTENSIVES
VECTIBIX INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VECTICAL OINT	-	NC	DERMATOLOGICALS
vecuronium inj	M	M	NEUROMUSCULAR AGENTS
VELCADE INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELIVET PAK	-	6	CONTRACEPTIVES
VELSIPITY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	3	ASSORTED CLASSES
VEMLIDY TAB	-	NC	ANTIVIRALS
VENCLEXTA STARTER PACK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap 150mg (QL= 2 caps/day)	QL	2	ANTIDEPRESSANTS
venlafaxine ER cap 37.5mg (EFFEXOR XR equiv) (QL= 1 cap/day)	QL	2	ANTIDEPRESSANTS
venlafaxine ER cap 75mg (QL= 3 caps/day)	QL	2	ANTIDEPRESSANTS
venlafaxine ER tab	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv) (QL= 5 tabs/day)	QL	2	ANTIDEPRESSANTS
VENLAFAXINE TAB	QL--	NC	ANTIDEPRESSANTS
VENNGEL ONE KIT	-	NC	DERMATOLOGICALS
VENOFER INJ	M	M	HEMATOPOIETIC AGENTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VEOZAH TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VERAPAMIL ER CAP 100MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 200MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 300MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP, VERELAN CAP	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil inj	M	M	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	4	DERMATOLOGICALS

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PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
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VERELAN PM ER CAP 200MG, 300MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERELAN SR CAP 360mg	-	NC	CALCIUM CHANNEL BLOCKERS
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	3	CARDIOVASCULAR AGENTS - MISC.
versiclear lotion	-	2	DERMATOLOGICALS
VERZENIO TAB (QL=2 tabs/day)	LPSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP	-	NC	URINARY ANTISPASMODICS
VESICARE TAB	-	3	URINARY ANTISPASMODICS
VFEND SUSP	-	NC	ANTIFUNGALS
VFEND TAB	-	NC	ANTIFUNGALS
V-GO INJ KIT (QL= 1 kit/day)	QL	3	MEDICAL DEVICES AND SUPPLIES
VIBATIV INJ	M	M	ANTI-INFECTIVE AGENTS - MISC.
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VICTOZA INJ (QL= 9ml/30 days)	QL	3	ANTIDIABETICS
VIDEX SOLN	-	5	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	5	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	5	ANTICONVULSANTS
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	5	ANTICONVULSANTS
VIIBRYD KIT	-	4	ANTIDEPRESSANTS
VIIBRYD TAB (QL= 1 tab/day)	QL	4	ANTIDEPRESSANTS
VIJOICE TAB (QL= 1 tab/day)	PA-PSP-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB 250MG (QL= 2 tabs/day)	PA-PSP-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day)	QL	2	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	NC	ANTICONVULSANTS
VIMPAT TAB	-	NC	ANTICONVULSANTS
VINBLASTINE INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincasar pfs inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vinorelbine inj	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIOKACE TAB	-	4	DIGESTIVE AIDS
viorele tab, kariva tab (MIRCETTE equiv)	-	6	CONTRACEPTIVES
VIRACEPT TAB	-	5	ANTIVIRALS
VIRAMUNE SUSP	-	NC	ANTIVIRALS
VIRAZOLE INH SOLN	-	NC	ANTIVIRALS
VIREAD POWDER	SP	5	ANTIVIRALS
VIREAD TAB	-	5	ANTIVIRALS
VISTOGARD PAK	-	NC	ANTIDOTES
VISUDYNE INJ	LPSP-M	M	OPHTHALMIC AGENTS
vita s forte tab (STROVITE equiv)	-	1	MULTIVITAMINS
vitacel tab (STROVITE equiv)	-	1	MULTIVITAMINS
VITAFOL STRIPS	-	NC	MULTIVITAMINS
vitamin c inj	M	M	VITAMINS
vitamin D cap ((RX Only))	-	2	VITAMINS
vitamin D cap 1000unit	OTC	NC	VITAMINS

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vitamin D cap 400unit	OTC	NC	VITAMINS
vitamin d chew	OTC	6	VITAMINS
VITAMIN D TAB 400UNIT	OTC	NC	VITAMINS
VITAMIN D3 DROPS	OTC	6	VITAMINS
vitamin d3 tab	OTC	6	VITAMINS
vitamin k inj	M	M	VITAMINS
VITA-RESPA TAB	-	4	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRECYL IRON TAB	-	NC	MULTIVITAMINS
VITRECYL TAB	-	NC	MULTIVITAMINS
VIVITROL INJ	LPSP-M	M	ANTIDOTES
VIVJOA CAP	-	NC	ANTIFUNGALS
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIZIMPRO TAB (QL= 1 tab/day)	PA-PSP-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOGELXO PUMP	-	NC	ANDROGENS-ANABOLIC
VOLTAREN GEL	OTC	NC	DERMATOLOGICALS
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOQUEZNA DUAL PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TRIP PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VORAXAZE INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VORICONAZOLE INJ	M	M	ANTIFUNGALS
voriconazole susp (VFEND equiv)	PA	2	ANTIFUNGALS
voriconazole tab (VFEND equiv)	PA	2	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	LPSP-PA-QL	5	ANTIVIRALS
VOTRIENT TAB	LPSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VOYDEYA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
VP-PNV-DHA CAP	-	4	MULTIVITAMINS
VPRIV INJ	M	M	HEMATOPOIETIC AGENTS
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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VTAMA CREAM	-	NC	DERMATOLOGICALS
VTOL SOLN	-	NC	ANALGESICS - NONNARCOTIC
VUITY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
VUMERITY CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VUMON INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VYLEESI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
VYTORIN TAB 10-80MG	-	NC	ANTIHYPERLIPIDEMICS
VYVANSE CAP (QL= 1 cap/day)	QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYVANSE CHEW TAB (QL= 1 tab/day)	QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYZULTA SOLN (QL= 2.5ml/30 days)	PA-QL	4	OPHTHALMIC AGENTS
WAINUA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
WAKIX TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WASP VENOM INJ	M	M	BIOLOGICALS MISC
wee care susp	-	6	HEMATOPOIETIC AGENTS
WEGOVY INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 1.7MG/0.75ML	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 2.4MG/0.75ML	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WELCHOL TAB	-	4	ANTIHYPERLIPIDEMICS
WELIREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WINLEVI CREAM	-	NC	DERMATOLOGICALS
WINREVAIR INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
wixela inhub inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
WOUND-DRESSING GELS	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	-	6	CONTRACEPTIVES
WYNZORA CREAM	-	NC	DERMATOLOGICALS
XACIATO GEL	-	NC	VAGINAL AND RELATED PRODUCTS
XADAGO TAB	-	NC	ANTIPARKINSON AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	PA-PSP-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 4 caps/day)	PA-PSP-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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XAQUIL XR TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	3	ANTICOAGULANTS
XARELTO SUSP	-	3	ANTICOAGULANTS
XARELTO TAB	-	3	ANTICOAGULANTS
XCOPRI PAK 100-150MG	-	NC	ANTICONVULSANTS
XCOPRI PAK 150-200MG	-	NC	ANTICONVULSANTS
XCOPRI PAK 50-200MG	-	NC	ANTICONVULSANTS
XCOPRI TAB 150MG, 200MG	-	NC	ANTICONVULSANTS
XCOPRI TAB 25MG	-	NC	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG	-	NC	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG	-	NC	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG	-	NC	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG	-	NC	ANTICONVULSANTS
XDEMVY DROP	-	NC	OPHTHALMIC AGENTS
XELJANZ SOLN (QL= 10ml/day)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	LPSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPTH EMULSION	-	NC	OPHTHALMIC AGENTS
XELSTRYM PAD	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
XENLETA TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
XEOMIN INJ	M	M	NEUROMUSCULAR AGENTS
XEPI CREAM	-	4	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XGEVA INJ	LPSP-M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIAFLEX INJ	M	M	ASSORTED CLASSES
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	4	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG	-	3	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	3	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	3	ANTIDIABETICS
XIIDRA OPTH SOLN	-	NC	OPHTHALMIC AGENTS
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	4	ANTIVIRALS
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	4	ANTIVIRALS
XOLAIR INJ	LPSP-PA	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	LPSP-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	LPSP-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE	LPSP-PA	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 150MG/ML	LPSP-PA	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	LPSP-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	4	DERMATOLOGICALS
XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPHOZAH TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XPOVIO PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XRYLIX PAK	-	NC	DERMATOLOGICALS
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	3	ANALGESICS - OPIOID
XTANDI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULTOPHY INJ (QL= 15ml/30 days)	QL	3	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYNTHA INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
XYOSTED INJ	-	NC	ANDROGENS-ANABOLIC
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYWAV SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZBAC TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YBUPHEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YELLOW HORN INJ	M	M	BIOLOGICALS MISC
YELLOW JACK INJ	M	M	BIOLOGICALS MISC
YERVOY INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YF-VAX INJ	VAC	EXC	VACCINES
YONSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUFLYMA 2SYR KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUPELRI SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YUSIMRY INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
zafemy patch (XULANE equiv)	-	6	CONTRACEPTIVES

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Alphabetical Index**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
zafirlukast tab (ACCOLATE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (QL= 1 cap/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
zaleplon cap (QL= 2 caps/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ZALTRAP INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANOSAR INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZARONTIN CAP	-	4	ANTICONVULSANTS
ZARONTIN SOLN	-	4	ANTICONVULSANTS
ZARXIO INJ	LPSP	5	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZAVZPRET NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELBORAF TAB (QL= 8 tabs/day)	LPSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELNORM TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
zenzedi tab 10mg (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZEPBOUND INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPOSIA CAP (QL= 1 cap/day)	LPSP-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day)	LPSP-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERVIAE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ZETONNA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIAGEN SOLN	-	NC	ANTIVIRALS
ZIANA GEL	-	NC	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	2	ANTIVIRALS
ZIEXTENZO INJ	LPSP	5	HEMATOPOIETIC AGENTS
ZILACAINE PAK	-	NC	DERMATOLOGICALS
ZILBRYSQ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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**Alphabetical Index**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
zileuton ER tab (ZYFLO CR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILRETTA INJ	-	NC	CORTICOSTEROIDS
ZILXI FOAM	-	NC	DERMATOLOGICALS
ZIMHI SOLN	-	3	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINACEF/D5W INJ	M	M	CEPHALOSPORINS
ZINACEF/H2O INJ	M	M	CEPHALOSPORINS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc oxide oint	-	2	DERMATOLOGICALS
zinc sulfate inj	M	M	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN (QL= 1 vial/day)	PA-QL	4	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone mesylate inj (GEODON equiv)	M	M	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL	-	4	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	4	MACROLIDES
ZITUVIO TAB	-	NC	ANTIDIABETICS
ZN-DTPA SOLN	-	2	ANTIDOTES
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOKINVY CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLADEX IMPLANT	PA-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zoledronic acid inj (ZOMETA equiv)	LPSP-M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOLINZA CAP	LPSP-PA-SF	5	ANTINEOPLASTICS
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	2	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	2	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY (QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	4	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	4	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	2	MIGRAINE PRODUCTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
ZOLPIDEM CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMETA INJ	LPSP-M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMIG SPRAY (QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	4	MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC	COUGH/COLD/ALLERGY
ZONISADE SUSP	-	NC	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS

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PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
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**Alphabetical Index**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ZONTIVITY TAB (Restricted to Cardiology Specialist)	PA	4	HEMATOLOGICAL AGENTS - MISC.
ZORTRESS TAB	-	4	MISCELLANEOUS THERAPEUTIC CLASSES
ZORYVE CREAM	-	NC	DERMATOLOGICALS
ZORYVE FOAM	-	NC	DERMATOLOGICALS
ZOVIRAX CREAM	-	3	DERMATOLOGICALS
ZTALMY SUSP	-	NC	ANTICONVULSANTS
ZUBSOLV SL TAB	-	3	ANALGESICS - OPIOID
ZUPLENZ SL FILM (QL= 10 films/30 days)	QL	4	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZURZUVAE CAP	-	NC	ANTIDEPRESSANTS
ZYCLARA CREAM	-	4	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO CR TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	LPSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	LPSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	NC	DERMATOLOGICALS
ZYMFENTRA INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ZYPITAMAG TAB	-	NC	ANTIHYPERLIPIDEMICS
ZYRTEC CHILD CHEW ALLERGY	OTC	NC	ANTIHISTAMINES
ZYRTEC CHILD CHEW TAB	OTC	NC	ANTIHISTAMINES
ZYTIGA TAB 250MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.

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Category/Class**

**Last Updated\* 5/3/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)	QL	1
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (QL= 1 cap/day)	QL	2
amphetamine/dextroamphetamine tab (ADDERALL equiv) (QL= 2 tabs/day)	QL	2
dextroamphetamine ER cap 10mg (DEXEDRINE CR equiv) (QL= 6 tabs/day)	QL	2
dextroamphetamine ER cap 15mg (DEXEDRINE CR equiv) (QL= 4 caps/day)	QL	2
dextroamphetamine ER cap 5mg (DEXEDRINE CR equiv) (QL= 3 caps/day)	QL	2
dextroamphetamine soln (PROCENTRA equiv)	-	2
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	2
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	2
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	2
dextroamphetamine tab (DEXEDRINE equiv)	-	2
lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day)	QL	2
methamphetamine tab (DESOXYN equiv) (QL= 5 tabs/day)	QL	2
zenzedi tab 10mg (DEXEDRINE equiv)	-	2
zenzedi tab 5mg (DEXEDRINE equiv)	-	2
VYVANSE CAP (QL= 1 cap/day)	QL	3
VYVANSE CHEW TAB (QL= 1 tab/day)	QL	3
ADZENYS ER SUSP	-	NC
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC
DYANAVEL XR CHEW	-	NC
EVEKEO ODT	-	NC
EVEKEO TAB	-	NC
MYDAYIS CAP 12.5MG	-	NC
MYDAYIS CAP 25MG	-	NC
MYDAYIS CAP 37.5MG	-	NC
MYDAYIS CAP 50MG	-	NC
XELSTRYM PAD	-	NC
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
<b>ANALECTICS</b>		
caffeine citrate soln (CAFCIT equiv)	-	2
caffeine citrate inj (CAFCIT equiv)	M	M
CAFFEINE/SODIUM BENZOATE INJ	M	M
doxapram inj	M	M
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
BENZPHETAMINE TAB	-	NC
DIETHYLPROPION ER TAB	-	NC
diethylpropion tab	-	NC

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DrugName	Special Code	Tier
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
LOMAIRA TAB	-	NC
PHENDIMETRAZINE ER TAB	-	NC
PLENITY CAP	-	NC
<b>ANTI-OBESITY AGENTS</b>		
IMCIVREE INJ	-	NC
SAXENDA INJ	-	NC
WEGOVY INJ	-	NC
WEGOVY INJ 1.7MG/0.75ML	-	NC
WEGOVY INJ 2.4MG/0.75ML	-	NC
XENICAL CAP	-	NC
ZEPBOUND INJ	-	NC
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
atomoxetine cap (STRATTERA equiv)	-	1
clonidine ER tab (KAPVAY equiv)	-	2
guanfacine ER tab (INTUNIV TAB equiv)	-	2
KAPVAY DOSE PACK	-	4
INTUNIV TAB	-	NC
QELBREE ER CAP	-	NC
STRATTERA CAP	-	NC
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	3
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
WAKIX TAB	-	NC
<b>STIMULANTS - MISC.</b>		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	2
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	2
dexmethylphenidate tab (FOCALIN equiv) (QL= 2 tabs/day)	QL	2
methylphenidate CD cap 10mg, 20mg, 30mg (METADATE CD equiv) (QL= 2 caps/day)	QL	2
methylphenidate CD cap 40mg (METADATE CD equiv) (QL= 1 cap/day)	QL	2
methylphenidate CD cap 50mg (METADATE CD equiv) (QL= 1 cap/day)	QL	2
methylphenidate CD cap 60mg (METADATE CD equiv) (QL= 1 cap/day)	QL	2
methylphenidate ER cap 10mg, 20mg, 30mg (RITALIN LA equiv) (QL= 2 caps/day)	QL	2
methylphenidate ER cap 40mg (RITALIN LA equiv) (QL= 1 cap/day)	QL	2
methylphenidate ER tab 10mg (METADATE equiv) (QL= 2 tabs/day)	QL	2
methylphenidate ER tab 18mg (CONCERTA equiv) (QL= 1 tab/day)	QL	2
METHYLPHENIDATE ER TAB 18mg, 27mg, 36mg, 54mg (QL= 1 tab/day)	QL	2
methylphenidate ER tab 20mg (RITALIN SR equiv) (QL= 3 tabs/day)	QL	2
methylphenidate ER tab 27mg (CONCERTA equiv) (QL= 1 tab/day)	QL	2
methylphenidate ER tab 36mg (CONCERTA equiv) (QL= 2 tabs/day)	QL	2
methylphenidate ER tab 54mg (CONCERTA equiv) (QL= 1 tab/day)	QL	2
methylphenidate soln (METHYLIN equiv)	-	2
methylphenidate tab (RITALIN equiv) (QL= 3 tabs/day)	QL	2
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	2
QUILLIVANT XR SUSP (QL= 360ml/30 days)	QL	3
AZSTARYS CAP	-	NC
COTEMPLA XR ODT	-	NC

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>SP</b> Available through Specialty Pharmacy Program	<b>ST</b> Step Therapy	<b>VAC</b> Vaccine Program

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DrugName	Special Code	Tier
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
DAYTRANA PATCH	-	NC
methylphenidate chew tab (METHYLIN equiv)	-	NC
methylphenidate ER cap (APTENSIO XR equiv)	-	NC
METHYLPHENIDATE ER TAB	-	NC
methylphenidate td patch (DAYTRANA equiv)	-	NC
NUVIGIL TAB	-	NC
RELEXXI ER TAB	-	NC

**ALLERGENIC EXTRACTS/BIOLOGICALS MISC**

**ALLERGENIC EXTRACTS**

ODACTRA SL TAB	-	NC
PALFORZIA POWDER PACK	-	NC
PALFORZIA SPRINKLE CAP	-	NC
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC

**ALTERNATIVE MEDICINES**

**ALTERNATIVE MEDICINE - R'S**

RESERVAPAK SYRUP	-	NC
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**AMEBICIDES**

**AMEBICIDES**

SOLOSEC GRANULES PACKET	-	NC
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**AMINOGLYCOSIDES**

**AMINOGLYCOSIDES**

neomycin tab	-	2
paromomycin cap (HUMATIN equiv)	-	2
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	5
TOBI PODHALER (Only available through Walgreens 888-347-3416)	LD-PA	5
tobramycin neb soln (TOBI equiv)	LPSP-PA	5
amikacin inj	M	M
gentamicin inj	M	M
gentamicin/nacl inj	M	M
KANAMYCIN INJ	M	M
STREPTOMYCIN INJ	M	M
TOBRAMYCIN INJ	M	M
TOBRAMYCIN/NACL INJ	M	M
HUMATIN CAP	-	NC
KITABIS PAK NEB SOLN	-	NC
tobramycin neb solution (BETHKIS equiv)	-	NC

**ANALGESICS - ANTI-INFLAMMATORY**

**ANTIRHEUMATIC - ENZYME INHIBITORS**

RINVOQ ER TAB (QL= 1 tab/day)	LPSP-PA-QL	5
XELJANZ SOLN (QL= 10ml/day)	LPSP-PA-QL	5
XELJANZ TAB (QL= 2 tabs/day)	LPSP-PA-QL	5
XELJANZ XR TAB (QL= 1 tab/day)	LPSP-PA-QL	5
OLUMIANT TAB	-	NC

**ANTIRHEUMATIC ANTIMETABOLITES**

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

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**Vantage Health Plan Commercial/Marketplace Formulary  
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**Last Updated\* 5/3/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
RHEUMATREX TAB	-	4
REDITREX INJ	-	NC
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	LPSP-PA-QL	5
ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	LPSP-PA-QL	5
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (QL= 2 inj/28 days)	LPSP-PA-QL	5
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (QL= 2 inj/28 days)	LPSP-PA-QL	5
AMJEVITA AUTO-INJECTOR (1 PEN PACK) (QL= 2 pens/28 days)	LPSP-PA-QL	5
AMJEVITA AUTO-INJECTOR (2 PEN PACK) (QL= 2 pens/28 days)	LPSP-PA-QL	5
HADLIMA INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	LPSP-PA-QL	5
HADLIMA PUSH INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	LPSP-PA-QL	5
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LPSP-PA-QL	5
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LPSP-PA-QL	5
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LPSP-PA-QL	5
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	LPSP-PA-QL	5
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LPSP-PA-QL	5
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LPSP-PA-QL	5
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LPSP-PA-QL	5
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LPSP-PA-QL	5
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LPSP-PA-QL	5
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	LPSP-PA-QL	5
SIMPONI INJ 100MG (QL=1 inj/28 days)	LPSP-PA-QL	5
ABRILADA INJ	-	NC
ADALIMUMAB-RYVK INJ	-	NC
AMJEVITA AUTO-INJECTOR	-	NC
AMJEVITA INJ	-	NC
CYLTEZO AUTO- INJECTOR, YUFLYMA KIT	-	NC
CYLTEZO INJ	-	NC
HULIO INJ	-	NC
HULIO KIT	-	NC
HYRIMOZ INJ	-	NC
HYRMIOZ PFS INJ	-	NC
IDACIO INJ	-	NC
SIMLANDI INJ	-	NC
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 50MG	-	NC
YUFLYMA 2SYR KIT	-	NC
YUFLYMA KIT	-	NC
YUSIMRY INJ	-	NC
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP	-	3
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST INJ	M	NC

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<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
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DrugName	Special Code	Tier
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ	-	NC
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS INJ	-	NC
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5
ACTEMRA SC INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5
KEVZARA INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5
ACTEMRA IV INJ	M	M
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
celecoxib cap (CELEBREX equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
FLURBIPROFEN TAB	-	1
ibuprofen tab	-	1
ibuprofen tab ((RX Only))	-	1
meloxicam tab (MOBIC equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
piroxicam cap (FELDENE equiv)	-	1
diclofenac potassium tab (CATAFLAM equiv)	-	2
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	2
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	2
etodolac cap (LODINE equiv)	-	2
etodolac ER tab (LODINE XL equiv)	-	2
etodolac tab	-	2
flurbiprofen tab (ANSAID equiv)	-	2
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	2
indomethacin cap (INDOCIN equiv)	-	2
indomethacin CR cap (INDOCIN SR equiv)	-	2
KETOPROFEN ER CAP	-	2
ketorolac tab (TORADOL equiv) (QL= 20 tabs/30 days)	QL	2
MELOXICAM SUSP	-	2
nabumetone tab (RELAFEN equiv)	-	2
naproxen EC tab (NAPROSYN EC equiv)	-	2
naproxen EC tab 500mg (NAPROSYN EC equiv) (QL= 1 tab/day)	QL	2
naproxen sodium CR tab (NAPRELAN CR equiv)	-	2
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) (QL= 60 tabs/30 days)	PA-QL	2
oxaprozin tab (DAYPRO equiv)	-	2
sulindac tab (CLINORIL equiv)	-	2
TOLMETIN CAP	-	2
tolmetin cap (TOLECTIN DS equiv)	-	2
TOLMETIN TAB	-	2
indomethacin inj	M	M
KETOROLAC INJ	M	M
ketorolac inj (TORADOL equiv)	M	M
ketorolac inj 15mg/ml (TORADOL equiv)	M	M

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LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
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<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
ketorolac inj 30mg/ml (TORADOL equiv)	M	M
ketorolac inj 60mg/2ml (TORADOL equiv)	M	M
COXANTO CAP	-	NC
DICLOFENAC CAP	-	NC
diclofenac potassium cap (ZIPSOR equiv)	-	NC
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
DUEXIS TAB	-	NC
fenoprofen calcium cap (NALFON equiv)	-	NC
fenoprofen calcium tab	-	NC
FENOPROFEN CAP, NAFLON CAP	-	NC
FENOPROFEN TAB	-	NC
IBU 600-EZS KIT	-	NC
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC
INDOCIN SUSP	-	NC
INDOMETHACIN CAP, TIVORBEX CAP	-	NC
indomethacin suppository (INDOCIN equiv)	-	NC
indomethacin susp (INDOCIN equiv)	-	NC
INFLATHERM PAK	-	NC
KETOPROFEN CAP	-	NC
MECLOFENAMATE CAP	-	NC
mefenamic acid cap (PONSTEL equiv)	-	NC
meloxicam cap (VIVLODEX equiv)	-	NC
NAFLON CAP	-	NC
NAPROXEN SUSP	-	NC
naproxen susp (NAPROSYN equiv)	-	NC
QMIIZ ODT TAB	-	NC
RELAFEN DS TAB	-	NC
SPRIX NASAL SPRAY	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA STARTER PACK (QL= 1 pack/ 28 days)	LPSP-PA-QL	5
OTEZLA TAB (QL= 2 tabs/day)	LPSP-PA-QL	5
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
leflunomide tab (ARAVA equiv)	-	2
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LPSP-PA-QL	5
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LPSP-PA-QL	5
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LPSP-PA-QL	5
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LPSP-PA-QL	5
ORENCIA INJ	LPSP-M	M
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LPSP-PA-QL	5
ENBREL INJ 50MG (QL= 4 inj/28 days)	LPSP-PA-QL	5

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DrugName	Special Code	Tier
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
ENBREL MINI INJ (QL= 4 inj/28 days)	LPSP-PA-QL	5
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LPSP-PA-QL	5

**ANALGESICS - NONNARCOTIC**

**ANALGESIC COMBINATIONS**

ALLZITAL TAB	-	2
ALLZITAL TAB, BUPAP TAB	-	2
butalbital/acetaminophen tab (PHRENILIN equiv)	-	2
butalbital/acetaminophen/caffeine cap (FIORICET equiv)	-	2
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	2
butalbital/aspirin/caffeine cap (FIORINAL equiv)	-	2
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	2
DURAXIN CAP	-	2
ed-flex cap	-	2
FRENADOL TAB	-	2
novagesic tab	-	2
phenyltoloxamine/acetaminophen tab	-	2
butalbital/acetaminophen cap	-	NC
butalbital/acetaminophen/caffeine soln	-	NC
VTOL SOLN	-	NC

**ANALGESICS OTHER**

clonidine inj	M	M
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**ANALGESICS-PEPTIDE CHANNEL BLOCKERS**

PRIALT INJ	M	M
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**SALICYLATES**

CHO MAG TRIS LIQUID	-	2
choline/magnesium liquid	-	2
diflunisal tab (DOLOBID equiv)	-	2
magnesium salicylate tab	-	2
salsalate tab (DISALCID equiv)	-	3
aspirin chew tab 81mg (Covered for females (no age restriction))	OTC	6
aspirin ec tab 81mg (Covered for females (no age restriction))	OTC	6
aspirin tab	OTC	6
aspirin ec tab 325mg	OTC	NC
aspirin effer tab (ALKA-SELTZER equiv)	OTC	NC
aspirin tab 325mg	OTC	NC

**ANALGESICS - OPIOID**

**OPIOID AGONISTS**

CODEINE SULFATE SOLN	-	2
codeine sulfate tab	-	2
fentanyl citrate lollipop (ACTIQ equiv)	PA	2
fentanyl patch (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)	QL	2
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)	QL	2
hydromorphone ER tab (EXALGO equiv)	-	2
hydromorphone liquid	-	2

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - OPIOID Cont.</b>		
hydromorphone tab (DILAUDID equiv)	-	2
methadone soln	-	2
methadone tab (DOLOPHINE equiv)	-	2
methadose tab	-	2
MORPHINE SULF SOLN 10MG/5ML	-	2
MORPHINE SULFATE ER CAP (QL= 2 caps/day)	QL	2
morphine sulfate ER cap (KADIAN equiv) (QL= 2 caps/day)	QL	2
morphine sulfate ER tab (MS CONTIN equiv) (QL= 2 tabs/day)	QL	2
MORPHINE SULFATE SOLN	-	2
MORPHINE SULFATE SUPP	-	2
morphine sulfate tab	-	2
oxycodone cap (OXYIR equiv)	-	2
oxycodone conc (ROXICODONE equiv)	-	2
oxycodone soln	-	2
oxycodone soln (ROXICODONE equiv)	-	2
oxycodone tab (ROXICODONE equiv)	-	2
tramadol ER tab (ULTRAM ER equiv) (QL= 1 tab/day)	QL	2
tramadol tab (ULTRAM equiv) (QL= 8 tabs/day)	QL	2
FENTORA TAB, FENTANYL BUCCAL TAB	-	3
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	3
NUCYNTA TAB (QL= 6 tabs/day)	QL	3
OXAYDO TAB, ROXYBOND TAB	-	3
OXYCONTIN CR TAB (QL= 4 tabs/day)	QL	3
TRAMADOL HCL ER TAB (QL= 1 tab/day)	QL	3
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	3
KADIAN CAP (QL= 2 caps/day)	QL	4
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	4
MORPHINE SULFATE ER BEAD CAP (QL= 1 cap/day)	QL	4
OPANA ER TAB (CRUSH RESISTANT) (QL= 2 tabs/day)	QL	4
RYBIX ODT	-	4
TRAMADOL ER/CONZIP CAP 100MG, 200MG, 300MG (QL= 1 cap/day)	QL	4
alfentanil inj	M	M
CODEINE PHOSPHATE INJ	M	M
DEMEROL INJ	M	M
DEPODUR INJ	M	M
fentanyl cit inj	M	M
FENTANYL CITRATE INJ	M	M
hydromorphone inj	M	M
INFUMORPH INJ	M	M
meperidine inj	M	M
methadone inj	M	M
MORPHINE SULFATE INJ	M	M
morphine sulfate inj (INFUMORPH INJ equiv)	M	M
SUFENTANIL INJ	M	M
ARYMO ER TAB	-	NC
DSUVIA SL TAB	-	NC
EMBEDA CAP	-	NC

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<b>ANALGESICS - OPIOID Cont.</b>		
EXALGO TAB	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
hydrocodone bitartrate er tab (HYSINGLA equiv)	-	NC
HYDROMORPHONE INJ	-	NC
HYDROMORPHONE SUPP	-	NC
LEVORPHANOL TAB	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
meperidine tab (DEMEROL equiv)	-	NC
MORPHABOND TAB	-	NC
oxymorphone ER tab (OPANA ER equiv)	-	NC
oxymorphone tab 10mg (OPANA equiv)	-	NC
oxymorphone tab 5mg (OPANA equiv)	-	NC
QDOLO SOLN, TRAMADOL SOLN	-	NC
ROXYBOND TAB	-	NC
TRAMADOL HCL ER TAB (BIPHASIC RELEASE)	-	NC
TRAMADOL HCL TAB	-	NC
tramadol hcl tab 100mg	-	NC
ZOHYDRO ER CAP	-	NC
<b>OPIOID COMBINATIONS</b>		
acetaminophen/codeine soln	-	2
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	2
APAP/CODEINE SOLN	-	2
aspirin/codeine tab	-	2
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv)	-	2
butalbital/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv)	-	2
hydrocodone/acetaminophen cap (LORCET equiv)	-	2
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	2
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	2
hydrocodone/acetaminophen tab	-	2
hydrocodone/acetaminophen tab (LORTAB equiv)	-	2
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	2
oxycodone/acetaminophen cap (TYLOX equiv)	-	2
OXYCODONE/ACETAMINOPHEN SOLN	-	2
oxycodone/acetaminophen tab (PERCOCET equiv)	-	2
OXYCODONE/ASPIRIN TAB	-	2
OXYCODONE/IBUPROFEN TAB (QL= 28 tabs/30 days)	QL	2
oxycodone/ibuprofen tab (COMBUNOX equiv) (QL= 28 tabs/30 days)	QL	2
pentazocine/acetaminophen tab (TALACEN equiv)	-	2
tramadol/acetaminophen tab (ULTRACET equiv) (QL= 8 tabs/day)	QL	2
LORTAB ELIXIR	-	3
ROXICET SOLN	-	3
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	4
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
APADAZ TAB	-	NC
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC

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DrugName	Special Code	Tier
<b>ANALGESICS - OPIOID Cont.</b>		
PRIMLEV TAB 10-300MG	-	NC
PRIMLEV TAB 5-300MG	-	NC
PROLATE TAB 7.5-300MG	-	NC
SEGLENTIS TAB	-	NC
TREXIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
<b>OPIOID PARTIAL AGONISTS</b>		
buprenorphine patch (BUTRANS equiv)	-	2
buprenorphine SL tab (SUBUTEX equiv)	-	2
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	2
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2
butorphanol nasal spray (STADOL equiv) (QL= 2 bottles/30 days)	QL	2
pentazocine/naloxone tab (TALWIN NX equiv)	-	2
SUBOXONE SL FILM	-	3
ZUBSOLV SL TAB	-	3
buprenorphine inj	M	M
butorphanol inj	M	M
nalbuphine inj	M	M
TALWIN INJ	M	M
BELBUCA FILM	-	NC
BRIXADI SOLN 128MG/0.36ML	-	NC
BRIXADI SOLN 16MG/0.32ML	-	NC
BRIXADI SOLN 24MG/0.48ML	-	NC
BRIXADI SOLN 32MG/0.64ML	-	NC
BRIXADI SOLN 64MG/0.18ML	-	NC
BRIXADI SOLN 8MG/0.18ML	-	NC
BRIXADI SOLN 96MG/0.27ML	-	NC
BUNAVAIL FILM	-	NC
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC
BUTRANS PATCH 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	-	NC
SUBLOCADE SOLN	-	NC

**ANDROGENS-ANABOLIC**

<b>ANABOLIC STEROIDS</b>		
OXANDROLONE TAB	-	2
ANADROL-50 TAB	-	4
<b>ANDROGENS</b>		
danazol cap (DANOCRINE equiv)	-	2
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	PA	2
testosterone gel 1% 25mg (ANDROGEL equiv)	-	2
testosterone gel 1% 50mg (ANDROGEL equiv)	-	2
testosterone gel 1% pump (ANDROGEL equiv)	-	2
testosterone gel pump 1.62% (ANDROGEL equiv)	-	2
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	2
METHITEST TAB	-	3
ANDRODERM PATCH (Step therapy requires trial of ANDROGEL equiv)	ST	4
ANDROGEL 1.62% 1.25GM	-	4

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<b>ANDROGENS-ANABOLIC Cont.</b>		
ANDROGEL 1.62% 2.5GM	-	4
ANDROGEL PUMP 1.62%	-	4
FORTESTA GEL 2% (Step therapy requires trial of ANDROGEL equiv)	ST	4
TESTIM GEL (Step therapy requires trial of ANDROGEL equiv)	ST	4
TESTOSTERONE GEL 1% 25MG	-	4
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	4
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	4
TESTOSTERONE GEL PUMP	-	4
testosterone enanthate inj	M	M
ANDROGEL 1% 25MG	-	NC
ANDROGEL 1% 50MG	-	NC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC
methyltestosterone cap	-	NC
NATESTO GEL	-	NC
NATESTO NASAL GEL	-	NC
STRIANT FILM	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC

**ANORECTAL AGENTS**

<b>INTRARECTAL STEROIDS</b>		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTIFOAM	-	3
<b>RECTAL COMBINATIONS</b>		
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	2
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	2
LIDO-HYDRO GEL	-	2
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	2
ANALPRAM-HC LOTION	-	3
PROCTOFOAM HC FOAM	-	3
ANALPRAM-E KIT	-	4
ANALPRAM-HC CREAM	-	NC
PROCORT CREAM	-	NC
<b>RECTAL STEROIDS</b>		
proctosol HC cream (ANUSOL HC equiv)	-	2
hydrocortisone supp (ANUSOL HC equiv)	-	NC

**ANORECTAL AND RELATED PRODUCTS**

<b>INTRARECTAL STEROIDS</b>		
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	2
UCERIS RECTAL FOAM	PA	4
<b>RECTAL COMBINATIONS</b>		
ANALPRAM-HC CREAM	-	NC
HYDROCORTISONE/PRAMOXINE SUPP	-	NC

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<b>ANORECTAL AND RELATED PRODUCTS Cont.</b>		
<b>RECTAL LOCAL ANESTHETICS</b>		
LIDOCAINE SUPP	-	NC
<b>VASODILATING AGENTS</b>		
nitroglycerin oint (RECTIV equiv)	-	3
RECTIV OINT	-	3
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
albendazole tab (ALBENZA equiv)	-	2
ivermectin tab (STROMEKTOL equiv)	-	2
praziquantel tab (BILTRICIDE equiv)	-	2
ALBENZA TAB	-	3
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	3
BILTRICIDE TAB	-	3
EGATEN TAB	-	NC
EMVERM TAB	-	NC
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
ranolazine tab (RANEXA equiv)	-	2
ASPRUZYO SPRINKLE GRANULES	-	NC
RANEXA TAB	-	NC
<b>NITRATES</b>		
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
ISOSORBIDE MONONITRATE TAB	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
AMYL NITRITE INH	-	2
NITROGLYCERIN ER CAP	-	2
NITROGLYCERIN LINGUAL AEROSOL	-	2
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	2
nitroglycerin patch (NITRO-DUR equiv)	-	2
NITRO-BID OINT	-	3
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
NITROMIST SPRAY	-	4
NITROGLYCERIN INJ	M	M
nitroglycerine/d5w inj (NITROGLYCERIN/D5W equiv)	M	M
GONITRO POWDER	-	NC
NITROGLYCERIN/D5W INJ	-	NC
NITROSTAT SL TAB	-	NC
<b>ANTIANGIETY AGENTS</b>		
<b>ANTIANGIETY AGENTS - MISC.</b>		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	2
HYDROXYZINE PAMOATE CAP 100MG	-	2

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<b>ANTIANSXIETY AGENTS Cont.</b>		
hydroxyzine syrup (ATARAX equiv)	-	2
hydroxyzine tab (ATARAX equiv)	-	2
meprobamate tab (MILTOWN equiv)	-	2
DROPERIDOL INJ	M	M
HYDXOZYINE INJ	M	M
<b>BENZODIAZEPINES</b>		
alprazolam ER tab (XANAX XR equiv)	-	2
alprazolam ODT (NIRAVAM equiv)	-	2
alprazolam tab (XANAX equiv)	-	2
chlordiazepoxide cap (LIBRIUM equiv)	-	2
diazepam conc (VALIUM equiv)	-	2
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	2
diazepam tab (VALIUM equiv)	-	2
lorazepam conc (ATIVAN equiv)	-	2
lorazepam tab (ATIVAN equiv)	-	2
oxazepam cap (SERAX equiv)	-	3
clorazepate tab (TRANXENE-T equiv)	-	4
DIAZEPAM INJ	M	M
lorazepam inj	M	M
LOREEV XR CAP	-	NC

**ANTIARRHYTHMICS**

**ANTIARRHYTHMICS - MISC.**

adenosine inj (ADENOCARD equiv)	M	M
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**ANTIARRHYTHMICS TYPE I-A**

disopyramide cap (NORPACE equiv)	-	2
quinidine gluconate CR tab	-	2
quinidine sulfate tab	-	2
NORPACE CR CAP	-	4
procainamide inj	M	M
QUINIDINE GLUCONATE INJ	M	M
QUINIDINE SULFATE TAB	-	NC

**ANTIARRHYTHMICS TYPE I-B**

mexiletine hcl cap	-	2
LIDOCAINE INJ	M	M
lidocaine inj (XYLOCAINE equiv)	M	M
lidocaine/d5w inj	M	M

**ANTIARRHYTHMICS TYPE I-C**

flecainide tab (TAMBOCOR equiv)	-	2
propafenone ER cap (RYTHMOL SR equiv)	-	2
propafenone tab (RYTHMOL equiv)	-	2

**ANTIARRHYTHMICS TYPE III**

amiodarone tab (CORDARONE equiv)	-	2
dofetilide cap (TIKOSYN equiv)	-	2
MULTAQ TAB	-	4
AMIODARONE INJ	M	M

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<b>ANTIARRHYTHMICS Cont.</b>		
amiodarone inj (CORDARONE equiv)	M	M
ibutilide inj (CORVERT equiv)	M	M
NEXTERONE INJ	M	M
TIKOSYN CAP	-	NC
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA PEN INJ (QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5
NUCALA INJ (QL= 1 inj/28 days)	LPSP-PA-QL	5
XOLAIR INJ	LPSP-PA	5
XOLAIR INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	LPSP-PA-QL	5
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	LPSP-PA-QL	5
XOLAIR SYRINGE	LPSP-PA	5
XOLAIR SYRINGE 150MG/ML	LPSP-PA	5
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	LPSP-PA-QL	5
TEZSPIRE INJ	-	NC
<b>ANTI-INFLAMMATORY AGENTS</b>		
cromolyn neb soln (INTAL equiv)	-	NC
<b>ASTHMA AND BRONCHODILATOR AGENT COMBINATIONS</b>		
DIFIL-G FORTE LIQUID	-	2
difil-g forte liquid (BRONDIL equiv)	-	2
dyphylline-gg tab (LUFYLLIN-GG equiv)	-	2
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ipratropium neb soln (ATROVENT equiv) (QL= 125 nebs/30 days)	QL	2
ATROVENT HFA INHALER (QL= 2 inhalers/30 days)	QL	3
INCRUSE ELLIPTA INHALER	-	3
LONHALA MAGNAIR SOLN	-	NC
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	-	NC
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC
<b>LEUKOTRIENE MODULATORS</b>		
montelukast chew tab (SINGULAIR equiv)	-	2
montelukast granule pack (SINGULAIR equiv)	-	2
montelukast tab (SINGULAIR equiv)	-	2
zafirlukast tab (ACCOLATE equiv)	-	2
ZYFLO	-	4
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO CR TAB	-	NC
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
roflumilast tab (DALIRESP equiv)	-	1
DALIRESP TAB	-	3
<b>STERIOD INHALANTS</b>		

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budesonide inh susp (PULMICORT equiv) (QL= 2 nebs/day)	QL	2
FLUTICASONE HFA INHALER	-	2
QVAR REDIHALER	-	2
ARNUIITY ELLIPTA INHALER	-	3
ASMANEX HFA INHALER (QL= 2 inhalers/30 days)	QL	3
ASMANEX INHALER (QL= 2 inhalers/30 days)	QL	3
FLOVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	3
FLOVENT HFA INHALER (QL= 2 inhalers/30 days)	QL	3
FLUTICASONE DISKUS INHALER (QL= 1 inhaler/30 days)	QL	3
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT (QL= 1 inhaler/30 days)	QL	3
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT (QL= 1 inhaler/30 days)	QL	3
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT (QL= 1 inhaler/30 days)	QL	3
ALVESCO INHALER	-	NC
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
<b>SYMPATHOMIMETICS</b>		
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1
albuterol neb soln 0.083% (PROVENTIL equiv) (QL= 3 boxes/30 days)	QL	2
albuterol neb soln 0.5% (VENTOLIN equiv) (QL= 5 boxes/30 days)	QL	2
albuterol neb soln 0.63mg (ACCUNEB equiv) (QL= 5 boxes/30 days)	QL	2
albuterol neb soln 1.25mg (ACCUNEB equiv) (QL= 5 boxes/30 days)	QL	2
ALBUTEROL NEBULIZER SOLN 0.5% (QL= 5 boxes/30 days)	QL	2
albuterol sulfate syrup	-	2
albuterol sulfate tab	-	2
albuterol/ipratropium neb soln (DUONEB equiv)	-	2
arformoterol tartrate neb soln (BROVANA equiv) (QL= 2 nebs/day)	QL	2
budesonide/formoterol inhaler (SYMBICORT equiv)	-	2
fluticasone/salmeterol inhaler (ADVAIR equiv)	-	2
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	2
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	2
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	2
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 2 nebs/day)	QL	2
levalbuterol neb soln (XOPENEX equiv)	-	2
metaproterenol syrup	-	2
terbutaline sulfate tab (BRETHINE equiv)	-	2
wixela inhub inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	2
ADVAIR DISKUS INHALER (QL= 1 inhaler/30 days)	QL	3
ADVAIR HFA INHALER (QL= 1 inhaler/30 days)	QL	3
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	3
ANORO ELLIPTA INHALER	-	3
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	3
BREZTRI AEROSPHERE INHALER	-	3
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	3

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
DULERA INHALER (QL= 1 inhaler/30 days)	QL	3
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	3
STIOLTO INHALER	-	3
SYMBICORT INHALER	-	3
TRELEGY ELLIPTA INHALER	-	3
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	3
ARCAPTA NEOHALER (QL= 1 inhaler/30 days)	QL	4
BROVANA NEB SOLN (QL= 120 units/30 days)	QL	4
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/30 days)	QL	4
PERFOROMIST NEB SOLN (QL= 2 nebs/day)	QL	4
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	4
epinephrine inj (ADRENALIN equiv)	M	M
terbutaline inj (BRETHINE equiv)	M	M
AIRDUO POWDER INHALER W/SENSOR	-	NC
AIRDUO RESPICLICK	-	NC
AIRSUPRA INH	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
DUAKLIR INHALER	-	NC
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	NC
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	NC
PROAIR HFA INHALER, PROVENTIL HFA INHALER	-	NC
PROAIR RESPICLICK INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
<b>XANTHINES</b>		
theophylline ER tab (UNIPHYL equiv)	-	2
theophylline soln	-	2
theophylline tab er (THEOPHYLLINE ER equiv)	-	2
ELIXOPHYLLIN ELIXIR	-	3
THEOPHYLLINE TAB ER	-	3
THEO-24 CAP	-	4
aminophylline inj	M	M
theophylline/d5w inj	M	M

**ANTICOAGULANTS**

**COUMARIN ANTICOAGULANTS**

warfarin tab (COUMADIN equiv)	-	1
COUMADIN TAB	-	4

**DIRECT FACTOR XA INHIBITORS**

ELIQUIS TAB, ELIQUIS STARTER PACK	-	3
XARELTO STARTER PACK	-	3
XARELTO SUSP	-	3
XARELTO TAB	-	3
SAVAYSA TAB	-	NC

**HEPARINS AND HEPARINOID-LIKE AGENTS**

enoxaparin inj (LOVENOX equiv)	-	2
fondaparinux inj (ARIXTRA equiv)	-	2
FRAGMIN INJ	-	4

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**Last Updated\* 5/3/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>																					
<b>ANTICOAGULANTS Cont.</b>																							
FRAGMIN PREFILLED INJ (Limited to 35 day supply/180 days)	QL	4																					
heparin lock flush	M	M																					
heparin sodium inj	M	M																					
heparin sodium/nacl inj	M	M																					
HEPARIN/D5W INJ	M	M																					
heparin/d5w inj (HEPARIN/ D5W equiv)	M	M																					
LOVENOX INJ	-	NC																					
<b>THROMBIN INHIBITORS</b>																							
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2																					
PRADAXA CAP	-	4																					
argatroban inj	M	M																					
PRADAXA PELLETT PACK	-	NC																					
<b>ANTICONVULSANTS</b>																							
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>																							
FYCOMPA SUSP	-	4																					
FYCOMPA TAB	-	NC																					
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>																							
clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)	PA	2																					
clobazam tab (ONFI equiv)	PA	2																					
clonazepam ODT (KLONOPIN equiv)	-	2																					
clonazepam tab (KLONOPIN equiv)	-	2																					
DIASTAT PEDIATRIC RECTAL GEL	-	2																					
DIAZEPAM GEL (QL= 2 packs/fill)	QL	2																					
diazepam rectal gel (QL=2 packs/fill)	QL	2																					
DIASTAT ACDL GEL (QL= 2 packs/fill)	QL	4																					
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	4																					
NAYZILAM SPRAY	-	NC																					
SYMPAZAN ORAL FILM	-	NC																					
VALTOCO NASAL SPRAY	-	NC																					
<b>ANTICONVULSANTS - MISC.</b>																							
lacosamide oral solution (VIMPAT equiv)	-	1																					
zonisamide cap (ZONEGRAN equiv)	-	1																					
carbamazepine chew tab (TEGRETOL equiv)	-	2																					
carbamazepine ER cap (CARBATROL equiv)	-	2																					
carbamazepine ER tab (TEGRETOL XR equiv)	-	2																					
carbamazepine susp (TEGRETOL equiv)	-	2																					
carbamazepine tab (TEGRETOL equiv)	-	2																					
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	2																					
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	2																					
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	2																					
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	2																					
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	2																					
LAMICTAL XR KIT	-	2																					
lamotrigine chew tab (LAMICTAL equiv)	-	2																					
lamotrigine ER tab (LAMICTAL XR equiv)	-	2																					
lamotrigine ODT (LAMICTAL equiv)	-	2																					
<b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																							
<table border="1"> <tr> <td><b>NC</b> = Not Covered</td> <td><b>generic</b> = small letters</td> <td><b>BRANDS</b> = CAPITAL LETTERS</td> </tr> <tr> <td><b>NC/3P</b> = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td><b>EXC</b> Plan Exclusion</td> <td><b>INF</b> Infertility</td> <td><b>LD</b> Limited Distribution</td> </tr> <tr> <td><b>LPSP</b> Lumicera Preferred Specialty Pharmacy</td> <td><b>M</b> Medical Benefit</td> <td><b>OTC</b> Over-the-Counter</td> </tr> <tr> <td><b>PA</b> Prior Authorization</td> <td><b>PSP</b> Preferred Specialty Pharmacy</td> <td><b>QL</b> Quantity Limit</td> </tr> <tr> <td><b>RS</b> Restricted to Specialist</td> <td><b>SF</b> Limited to two 15 day fills per month for first 3 months</td> <td><b>SMKG</b> Smoking Cessation</td> </tr> <tr> <td><b>SP</b> Available through Specialty Pharmacy Program</td> <td><b>ST</b> Step Therapy</td> <td><b>VAC</b> Vaccine Program</td> </tr> </table>			<b>NC</b> = Not Covered	<b>generic</b> = small letters	<b>BRANDS</b> = CAPITAL LETTERS	<b>NC/3P</b> = Not Covered, Third Party Reviewer			<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution	<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter	<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit	<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation	<b>SP</b> Available through Specialty Pharmacy Program	<b>ST</b> Step Therapy	<b>VAC</b> Vaccine Program
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DrugName	Special Code	Tier
<b>ANTICONVULSANTS Cont.</b>		
lamotrigine ODT kit (LAMICTAL equiv)	-	2
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	2
lamotrigine tab (LAMICTAL equiv)	-	2
levetiracetam ER tab (KEPPRA XR equiv)	-	2
levetiracetam soln (KEPPRA equiv)	-	2
levetiracetam tab (KEPPRA equiv)	-	2
oxcarbazepine susp (TRILEPTAL equiv)	-	2
oxcarbazepine tab (TRILEPTAL equiv)	-	2
pregabalin cap (LYRICA equiv)	-	2
pregabalin cap 225mg (LYRICA equiv)	-	2
pregabalin cap 300mg (LYRICA equiv)	-	2
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	2
primidone tab (MYSOLINE equiv)	-	2
rufinamide susp (BANZEL equiv)	PA	2
topiramate er cap (TROKENDI XR equiv)	-	2
topiramate sprinkle cap (TOPAMAX equiv)	-	2
topiramate tab (TOPAMAX equiv)	-	2
LAMICTAL ODT	-	3
POTIGA TAB (QL= 3 tabs/day)	QL	3
BANZEL SUSP	PA	4
KEPPRA SOLN	-	4
KEPPRA TAB	-	4
KEPPRA XR TAB	-	4
LYRICA SOLN (QL= 30 mls/day)	QL	4
TEGRETOL SUSP	-	4
TEGRETOL TAB	-	4
TEGRETOL XR TAB	-	4
TRILEPTAL TAB	-	4
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	5
levetiracetam inj	M	M
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
DIACOMIT CAP	-	NC
DIACOMIT POWDER PACK	-	NC
ELEPSIA XR TAB	-	NC
EPRONTIA SOLN	-	NC
FINTEPLA SOLN	-	NC
LAMICTAL ODT KIT	-	NC
LAMICTAL STARTER KIT	-	NC
LEVETIRACETAM INJ	-	NC
LYRICA CAP	-	NC
LYRICA CAP 225MG	-	NC
LYRICA CAP 300MG	-	NC
MOTPOLY XR CAP	-	NC
NEURONTIN CAP	-	NC
NEURONTIN TAB 600MG	-	NC

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LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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<b>ANTICONVULSANTS Cont.</b>		
NEURONTIN TAB 800MG	-	NC
OXTELLAR XR TAB	-	NC
PRIMIDONE TAB	-	NC
QUDEXY XR CAP	-	NC
SPRITAM TAB	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
TRILEPTAL SUSP	-	NC
VIMPAT SOLN	-	NC
VIMPAT TAB	-	NC
ZONISADE SUSP	-	NC
ZTALMY SUSP	-	NC
<b>CARBAMATES</b>		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
XCOPRI PAK 100-150MG	-	NC
XCOPRI PAK 150-200MG	-	NC
XCOPRI PAK 50-200MG	-	NC
XCOPRI TAB 150MG, 200MG	-	NC
XCOPRI TAB 25MG	-	NC
XCOPRI TAB 50MG, 100MG	-	NC
XCOPRI TITRATION PAK 12.5-25MG	-	NC
XCOPRI TITRATION PAK 150-200MG	-	NC
XCOPRI TITRATION PAK 50-100MG	-	NC
<b>GABA MODULATORS</b>		
tiagabine tab (GABITRIL equiv)	-	2
SABRIL POWDER PACK (Only available through Lumicera 855-847-3553)	LD-PA	5
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	5
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	5
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	5
SABRIL TAB	-	NC
<b>HYDANTOINS</b>		
phenytoin cap (DILANTIN equiv)	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
phenytoin susp (DILANTIN equiv)	-	2
DILANTIN CAP 30MG	-	3
PEGANONE TAB	-	3
DILANTIN CAP 100MG	-	4
DILANTIN INFATABS	-	4
DILANTIN SUSP	-	4
fosphenytoin sodium inj	M	M
phenytoin inj	M	M
<b>SUCCINIMIDES</b>		
ethosuximide cap (ZARONTIN equiv)	-	2
ethosuximide soln (ZARONTIN equiv)	-	2
methsuximide cap (CELONTIN equiv)	-	2
CELONTIN CAP	-	4

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DrugName	Special Code	Tier
<b>ANTICONVULSANTS Cont.</b>		
ZARONTIN CAP	-	4
ZARONTIN SOLN	-	4
<b>VALPROIC ACID</b>		
divalproex ER tab (DEPAKOTE ER equiv)	-	2
divalproex sodium DR tab (DEPAKOTE equiv)	-	2
divalproex sprinkle cap (DEPAKOTE equiv)	-	2
valproic acid cap (DEPAKENE equiv)	-	2
valproic acid syrup (DEPAKENE equiv)	-	2
DEPAKENE CAP	-	4
DEPAKENE SYRUP	-	4
DEPAKOTE ER TAB	-	4
DEPAKOTE SPRINKLE CAP	-	4
DEPAKOTE TAB	-	4
STAVZOR CAP	-	4
valproate inj	M	M

**ANTIDEPRESSANTS**

**ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

mirtazapine ODT (REMERON equiv)	-	2
mirtazapine tab (REMERON equiv)	-	2

**ANTIDEPRESSANT COMBINATIONS**

AUVELITY TAB	-	NC
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**ANTIDEPRESSANTS - MISC.**

bupropion ER tab (WELLBUTRIN equiv) (QL= 2 tabs/day)	QL	2
bupropion tab (WELLBUTRIN equiv)	-	2
bupropion XL tab (WELLBUTRIN XL equiv) (QL= 1 tab/day)	QL	2
MAPROTILINE TAB	-	2
APLENZIN TAB (QL= 1 tab/day)	QL	4
FORFIVO XL TAB (QL= 1 tab/day)	QL	4
bupropion SR tab 150mg (WELLBUTRIN equiv) (QL= 2 tabs/day)	QL	6

**GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**

ZURZUVAE CAP	-	NC
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**MONOAMINE OXIDASE INHIBITORS (MAOIS)**

PHENELZINE SULFATE TAB	-	2
phenelzine tab (NARDIL equiv)	-	2
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	-	4
MARPLAN TAB	-	4
NARDIL TAB 15MG	-	NC

**N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**

SPRAVATO NASAL SOLN	-	NC
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**SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**

citalopram tab (CELEXA equiv) (QL= 1 tab/day)	QL	1
escitalopram tab (LEXAPRO equiv) (QL= 1 tab/day)	QL	1
escitalopram tab 10mg (QL= 1.5 tabs/day)	QL	1
fluoxetine cap 10mg (PROZAC equiv) (QL= 1 cap/day)	QL	1

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<b>ANTIDEPRESSANTS Cont.</b>		
fluoxetine cap 20mg (PROZAC equiv) (QL= 3 caps/day)	QL	1
fluoxetine cap 40mg (PROZAC equiv) (QL= 2 caps/day)	QL	1
paroxetine tab 10mg (QL= 1.5 tabs/day)	QL	1
paroxetine tab 20mg, 40mg (PAXIL equiv) (QL= 1 tab/day)	QL	1
paroxetine tab 30mg (QL= 2 tabs/day)	QL	1
sertraline tab 100mg (ZOLOFT equiv) (QL= 2 tabs/day)	QL	1
sertraline tab 25mg, 50mg (ZOLOFT equiv) (QL= 1.5 tabs/day)	QL	1
citalopram soln (CELEXA equiv) (QL= 600ml/30 days)	QL	2
escitalopram soln (LEXAPRO equiv) (QL= 600ml/30 days)	QL	2
fluoxetine soln (PROZAC equiv) (QL= 600ml/30 days)	QL	2
fluoxetine tab (PROZAC equiv) (QL= 1 tab/day)	QL	2
fluoxetine tab 20mg (PROZAC equiv) (QL= 3 tabs/day)	QL	2
fluoxetine weekly cap (PROZAC equiv) (QL= 4 caps/28 days)	QL	2
fluvoxamine tab 100mg (LUVOX equiv) (QL= 3 tabs/day)	QL	2
fluvoxamine tab 25mg, 50mg (LUVOX equiv) (QL= 2 tabs/day)	QL	2
paroxetine ER tab 12.5mg (PAXIL CR equiv) (QL= 1 tab/day)	QL	2
paroxetine ER tab 25mg, 37.5mg (PAXIL CR equiv) (QL= 2 tabs/day)	QL	2
sertraline conc (ZOLOFT equiv)	-	2
PAXIL ORAL SUSP (QL= 15ml/day)	QL	3
FLUOXETINE TAB 60MG	-	4
CITALOPRAM CAP	-	NC
PROZAC WEEKLY CAP	-	NC
SERTRALINE CAP	-	NC
<b>SEROTONIN MODULATORS</b>		
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	1
NEFAZODONE TAB	-	2
nefazodone tab 50mg, 250mg	-	2
trazodone tab 300mg	-	2
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day)	QL	2
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL- $\phi$	4
VIIBRYD KIT	-	4
VIIBRYD TAB (QL= 1 tab/day)	QL	4
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 4 tabs/day)	QL	1
duloxetine EC cap	-	2
duloxetine EC cap (CYMBALTA equiv)	-	2
venlafaxine ER cap 150mg (QL= 2 caps/day)	QL	2
venlafaxine ER cap 37.5mg (EFFEXOR XR equiv) (QL= 1 cap/day)	QL	2
venlafaxine ER cap 75mg (QL= 3 caps/day)	QL	2
venlafaxine tab (EFFEXOR equiv) (QL= 5 tabs/day)	QL	2
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
PRISTIQ TAB	-	NC
venlafaxine ER tab	-	NC

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<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
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VENLAFAXINE TAB	-	NC
<b>TRICYCLIC AGENTS</b>		
amitriptyline tab (ELAVIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
amoxapine tab (AMOXAPINE equiv)	-	2
clomipramine cap (ANAFRANIL equiv)	-	2
desipramine tab (NORPRAMIN equiv)	-	2
doxepin cap (SINEQUAN equiv)	-	2
doxepin conc (SINEQUAN equiv)	-	2
imipramine pamoate cap (TOFRANIL PM equiv)	-	2
imipramine tab (TOFRANIL equiv)	-	2
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	2
protriptyline tab (VIVACTIL equiv)	-	2
trimipramine cap (SURMONTIL equiv)	-	2
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose tab (PRECOSE equiv)	PA	2
miglitol tab (MIGLITOL equiv)	-	2
MIGLITOL TAB	-	NC
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN INJ	-	3
SYMLIN INJ	M	M
<b>ANTIDIABETIC COMBINATIONS</b>		
glipizide/metformin tab (METAGLIP equiv)	-	2
glyburide/metformin tab (GLUCOVANCE equiv)	-	2
GLYXAMBI TAB (QL= 1 tab/day)	QL	3
JANUMET TAB (QL= 2 tabs/day)	QL	3
JANUMET XR TAB (QL= 2 tabs/day)	QL	3
JENTADUETO TAB (QL= 2 tabs/day)	QL	3
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	3
SOLIQUA INJ (QL= 15ml/25 days)	QL	3
SYNJARDY TAB (QL= 2 tabs/day)	QL	3
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	3
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	3
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	3
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	3
XIGDUO XR TAB (QL= 2 tabs/day)	QL	3
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	3
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	3
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	3
XULTOPHY INJ (QL= 15ml/30 days)	QL	3
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
ALOGLIPTIN-METFORMIN TAB	-	NC
ALOGLIPTIN-PIOGLITAZONE TAB	-	NC
DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG	-	NC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDIABETICS Cont.</b>		
DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
QTERN TAB	-	NC
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC
SEGLUROMET TAB	-	NC
STEGLUJAN TAB	-	NC
<b>BIGUANIDES</b>		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
metformin soln (RIOMET equiv)	-	2
metformin ER osmotic tab 1000mg (FORTAMET equiv)	-	NC
METFORMIN TAB	-	NC
RIOMET SOLN	-	NC
<b>DIABETIC OTHER</b>		
diazoxide susp (PROGLYCEM equiv)	-	2
GLUCAGON KIT (QL= 2 inj/fill)	QL	2
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	3
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	3
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	3
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	3
GVOKE INJ (QL= 2 inj/fill)	QL	3
GVOKE INJ KIT (QL= 2 inj/fill)	QL	3
GVOKE PFS INJ (QL= 2 inj/fill)	QL	3
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	3
PROGLYCEM SUSP	-	4
KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	5
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	5
<b>DIIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA TAB	¢	3
TRADJENTA TAB (QL= 1 tab/day)	QL	3
ALOGLIPTIN TAB	-	NC
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
saxagliptin hcl tab (ONGLYZA equiv)	-	NC
ZITUVIO TAB	-	NC
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB	-	4
<b>INCRETIN MIMETIC AGENTS</b>		
MOUNJARO INJ (QL= 4 inj/28 days)	QL	3
OZEMPIC INJ (QL= 1 pack/28 days)	QL	3
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
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<b>ANTIDIABETICS Cont.</b>		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	3
BYDUREON INJ (QL= 4 inj/28 days)	QL	3
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	3
OZEMPIC INJ (QL= 1 pack/28 days)	QL	3
OZEMPIC INJ (QL=1 pack/28 days)	QL	3
RYBELSUS TAB (QL=1 tab/day)	QL	3
TRULICITY INJ (QL= 4 pens/28 days)	QL	3
VICTOZA INJ (QL= 9ml/30 days)	QL	3
BYETTA INJ (QL= 1 pen/30 days)	QL	4
ADLYXIN INJ	-	NC
<b>INSULIN</b>		
FIASP FLEXTOUCH INJ	-	3
FIASP INJ	-	3
FIASP PENFILL INJ	-	3
HUMULIN N INJ	-	3
HUMULIN N PEN INJ	-	3
HUMULIN R INJ U-500	-	3
HUMULIN R U-500 KWIKPEN INJ	-	3
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	3
INSULIN ASPART INJ (NOVOLOG equiv)	-	3
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	3
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	3
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	3
INSULIN GLARGINE SOLN PEN-INJ	-	3
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	3
LEVEMIR FLEXTOUCH INJ	-	3
LEVEMIR INJ	-	3
NOVOLIN 70/30 FLEXPEN INJ	-	3
NOVOLIN 70/30 INJ	-	3
NOVOLIN N FLEXPEN INJ	-	3
NOVOLIN N INJ	-	3
NOVOLIN N RELION INJ	-	3
NOVOLIN R FLEXPEN INJ	-	3
NOVOLIN R INJ	-	3
NOVOLIN VIAL	-	3
NOVOLOG FLEXPEN INJ	-	3
NOVOLOG INJ	-	3
NOVOLOG MIX FLEXPEN INJ	-	3
NOVOLOG MIX INJ	-	3
NOVOLOG PENFILL INJ	-	3
SEMGLEE INJ (SINGLE PEN)	-	3
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	3
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	3
TOUJEO MAX SOLOSTAR INJ	-	3
TOUJEO SOLOSTAR INJ	-	3
TRESIBA FLEXTOUCH INJ	-	3

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<b>ANTIDIABETICS Cont.</b>		
TRESIBA INJ	-	3
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	ST	4
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	ST	4
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	ST	4
ADMELOG INJ, HUMALOG INJ	-	NC
ADMELOG SOLOSTAR, HUMALOG TEMPO PEN	-	NC
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC
DEGLUDEC FLEXTOUCH INJ	-	NC
DEGLUDEC INJ	-	NC
FIASP PUMP CARTRIDGE	-	NC
HUMALOG JR KWIKPEN INJ	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG MIX INJ	-	NC
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	-	NC
HUMALOG PEN INJ	-	NC
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC
INSULIN LISPRO INJ (HUMALOG equiv)	-	NC
INSULIN LISPRO JR KWIKPEN INJ	-	NC
INSULIN LISPRO KWIKPEN INJ	-	NC
LANTUS INJ, INSULIN GLARGINE INJ	-	NC
LYUMJEV INJ	-	NC
LYUMJEV KWIKPEN INJ	-	NC
LYUMJEV TEMPO PEN	-	NC
REZVOGLAR INJ	-	NC
SEMGLEE SOLN	-	NC
<b>INSULIN SENSITIZING AGENTS</b>		
pioglitazone tab (ACTOS TAB equiv)	-	2
<b>MEGLITINIDE ANALOGUES</b>		
nateglinide tab (STARLIX equiv)	-	2
repaglinide tab (PRANDIN equiv)	-	2
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB (QL= 1 tab/day)	QL	3
JARDIANCE TAB (QL= 1 tab/day)	QL	3
BEXAGLIFLOZN TAB	-	NC
DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG	-	NC
DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG	-	NC
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
<b>SULFONYLUREAS</b>		
gliimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
GLYBURID MCR TAB	-	1
glyburide tab (MICRONASE equiv)	-	1

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<b>ANTIDIABETICS Cont.</b>		
TOLAZAMIDE TAB	-	2
TOLBUTAMIDE TAB	-	2
GLIPIZIDE TAB	-	NC
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
DIPHENOXYLATE/ATROPINE LIQUID	-	4
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC
<b>ANTIDIARRHEALS</b>		
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
REZYST CHEW TAB	-	NC
<b>ANTIDIARRHEAL COMBINATIONS</b>		
EVIVO LIQUID	-	NC
<b>ANTIPERISTALTIC AGENTS</b>		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	2
opium tincture	-	2
PAREGORIC TINCTURE	-	2
MOTOFEN TAB	-	3
loperamide cap (IMODIUM equiv)	-	NC
<b>ANTIDOTES</b>		
<b>ANTIDOTE COMBINATIONS AND KITS</b>		
CYANIDE ANTIDOTE KIT	-	2
<b>ANTIDOTES</b>		
acetylcysteine inj	M	M
CALCIUM DISODIUM INJ	M	M
deferoxamine inj	M	M
fomepizole inj	M	M
methylene blue inj	M	M
PHYSOSTIGMINE SALICYLATE INJ	M	M
PRALIDOXIME INJ	M	M
SODIUM NITRITE INJ	M	M
sodium thiosulfate inj	M	M
VISTOGARD PAK	-	NC
<b>ANTIDOTES - CHELATING AGENTS</b>		
CA-DTPA SOLN	-	2
ZN-DTPA SOLN	-	2
CHEMET CAP	-	3
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	5
<b>BENZODIAZEPINE ANTAGONISTS</b>		
flumazenil inj	M	M
<b>OPIOID ANTAGONISTS</b>		
naloxone inj	-	2
naltrexone tab (REVIEWA equiv)	-	2
VIVITROL INJ	LPSP-M	M

**ANTIDOTES AND SPECIFIC ANTAGONISTS**

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<b>ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
deferasirox granules packet (JADENU equiv)	LPSP-PA	5
deferasirox tab (JADENU equiv)	LPSP-PA	5
deferasirox tab for oral susp (EXJADE equiv)	LPSP-PA	5
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	5
EXJADE TAB	-	NC
FERRIPROX TAB	-	NC
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC
JADENU SPRINKLE	-	NC
JADENU TAB 180MG	-	NC
JADENU TAB 90MG, 360MG	-	NC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
PROVAYBLUE INJ	M	M
CETYLEV TAB	-	NC
<b>OPIOID ANTAGONISTS</b>		
naloxone hcl nasal spray (NARCAN equiv)	OTC	1
RIVIVE SPRAY	OTC	1
NALOXONE PREFILLED INJ	-	2
KLOXXADO NASAL SPRAY	-	3
OPVEE NASAL SPRAY	-	3
ZIMHI SOLN	-	3
NARCAN NASAL SPRAY	-	4
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	2
ondansetron ODT (ZOFTRAN equiv) (QL= 15 tabs/30 days)	QL	2
ondansetron soln (ZOFTRAN equiv) (QL= 150ml/30 days)	QL	2
ONDANSETRON TAB (QL= 1 tab/30 days)	QL	2
ondansetron tab 24mg (ZOFTRAN equiv) (QL= 1 tab/30 days)	QL	2
ondansetron tab 4mg, 8mg (ZOFTRAN equiv) (QL= 15 tabs/30 days)	QL	2
ANZEMET TAB (QL= 5 tabs/30 days)	QL	3
SANCUSO (QL= 1 patch/30 days)	QL	3
GRANISOL SOLN (QL= 60ml/fill)	QL	4
ZUPLENZ SL FILM (QL= 10 films/30 days)	QL	4
ALOXI INJ	M	M
ANZEMET INJ	M	M
GRANISETRON INJ	M	M
granisetron inj (KYTRIL equiv)	M	M
ondansetron inj 40mg/20ml (ZOFTRAN equiv)	M	M
ondansetron/nacl inj	M	M
PALONOSETRON INJ	M	M
palonosetron inj (ALOXI equiv)	M	M
SUSTOL INJ	-	NC
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
meclizine chew tab (BONINE equiv)	-	2

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<b>ANTIEMETICS Cont.</b>		
meclizine tab (ANTIVERT equiv) (Rx Only)	-	2
scopolamine patch (TRANSDERM-SCOP equiv)	-	2
trimethobenzamide cap (TIGAN equiv)	-	2
TRANSDERM-SCOP PATCH	-	3
DIMENHYDRINATE INJ	M	M
ANTIVERT TAB, MECLIZINE TAB	-	NC
<b>ANTIEMETICS - MISCELLANEOUS</b>		
dronabinol cap (MARINOL equiv)	-	2
AKYNZEO CAP (QL= 1 tab/fill)	PA-QL	3
CESAMET CAP	-	4
DICLEGIS TAB	-	NC
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC
SYNDROS SOLN	-	NC
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	PA-QL	2
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	PA-QL	2
fosaprepitant dimeglumine soln (EMEND equiv)	-	2
VARUBI TAB (QL= 2 tabs/day)	PA-QL	3
EMEND SOLN	-	4
EMEND PAK	-	NC
EMEND SUSP	-	NC
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</b>		
CANCIDAS INJ	M	M
ERAXIS INJ	M	M
micafungin inj (MYCAMINE equiv)	M	M
MYCAMINE INJ	M	M
<b>ANTIFUNGALS</b>		
flucytosine cap (ANCOBON equiv)	-	2
griseofulvin micro tab (GRIFULVIN V equiv)	-	2
griseofulvin susp (GRIFULVIN equiv)	-	2
griseofulvin tab (GRIS-PEG equiv)	-	2
nystatin powder	-	2
nystatin tab	-	2
terbinafine tab (LAMISIL equiv)	-	2
LAMISIL GRANULE	-	3
TERBINEX KIT	-	4
ABELCET INJ	M	M
AMBISOME INJ	M	M
AMPHOTEC INJ	M	M
amphotericin b liposome iv for susp (AMBISOME INJ equiv)	M	M
AMPHOTERICIN INJ	M	M
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
fluconazole susp (DIFLUCAN equiv)	-	2
fluconazole tab (DIFLUCAN equiv)	-	2

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<b>ANTIFUNGALS Cont.</b>		
fluconazole tab 150mg (DIFLUCAN equiv)	-	2
itraconazole cap (SPORANOX equiv)	-	2
ketoconazole tab (NIZORAL equiv)	-	2
posaconazole DR tab (NOXAFIL equiv)	-	2
posaconazole susp (NOXAFIL equiv)	-	2
voriconazole susp (VFEND equiv)	PA	2
voriconazole tab (VFEND equiv)	PA	2
itraconazole soln (SPORANOX equiv)	-	3
NOXAFIL SUSP	-	3
SPORANOX SOLN	-	3
fluconazole/nacl inj	M	M
voriconazole inj	M	M
CRESEMBA CAP	-	NC
NOXAFIL PAK	-	NC
NOXAFIL TAB	-	NC
TOLSURA CAP	-	NC
VFEND SUSP	-	NC
VFEND TAB	-	NC
VIVJOA CAP	-	NC

**ANTIHISTAMINES**

**ANTIHISTAMINES - ALKYLAMINES**

DEXCHLORPHENIRAMINE SYRUP	-	2
RESPA-BR TAB	-	2
RYCLORA SOLN	-	2
brompheniramine soln	-	3
MICLARA LIQUID	-	NC

**ANTIHISTAMINES - ETHANOLAMINES**

CARBINOXAMINE SOLN	-	2
carbinoxamine tab (PALGIC equiv)	-	2
clemastine fumarate syrup	-	2
CLEMASTINE TAB	-	2
clemastine tab (TAVIST equiv)	-	2
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	2
diphenhydramine elixer (BENADRYL equiv)	-	2
DIPHENHYDRAMINE ELIXIR	-	2
diphenhydramine inj (BENADRYL equiv)	-	2
SILPHEN COUGH SYRUP	-	2
KARBINAL ER SUSP	-	NC
RYVENT TAB	-	NC

**ANTIHISTAMINES - NON-SEDATING**

cetirizine tab (ZYRTEC equiv)	-	1
CLARITIN CHEW TAB	OTC	1
loratadine chew tab (CLARITIN equiv)	-	1
loratadine tab (CLARITIN equiv)	-	1
cetirizine syrup (ZYRTEC equiv)	-	2
fexofenadine tab (ALLEGRA equiv)	-	2

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<b>ANTIHISTAMINES Cont.</b>		
levocetirizine soln (XYZAL equiv)	-	2
levocetirizine tab (XYZAL equiv)	-	2
loratadine cap (CLARITIN equiv)	OTC	2
loratadine syrup (CLARITIN equiv)	-	2
CLARINEX SYRUP	-	3
ALLEGRA ODT	OTC	NC
CLARITIN CAP	OTC	NC
DES Loratadine ODT	-	NC
desloratadine tab (CLARINEX equiv)	-	NC
loratadine ODT (CLARITIN equiv)	-	NC
ZYRTEC CHILD CHEW ALLERGY	OTC	NC
ZYRTEC CHILD CHEW TAB	OTC	NC
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
promethazine supp (PHENERGAN equiv)	-	2
promethazine syrup	-	2
promethazine tab (PHENERGAN equiv)	-	2
PROMETHEGAN SUPP	-	2
promethazine inj (PHENERGAN equiv)	M	M
<b>ANTIHISTAMINES - PIPERIDINES</b>		
cyproheptadine syrup	-	2
cyproheptadine tab	-	2
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	3
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	-	2
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	3
EZETIMIBE/ATORVASTATIN TAB	-	NC
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC
VYTORIN TAB 10-80MG	-	NC
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
VASCEPA CAP	-	3
icosapent ethyl cap (VASCEPA equiv)	-	NC
<b>BILE ACID SEQUESTRANTS</b>		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	2
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	2
colesevelam pack (WELCHOL equiv)	-	2
colesevelam tab (WELCHOL equiv)	-	2
colestipol granule (COLESTID equiv)	-	2
colestipol powder packet (COLESTID equiv)	-	2
colestipol tab (COLESTID equiv)	-	2

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LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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**Vantage Health Plan Commercial/Marketplace Formulary  
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DrugName	Special Code	Tier
<b>ANTIHYPERTENSIVES Cont.</b>		
WELCHOL TAB	-	4
<b>FIBRIC ACID DERIVATIVES</b>		
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
FENOFIBRATE CAP, LIPOFEN CAP	-	2
fenofibric acid DR cap (TRILIPIX equiv)	-	2
FENOFIBRIC TAB 105MG	-	2
FENOFIBRIC TAB 35MG	-	2
gemfibrozil tab (LOPID equiv)	-	2
ANTARA CAP	-	4
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	4
FIBRICOR TAB	-	4
TRIGLIDE TAB	-	4
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
TRICOR TAB	-	NC
<b>HMG COA REDUCTASE INHIBITORS</b>		
lovastatin tab (MEVACOR equiv)	-	1
pravastatin tab (PRAVACHOL equiv)	-	1
simvastatin tab (ZOCOR equiv)	-	1
fluvastatin cap (LESCOL equiv)	-	2
pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	2
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	4
atorvastatin tab (LIPITOR equiv)	-	6
rosuvastatin tab (CRESTOR equiv)	-	6
ALTOPREV TAB	-	NC
ATORVALIQ SUSP	-	NC
CRESTOR TAB	-	NC
EZALLOR SPRINKLE CAP	-	NC
FLOLIPID SUSP	-	NC
fluvastatin ER tab (LESCOL XL equiv)	-	NC
LESCOL XL TAB	-	NC
SIMCOR TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC
ZYPITAMAG TAB	-	NC
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
ezetimibe tab (ZETIA equiv)	-	2
<b>NICOTINIC ACID DERIVATIVES</b>		
niacin ER tab (NIASPAN equiv)	-	2
NIACOR TAB	-	NC
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	3
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	3
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	3

**ANTIHYPERTENSIVES**

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<b>ANTIHYPERTENSIVES Cont.</b>		
<b>ACE INHIBITORS</b>		
benazepril tab (LOTENSIN equiv)	-	1
captopril tab (CAPOTEN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older)	PA	2
fosinopril tab (MONOPRIL equiv)	-	2
moexipril tab (UNIVASC equiv)	-	2
PERINDOPRIL TAB	-	2
perindopril tab (ACEON equiv)	-	2
quinapril tab (ACCUPRIL equiv)	-	2
ramipril cap (ALTACE equiv)	-	2
trandolapril tab (MAVIK equiv)	-	2
QBRELIS SOLN (Prior Authorization required for members age 9 or older)	PA	4
enalaprilat inj	M	M
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
phenoxybenzamine cap (DIBENZYLIN equiv)	PA	5
phentolamine mesylate inj	M	M
DEMSEER CAP	-	NC
metyrosine cap (DEMSEER equiv)	-	NC
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
candesartan tab (ATACAND equiv)	-	1
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	1
valsartan tab 160mg (DIOVAN equiv)	-	1
valsartan tab 40mg (DIOVAN equiv)	-	1
valsartan tab 80mg (DIOVAN equiv)	-	1
olmesartan tab (BENICAR equiv)	-	2
valsartan tab 320mg (DIOVAN equiv)	-	2
BENICAR TAB	-	NC
EDARBI TAB	-	NC
VALSARTAN SOLN	-	NC
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyl dopa tab (ALDOMET equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
prazosin cap (MINIPRESS equiv)	-	2
METHYLDOPATE INJ	M	M
CATAPRES-TTS PATCH	-	NC
NEXICLON XR TAB	-	NC
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1

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<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
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<b>ANTIHYPERTENSIVES Cont.</b>		
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
amlodipine/benazepril cap (LOTREL equiv)	-	2
amlodipine/valsartan tab (EXFORGE equiv)	¢	2
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	2
QUINAPRIL/HCTZ TAB	-	2
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	2
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	2
TRANDOLAPRIL/VERAPAMIL ER TAB	-	2
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	2
EXFORGE HCT TAB	-	4
TEKTURNA HCT TAB	-	4
ACCURETIC TAB	-	NC
amlodipine/olmesartan tab (AZOR TAB equiv)	-	NC
AZOR TAB	-	NC
BENICAR HCT TAB	-	NC
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC
PRESTALIA TAB	-	NC
TELMISARTAN/AMLODIPINE TAB	-	NC
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC
TRIBENZOR TAB	-	NC
<b>ANTIHYPERTENSIVES - MISC.</b>		
VECAMEYL TAB	-	NC
<b>DIRECT RENIN INHIBITORS</b>		
aliskiren tab (TEKTURNA equiv)	-	2
TEKTURNA TAB	-	4
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
eplerenone tab (INSPIRA equiv)	-	1
<b>VASODILATORS</b>		
hydralazine tab (APRESOLINE equiv)	-	2
minoxidil tab (LONITEN equiv)	-	2
fenoldopam inj (CORLOPAM equiv)	M	M
hydralazine inj	M	M
CORLOPAM INJ	-	NC

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DrugName	Special Code	Tier
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
tinidazole tab (TINDAMAX equiv)	-	1
TRIMETHOPRIM TAB	-	1
metronidazole tab (FLAGYL equiv)	-	2
pentamidine neb soln (NEBUPENT equiv)	-	2
trimethoprim tab (PROLOPRIM equiv)	-	2
XIFAXAN TAB 550MG	-	3
FIRST METRONIDAZOLE SUSP	-	4
PRIMSOL SOLN	-	4
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	4
BACITRACIN INJ	M	M
metronidazole/nacl inj	M	M
AEMCOLO TAB	-	NC
IMPAVIDO CAP	-	NC
LIKMEZ SUSP	-	NC
metronidazole cap (FLAGYL equiv)	-	NC
NEBUPENT NEB SOLN	-	NC
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
hyophen tab (PROSED DS equiv)	-	2
phoshasal tab	-	2
smz/tmp (DS) tab (BACTRIM DS equiv)	-	2
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	2
ustell cap	-	2
smz-tmp inj (SMZ-TMP INJ equiv)	M	M
HYOPHEN TAB	-	NC
UTA cap	-	NC
<b>ANTIPROTOZOAL AGENTS</b>		
atovaquone susp (MEPRON equiv)	-	2
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	3
LAMPIT TAB	PA	3
nitazoxanide tab (ALINIA equiv) (QL = 6 tabs/3 days)	PA-QL	3
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	4
<b>CARBAPENEMS</b>		
ertapenem inj (INVANZ equiv)	M	M
imipenem/cilastatin inj	M	M
INVANZ INJ	M	M
meropenem inj (MERREM equiv)	M	M
PRIMAXIN IM INJ	M	M
<b>CHLORAMPHENICOLS</b>		
chloramphenicol inj	M	M
<b>CYCLIC LIPOPEPTIDES</b>		
daptomycin inj (CUBICIN equiv)	-	2
CUBICIN INJ	-	NC
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOLN 50MG/ML	-	1

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<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
FIRVANQ SOLN	-	2
vancomycin cap (VANCOCIN equiv)	-	2
vancomycin inj	M	M
VANCOMYCIN/DEXTROSE INJ	M	M
VIBATIV INJ	M	M
VANCOCIN CAP	-	NC
VANCOMYCIN ORAL SOLN	-	NC
VANCOMYCIN SOLN	-	NC
<b>LEPROSTATICS</b>		
dapsone tab	-	2
<b>LINCOSAMIDES</b>		
clindamycin cap (CLEOCIN equiv)	-	2
clindamycin soln (CLEOCIN equiv)	-	2
clindamycin inj	M	M
lincomycin inj (LINCOCIN equiv)	M	M
CLEOCIN CAP	-	NC
<b>MONOBACTAMS</b>		
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	5
AZACTAM/DEX INJ	M	M
aztreonam inj	M	M
<b>OXAZOLIDINONES</b>		
linezolid soln (ZYVOX equiv)	-	2
linezolid susp (ZYVOX equiv) (QL= 600ml/28 days)	PA-QL	2
linezolid tab (ZYVOX equiv) (QL= 28 tabs/30 days)	PA-QL	2
ZYVOX SUSP	-	NC
<b>PLEUROMUTILINS</b>		
XENLETA TAB	-	NC
<b>POLYMYXINS</b>		
colistimethate inj (COLY-MYCIN M equiv)	LPSP-M	M
polymyxin b inj	M	M
<b>URINARY ANTI-INFECTIVES</b>		
fosfomycin tromethamine powder pack (MONUROL equiv)	-	2
methenamine hippurate tab (HIPREX equiv)	-	2
methenamine mandelate tab	-	2
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	2
nitrofurantoin monohydrate cap (MACROBID equiv)	-	2
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older)	PA	2
MONUROL GRANULE PACK	-	4
MACRODANTIN CAP	-	NC
MACRODANTIN CAP 25MG	-	NC
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
NITROFURANTOIN SUSP	-	NC

**ANTIMALARIALS**

DrugName	Special Code	Tier
<b>ANTIMALARIAL COMBINATIONS</b>		
atovaquone/proguanil tab (MALARONE equiv)	-	2

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<b>ANTIMALARIALS Cont.</b>		
COARTEM TAB	-	3
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
<b>ANTIMALARIALS</b>		
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
chloroquine tab (ARALEN equiv)	-	2
mefloquine tab (LARIAM equiv)	-	2
PRIMAQUINE TAB	-	2
primaquine tab (PRIMAQUINE equiv)	-	2
KRINTAFEL TAB	-	3
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5
ARAKODA TAB	-	NC
DARAPRIM TAB	-	NC
quinine sulfate cap	-	NC
SOVUNA TAB	-	NC

**ANTIMYASTHENIC/CHOLINERGIC AGENTS**

<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
GUANIDINE TAB	-	1
pyridostigmine CR tab (MESTINON equiv)	-	2
pyridostigmine tab (MESTINON equiv)	-	2
pyridostigmine soln (MESTINON equiv)	-	2
neostigmine methylsulfate inj	M	M
REGONOL INJ	M	M
FIRDAPSE TAB	-	NC
PYRIDOSTIGMINE TAB 30MG	-	NC

**ANTIMYCOBACTERIAL AGENTS**

<b>ANTI TB COMBINATIONS</b>		
RIFAMATE CAP	-	4
RIFATER TAB	-	4
<b>ANTIMYCOBACTERIAL AGENTS</b>		
ethambutol tab (MYAMBUTOL equiv)	-	2
isoniazid tab	-	2
pyrazinamide tab	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2
rifampin cap (RIFADIN equiv)	-	2
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	3
PRIFTIN TAB	-	3
isoniazid syrup (ISONIAZID equiv)	-	4
TRECATOR TAB (Restricted to Infectious Disease Specialist)	RS	4
CAPASTAT SULFATE INJ	M	M
ISONIAZID INJ	M	M
rifampin inj	M	M
cycloserine cap (CYCLOSERINE equiv)	-	NC
PASER GRANULE	-	NC
SIRTURO TAB	-	NC

**ANTINEOPLASTICS**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>																					
<b>ANTINEOPLASTICS Cont.</b>																							
<b>ALKYLATING AGENTS</b>																							
HEXALEN CAP	SP	5																					
LEUKERAN TAB	SP	5																					
MYLERAN TAB	LPSP-PA	5																					
<b>ANTIMETABOLITES</b>																							
mercaptapurine tab (PURINETHOL equiv)	-	2																					
methotrexate tab (Trexall equiv)	-	2																					
TABLOID TAB	SP	5																					
TREXALL TAB	-	NC																					
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>																							
ZOLINZA CAP	LPSP-PA-SF	5																					
<b>ANTINEOPLASTICS MISC.</b>																							
hydroxyurea cap (HYDREA equiv)	-	2																					
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	5																					
ALFERON-N INJ	LPSP-PA	5																					
INTRON-A INJ	PA-PSP	5																					
MATULANE CAP	PA-SP	5																					
tretinoin cap (VESANOID equiv)	LPSP-PA	5																					
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>																							
leucovorin tab	-	2																					
MESNEX TAB	LPSP	5																					
<b>TOPOISOMERASE I INHIBITORS</b>																							
HYCAMTIN CAP	LPSP-PA	5																					
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>																							
<b>ALKYLATING AGENTS</b>																							
cyclophosphamide cap	PA	2																					
MELPHALAN TAB	-	2																					
CYCLOPHOSPHAMIDE TAB	-	3																					
GLIADEL WAFER	-	3																					
ALKERAN TAB	-	4																					
GLEOSTINE/LOMUSTINE CAP	LPSP	5																					
temozolomide cap (TEMODAR equiv)	LPSP-PA	5																					
bendamustine hcl for iv soln (TREANDA equiv)	M	M																					
BICNU INJ	M	M																					
busulfan inj	M	M																					
carboplatin inj	M	M																					
CARMUSTINE INJ	M	M																					
carmustine inj (BICNU equiv)	M	M																					
cisplatin inj	M	M																					
CISPLATIN INJ 50MG/50ML	M	M																					
cyclophosphamide inj	M	M																					
IFEX INJ	M	M																					
IFOSFAMIDE INJ	M	M																					
melphalan inj	M	M																					
MUSTARGEN INJ	M	M																					
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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
oxaplatin inj	M	M
TEMODAR INJ	M	M
TEPADINA INJ	M	M
thiotepa inj	M	M
TREANDA INJ	M	M
ZANOSAR INJ	M	M
BUSULFEX INJ	-	NC
<b>ANTIMETABOLITES</b>		
METHOTREXATE INJ	-	2
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 or older)	PA	4
PURIXAN SUSP (Members age 9 or older require Prior Authorization)	PA	4
capecitabine tab (XELODA equiv)	LPSP-PA	5
adrucil inj	M	M
ARRANON INJ	M	M
azactidine inj	M	M
cladribine inj	M	M
clofarabine inj (CLOLAR equiv)	M	M
CLOLAR INJ	M	M
cytarabine inj	M	M
decitabine inj	M	M
DEPOCYT INJ	M	M
floxuridine inj	M	M
FLUDARABINE INJ	M	M
FOLOTYN INJ	M	M
gemcitabine inj	M	M
nelarabine iv soln (ARRANON equiv)	M	M
pemetrexed disodium for iv soln (ALIMTA equiv)	M	M
ALIMTA INJ	-	NC
ONUREG TAB	-	NC
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
INLYTA TAB	PA-PSP-SF	5
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	5
AVASTIN INJ	M	M
ZALTRAP INJ	M	M
FRUZAQLA CAP	-	NC
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
ADCETRIS INJ	M	M
ARZERRA INJ	M	M
BEXXAR INJ	M	M
CAMPATH INJ	M	M
KADCYLA INJ	M	M
RITUXAN INJ	M	M
YERVOY INJ	M	M
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
HERCEPTIN INJ	M	M

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
PERJETA INJ	M	M
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA STARTER PACK	-	NC
VENCLEXTA TAB	-	NC
<b>ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY</b>		
PROVENGE INJ	M	M
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
erlotinib tab (TARCEVA equiv)	LPSP-PA	5
erlotinib tab 25mg (TARCEVA equiv)	LPSP-PA	5
gefitinib tab (IRESSA equiv) (Only available through Lumicera 855-847-3553)	LD-PA	5
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5
TARCEVA TAB	LPSP-PA-SF	5
VIZIMPRO TAB (QL= 1 tab/day)	PA-PSP-QL-SF	5
ERBITUX INJ	M	M
VECTIBIX INJ	M	M
EXKIVITY CAP	-	NC
TAGRISSO TAB	-	NC
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAP	LPSP-PA-SF	5
ODOMZO CAP	LPSP-PA	5
DAURISMO TAB	-	NC
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
anastrozole tab (ARIMIDEX equiv)	-	2
bicalutamide tab (CASODEX equiv)	-	2
exemestane tab (AROMASIN equiv)	-	2
flutamide cap (EULEXIN equiv)	-	2
letrozole tab (FEMARA equiv) (QL= 1 tab/day)	QL	2
megestrol susp (MEGACE equiv)	-	2
megestrol tab (MEGACE equiv)	-	2
toremifene tab (FARESTON equiv)	-	2
EULEXIN CAP	-	3
FARESTON TAB	-	3
FLUTAMIDE CAP	-	3
SOLTAMOX SOLN	-	3
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LPSP-QL	5
EMCYT CAP	SP	5
LUPRON DEPOT INJ	LPSP	5
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	5
nilutamide tab (NILANDRON equiv)	LPSP	5
NUBEQA TAB (QL= 4 tabs/day)	LPSP-PA-QL-SF	5
ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	5
ORSERDU TAB (QL= 3 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5
VANTAS KIT	PA-SP	5
ZOLADEX IMPLANT	PA-SP	5

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tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	6
DEPO-PROVERA INJ 400/ML	M	M
FASLODEX INJ	M	M
FIRMAGON INJ	M	M
fulvestrant inj (FASLODEX equiv)	M	M
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
AKEEGA TAB	-	NC
ERLEADA TAB	-	NC
ERLEADA TAB 240MG	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
leuprolide inj (LUPRON equiv)	-	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 250MG	-	NC
ZYTIGA TAB 500MG	-	NC
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG TAB	-	NC
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP (QL= 21 caps/28 days)	PA-PSP-QL	5
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT TAB	-	NC
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO PAK	-	NC
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
bleomycin inj	M	M
dactinomycin inj	M	M
DAUNORUBICIN INJ	M	M
DAUNOXOME INJ	M	M
doxorubicin inj	M	M
epirubicin inj	M	M
idarubicin inj	M	M
mitomycin inj	M	M
mitoxantron inj	M	M
valrubicin soln (VALSTAR equiv)	M	M
VALSTAR SOLN	M	M
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI TAB (QL= 5 tabs/28 days)	PA-PSP-QL	5
LONSURF TAB	PA-PSP	5
IFOSFAMIDE/MESNA KIT	M	M
KISQALI PAK	-	NC
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	3

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<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
AFINITOR TAB	LPSP-PA-SF	5
ALECENSA CAP	LPSP-PA	5
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	5
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	5
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	5
BOSULIF CAP	PA-PSP	5
BOSULIF TAB	PA-PSP-SF	5
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	5
CABOMETYX TAB (QL= 1 tab/day)	PA-PSP-QL-SF	5
CALQUENCE CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
CAPRELSA 300MG TAB (Only available through Biologics 800-850-4306)	LD-PA	5
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	5
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
COTELLIC TAB (QL= 3 tabs/day)	LPSP-PA-QL	5
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LPSP-PA-QL	5
everolimus tab for oral susp (AFINITOR DISPERZ equiv)	LPSP-PA	5
IBRANCE CAP (QL= 21 caps/28 days)	PA-PSP-QL	5
IBRANCE TAB (QL= 21 caps/28 days)	PA-PSP-QL	5
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	5
imatinib tab (GLEEVEC equiv)	LPSP	5
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
JAKAFI TAB (QL= 2 tabs/day )	PA-PSP-QL-SF	5
lapatinib ditosylate tab (TYKERB equiv)	LPSP-PA	5
LORBRENA TAB 100MG (QL= 1 tab/day)	PA-PSP-QL-SF	5
LORBRENA TAB 25MG (QL= 3 tabs/day)	PA-PSP-QL-SF	5
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LPSP-PA-QL	5
MEKINIST TAB 2MG (QL= 1 tab/day)	LPSP-PA-QL	5
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	5
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	LPSP-PA-QL	5
PIQRAY TAB	LPSP-PA-SF	5
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5
RETEVMO CAP (QL= 4 caps/day)	LPSP-PA-QL-SF	5
ROZLYTREK CAP (QL= 3 caps/day)	LPSP-PA-QL	5
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	5
RYDAPT CAP (QL= 56 caps/28 days)	LPSP-PA-QL	5

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
sorafenib tosylate tab (NEXAVAR equiv)	LPSP-PA	5
SPRYCEL TAB	LPSP-PA-SF	5
STIVARGA TAB	PA-PSP-SF	5
sunitinib malate cap (SUTENT equiv)	LPSP-PA	5
TABRECTA TAB (QL= 4 tabs/day)	LPSP-PA-QL-SF	5
TAFINLAR CAP (QL= 4 caps/day)	LPSP-PA-QL	5
TALZENNA CAP 0.25MG (QL= 3 caps/day)	PA-PSP-QL-SF	5
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	PA-PSP-QL-SF	5
TASIGNA CAP	LPSP-PA-SF	5
temsirolimus soln (TORISEL equiv)	PA-SP	5
TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5
TORISEL SOLN	PA-SP	5
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	5
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	5
TRUSELTIQ PACK 75MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	5
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
TYKERB TAB	LPSP-PA	5
VERZENIO TAB (QL=2 tabs/day)	LPSP-PA-QL	5
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	5
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	5
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	5
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5
VOTRIENT TAB	LPSP-PA-SF	5
XALKORI CAP (QL= 2 caps/day)	PA-PSP-QL-SF	5
XALKORI SPRINKLE CAP (QL= 4 caps/day)	PA-PSP-QL-SF	5
XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
ZELBORAF TAB (QL= 8 tabs/day)	LPSP-PA-QL	5
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5
ZYKADIA CAP (QL= 3 caps/day)	LPSP-PA-QL-SF	5
ZYKADIA TAB (QL= 3 tabs/day)	LPSP-PA-QL-SF	5
BORTEZOMIB INJ	M	M
bortezomib inj (VELCADE equiv)	M	M
ISTODAX INJ	M	M
ISTODAX OVR INJ	M	M
KYPROLIS INJ	M	M
romidepsin inj (ISTODAX equiv)	M	M
VELCADE INJ	M	M
AFINITOR DISPERZ TAB	-	NC
ALUNBRIG PAK	-	NC
AUGTYRO CAP	-	NC
BRAFTOVI CAP 75MG	-	NC
FOTIVDA CAP	-	NC
GAVRETO CAP	-	NC
GLEEVEC TAB	-	NC
IDHIFA TAB	-	NC

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IMBRUVICA TAB 140MG	-	NC
IMBRUVICA TAB 280MG	-	NC
INREBIC CAP	-	NC
JAYPIRCA TAB	-	NC
KISQALI TAB	-	NC
KOSELUGO CAP	-	NC
KOSELUGO CAP 10MG	-	NC
KRAZATI TAB	-	NC
LYTGOBI THERAPY PACK	-	NC
MEKINIST SOLN	-	NC
MEKTOVI TAB	-	NC
NEXAVAR TAB	-	NC
OGSIVEO TAB	-	NC
OJJAARA TAB	-	NC
PEMAZYRE TAB	-	NC
ROZLYTREK PAK	-	NC
SCEMBLIX TAB	-	NC
SUTENT CAP	-	NC
TAFINLAR TAB	-	NC
TALZENNA CAP 0.1MG	-	NC
TALZENNA CAP 0.35MG	-	NC
TAZVERIK TAB	-	NC
TRUQAP TAB	-	NC
VANFLYTA TAB	-	NC
VANFLYTA TAB 26.5MG	-	NC
ZEJULA TAB	-	NC
<b>ANTINEOPLASTIC ENZYMES</b>		
ELSPAR INJ	M	M
ERWINAZE INJ	M	M
ONCASPAR INJ	M	M
<b>ANTINEOPLASTIC RADIOPHARMACEUTICALS</b>		
QUADRAMET INJ	M	M
<b>ANTINEOPLASTICS MISC.</b>		
bexarotene cap (TARGRETIN equiv)	LPSP-PA	5
arsenic trio inj 10/10ml (TRISENOX equiv)	M	M
dacarbazine inj (DACARBAZINE equiv)	M	M
ONTAK INJ	M	M
pentostatin inj (NIPENT equiv)	M	M
PHOTOFRIN INJ	M	M
SYNRIBO INJ	M	M
TICE BCG INJ	M	M
TRISENOX INJ	M	M
TRISENOX SOLN	M	M
UVADEX INJ	M	M
BESREMI INJ	-	NC
SYLATRON INJ	-	NC

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<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
TARGRETIN CAP	-	NC
<b>CHEMOTHERAPY ADJUNCTS</b>		
ELITEK INJ	M	M
KEPIVANCE INJ	M	M
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
amifostine inj	M	M
CALCIUM FOLINATE INJ	M	M
dexrazoxane inj (TOTECT equiv)	M	M
leucovorin calcium inj	M	M
LEUCOVORIN INJ	M	M
levoleucovorin inj (FUSILEV equiv)	M	M
mesna inj (MESNEX equiv)	M	M
TOTECT INJ	M	M
VORAXAZE INJ	M	M
FUSILEV INJ	-	NC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
IWILFIN TAB	-	NC
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE CAP	LPSP-PA	2
ABRAXANE INJ, PACLITAXEL INJ	M	M
DOCEFREZ INJ	M	M
docetaxel inj	M	M
ETOPOPHOS INJ	M	M
HALAVEN INJ	M	M
IXEMPRA KIT	M	M
JEVTANA INJ	M	M
paclitaxel inj	M	M
TAXOTERE INJ	M	M
toposar inj	M	M
VINBLASTINE INJ	M	M
vincasar pfs inj	M	M
vinorelbine inj	M	M
VUMON INJ	M	M
<b>TOPOISOMERASE I INHIBITORS</b>		
irinotecan inj (CAMPTOSAR equiv)	M	M
topotecan inj (HYCANTIN equiv)	M	M
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
carbidopa tab (LODOSYN equiv)	-	2
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	2
benztropine inj	M	M
<b>ANTIPARKINSON COMT INHIBITORS</b>		
entacapone tab (COMTAN equiv)	-	2

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<b>ANTIPARKINSON AGENTS Cont.</b>		
tolcapone tab (TASMAR equiv)	-	2
<b>ANTIPARKINSON DOPAMINERGICS</b>		
amantadine cap (SYMMETREL equiv)	-	2
amantadine syrup (SYMMETREL equiv)	-	2
amantadine tab	-	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	2
carbidopa/levodopa ODT (PARCOPA equiv)	-	2
carbidopa/levodopa tab (SINEMET equiv)	-	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
pramipexole ER tab (MIRAPEX ER equiv)	-	2
pramipexole tab (MIRAPEX equiv)	-	2
ropinirole ER tab (REQUIP XL equiv)	-	2
ropinirole tab (REQUIP equiv)	-	2
NEUPRO PATCH	-	4
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
RYTARY CAP	-	NC
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
rasagiline tab (AZILECT equiv)	¢	2
selegiline cap (ELDEPRYL equiv)	-	2
selegiline tab (ELDEPRYL equiv)	-	2
AZILECT TAB	-	NC
XADAGO TAB	-	NC
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
NOURIANZ TAB	-	NC
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
trihexyphenidyl elixir (ARTANE equiv)	-	2
TRIHEXYPHENIDYL SOLN	-	2
<b>ANTIPARKINSON COMT INHIBITORS</b>		
ONGENTYS CAP (QL= 1 tab/day; 30 tabs/fill)	PA-QL	4
<b>ANTIPARKINSON DOPAMINERGICS</b>		
CARBIDOPA/LEVODOPA ODT	-	2
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2
STALEVO TAB	-	4
KYNMOBI FILM (QL= 5 films/day)	LPSP-PA-QL	5
KYNMOBI TITRATION KIT (QL=1 kit/fill)	LPSP-PA-QL	5
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
DHIVY TAB	-	NC
INBRIJA INH POWDER	-	NC
OSMOLEX ER TAB	-	NC
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		

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<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
<b>ANTIMANIC AGENTS</b>		
LITHIUM CARBONATE CAP	-	2
lithium carbonate cap (ESKALITH equiv)	-	2
lithium carbonate ER tab (LITHOBID equiv)	-	2
lithium carbonate tab	-	2
LITHOBID TAB	-	4
<b>ANTIPSYCHOTICS - MISC.</b>		
lurasidone hcl tab (LATUDA equiv)	-	1
lurasidone hcl tab (LATUDA TAB 80MG equiv) (QL= 2 tabs/day)	--QL- $\phi$	1
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	2
LATUDA TAB (QL= 1 tab/day)	QL- $\phi$	3
LATUDA TAB 80MG (QL= 2 tabs/day)	QL- $\phi$	3
GEODON INJ	M	M
ziprasidone mesylate inj (GEODON equiv)	M	M
CAPLYTA CAP	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
<b>BENZISOXAZOLES</b>		
paliperidone ER tab (INVEGA equiv)	-	2
paliperidone ER tab 6mg (INVEGA equiv) (QL= 2 tabs/day; Step Therapy requires trial of risperidone, olanzapine, quetiapine, ziprasidone)	QL-ST	2
RISPERIDONE ODT (QL= 2 tabs/day)	QL	2
risperidone ODT (RISPERDAL M equiv) (QL= 2 tabs/day)	QL	2
risperidone soln (RISPERDAL equiv) (QL= 240ml/30 days)	QL	2
risperidone tab (RISPERDAL equiv) (QL= 2 tabs/day)	QL	2
FANAPT TAB (QL= 2 tabs/day; Step Therapy requires trial of risperidone, olanzapine, quetiapine, ziprasidone)	QL-ST	4
INVEGA INJ	-	4
INVEGA HAFYERA INJ	-	NC
INVEGA TAB	-	NC
<b>BUTYROPHENONES</b>		
haloperidol tab (HALDOL equiv)	-	1
haloperidol lactate conc (HALDOL equiv)	-	2
haloperidol decanoate inj	M	M
haloperidol lactate inj	M	M
<b>DIBENZAPINES</b>		
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	2
clozapine tab (QL= 4 tabs/day)	QL	2
clozapine tab (QL= 6 tabs/day)	QL	2
clozapine tab (QL= 9 tabs/day)	QL	2
loxapine cap (LOXITANE equiv)	-	2
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	2
olanzapine tab (ZYPREXA equiv) (QL= 1 tab/day)	QL	2
quetiapine tab (SEROQUEL equiv) (QL= 2 tabs/day)	QL	2
quetiapine tab 25mg (QL= 3 tabs/day)	QL	2

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<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
quetiapine tab 50mg (QL= 3 tabs/day)	QL	2
quetiapine XR tab (SEROQUEL XR equiv) (QL= 2 tabs/day)	QL	2
SAPHRIS SL TAB (QL= 2 tabs/day)	QL	4
olanzapine inj	M	M
CLOZAPINE ODT	-	NC
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC
QUETIAPINE TAB	-	NC
SECUADO PATCH	-	NC
<b>DIHYDROINDOLONES</b>		
MOLINDONE TAB	-	NC
<b>PHENOTHIAZINES</b>		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
FLUPHENAZINE ELIXIR	-	2
FLUPHENAZINE ORAL CONC	-	2
perphenazine tab (TRILAFON equiv)	-	2
prochlorperazine supp (COMPAZINE equiv)	-	2
prochlorperazine tab (COMPAZINE equiv)	-	2
thioridazine tab (MELLARIL equiv)	-	2
trifluoperazine tab (STELAZINE equiv)	-	2
chlorpromazine inj	M	M
fluphenazine decanoate inj	M	M
fluphenazine inj	M	M
prochlorperazine inj	M	M
CHLORPROMAZINE CONC	-	NC
<b>QUINOLINONE DERIVATIVES</b>		
aripiprazole tab (ABILIFY equiv) (QL= 1 tab/day)	QL	2
aripiprazole tab 2mg (ABILIFY equiv) (QL= 2 tabs/day)	QL	2
aripiprazole tab 5mg (ABILIFY equiv) (QL= 2 tabs/day)	QL	2
aripiprazole soln (ABILIFY equiv)	-	3
ABILIFY MAINTENA	-	4
ABILIFY INJ	M	M
ABILIFY ASIMTUFII INJ 720MG/2.4ML (aripiprazole im er susp prefilled syringe equiv)	-	NC
ABILIFY ASIMTUFII INJ 960MG/3.2ML (aripiprazole im er susp prefilled syringe equiv)	-	NC
ABILIFY MYCITE PACK	-	NC
ABILIFY MYCITE TAB	-	NC
<b>THIOXANTHENES</b>		
thiothixene cap (NAVANE equiv)	-	1
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
formaldehyde soln	-	2
hydrogen peroxide soln	-	2
lazerformaly soln	-	2
HYLAMEND GEL FIRST AID	-	NC

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<b>ANTISEPTICS &amp; DISINFECTANTS Cont.</b>		
<b>CHLORINE ANTISEPTICS</b>		
CHLORHEX GLU SOLN	-	1
chlorhexidine gluconate soln (DYNA-HEX 2 SOLN equiv)	-	1
BENZALKONIUM SOLN	-	2
<b>IODINE ANTISEPTICS</b>		
iodine soln	-	2
IODINE TINCTURE	-	2
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
abacavir soln (ZIAGEN equiv)	-	2
abacavir tab (ZIAGEN equiv)	-	2
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	2
didanosine DR cap (VIDEX EC equiv)	-	2
DIDANOSINE DR CAP, VIDEX EC CAP	-	2
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2
lamivudine tab (EPIVIR equiv)	-	2
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2
NEVIRAPINE ER TAB	-	2
nevirapine ER tab (VIRAMUNE XR equiv)	-	2
NEVIRAPINE SUSP	-	2
nevirapine tab (VIRAMUNE equiv)	-	2
STAVUDINE CAP	-	2
stavudine cap (ZERIT equiv)	-	2
zidovudine cap (RETROVIR equiv)	-	2
zidovudine syrup (RETROVIR equiv)	-	2
zidovudine tab (RETROVIR equiv)	-	2
CIMDUO TAB	-	3
CRIXIVAN CAP	-	3
ODEFSEY TAB	-	3
RESCRIPTOR TAB	-	3
TIVICAY PD TAB	-	3
TIVICAY TAB	-	3
DELSTRIGO TAB	-	4
PIFELTRO TAB	-	4
SYMFI (LO) TAB	-	4
abacavir/lamivudine tab (EPZICOM equiv)	-	5
APTIVUS CAP	-	5
APTIVUS SOLN	-	5
atazanavir cap (REYATAZ equiv)	-	5
ATRIPLA TAB (QL= 1 tab/day)	QL	5
BIKTARVY TAB	-	5
COMPLERA TAB (QL= 1 tab/day)	QL	5
darunavir tab (PREZISTA equiv)	-	5
EDURANT TAB	-	5
EFAVIRENZ CAP	-	5
efavirenz tab (SUSTIVA equiv)	-	5

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<b>ANTIVIRALS Cont.</b>		
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	5
emtricitabine cap (EMTRIVA equiv)	-	5
EMTRIVA CAP	-	5
EMTRIVA SOLN	-	5
etravirine tab (INTELENCE equiv)	-	5
EVOTAZ TAB	-	5
fosamprenavir tab (LEXIVA equiv)	-	5
FUZEON INJ	LPSP	5
GENVOYA TAB	-	5
INTELENCE TAB	-	5
INVIRASE CAP	-	5
INVIRASE TAB	-	5
ISENTRESS (HD) TAB	-	5
ISENTRESS CHEW TAB	-	5
JULUCA TAB	-	5
KALETRA TAB	-	5
lamivudine soln (EPIVIR equiv)	-	5
LEXIVA SUSP	-	5
lopinavir/ritonavir soln (KALETRA equiv)	-	5
lopinavir/ritonavir tab (KALETRA equiv)	-	5
maraviroc tab (SELZENTRY equiv)	-	5
NORVIR CAP	-	5
NORVIR POWDER PACK	-	5
NORVIR SOLN	-	5
PREZCOBIX TAB	-	5
PREZISTA SUSP	SP	5
PREZISTA TAB	-	5
REYATAZ POWDER PACK	-	5
ritonavir tab (NORVIR equiv)	-	5
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	5
SELZENTRY SOLN	-	5
SELZENTRY TAB	-	5
STRIBILD TAB (QL= 1 tab/day)	QL	5
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	5
TRIUMEQ PD TAB	-	5
TRIUMEQ TAB	-	5
VIDEX SOLN	-	5
VIRACEPT TAB	-	5
VIREAD POWDER	SP	5
VIREAD TAB	-	5
DESCOVY TAB	PA	6
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	6
TRUVADA TAB	PA	6
RETROVIR INJ	M	M
CABENUVA IM SUSP	-	NC
DOVATO TAB	-	NC
EPZICOM TAB	-	NC

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<b>ANTIVIRALS Cont.</b>		
KALETRA SOLN	-	NC
SUNLENCA TAB	-	NC
SYMTUZA TAB	-	NC
TRIZIVIR TAB	-	NC
VIRAMUNE SUSP	-	NC
ZIAGEN SOLN	-	NC
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)	QL	3
PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)	QL	3
<b>CMV AGENTS</b>		
valganciclovir tab (VALCYTE equiv)	PA	2
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5
valganciclovir soln (VALCYTE equiv)	PA-SP	5
cidofovir inj	M	M
foscarnet sodium inj (FOSCAVIR equiv)	M	M
FOSCAVIR INJ	M	M
GANCICLOVIR INJ	M	M
PREVYMIS TAB	-	NC
VALCYTE SOLN	-	NC
VALCYTE TAB	-	NC
<b>HEPATITIS AGENTS</b>		
entecavir tab (BARACLUDE equiv)	LPSP	2
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2
RIBAPAK TAB	LPSP-PA	2
RIBAVIRIN CAP	LPSP	2
ribavirin cap (REBETOL equiv)	LPSP	2
RIBAVIRIN TAB	LPSP	2
BARACLUDE SOLN (Members age 9 or older require Prior Authorization)	PA	4
adefovir dipivoxil tab (HEPSERA equiv)	LPSP	5
EPIVIR HBV SOLN	-	5
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LPSP-PA-QL	5
MAVYRET PAK (QL= 5 packs/day)	LPSP-PA-QL	5
MAVYRET TAB (QL= 3 tabs/day)	LPSP-PA-QL	5
PEGASYS INJ	LPSP	5
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LPSP-PA-QL	5
VOSEVI TAB (QL= 1 tab/day)	LPSP-PA-QL	5
DAKLINZA TAB	-	NC
EPCLUSA PAK	-	NC
EPCLUSA TAB	-	NC
HARVONI PELLETT PAK	-	NC
HARVONI TAB	-	NC
RIBAVIRIN TAB 400MG	-	NC
RIBAVIRIN TAB 600MG	-	NC
SOVALDI PELLETT PAK	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
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**Last Updated\* 5/3/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>																					
<b>ANTIVIRALS Cont.</b>																							
VEMLIDY TAB	-	NC																					
VIEKIRA XR TAB	-	NC																					
ZEPATIER TAB	-	NC																					
<b>HERPES AGENTS</b>																							
acyclovir cap (ZOVIRAX equiv)	-	1																					
acyclovir susp (ZOVIRAX equiv)	-	2																					
acyclovir tab (ZOVIRAX equiv)	-	2																					
famciclovir tab 125mg (FAMVIR equiv) (QL= 1 tab/day)	QL	2																					
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	2																					
famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/30 days)	QL	2																					
valacyclovir tab (VALTREX equiv) (QL= 2 tabs/day)	QL	2																					
valacyclovir tab 1000mg (VALTREX equiv) (QL= 3 tabs/day)	QL	2																					
ACYCLOVIR INJ	M	M																					
<b>INFLUENZA AGENTS</b>																							
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/ 180 days)	QL	2																					
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/ 180 days)	QL	2																					
oseltamivir susp (TAMIFLU equiv) (QL= 180ml/180 days)	QL	2																					
RELENZA DISKHALER (QL= 1 inhaler/180 days)	QL	3																					
RIMANTADINE TAB	-	4																					
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	4																					
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	4																					
TAMIFLU CAP	-	NC																					
TAMIFLU CAP 30MG	-	NC																					
<b>MISC. ANTIVIRALS</b>																							
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	3																					
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	6																					
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>																							
ribavirin inh soln (VIRAZOLE equiv)	SP	5																					
VIRAZOLE INH SOLN	-	NC																					
<b>ASSORTED CLASSES</b>																							
<b>CHELATING AGENTS</b>																							
D-PENAMINE TAB	-	4																					
<b>ENZYMES</b>																							
XIAFLEX INJ	M	M																					
<b>IMMUNOMODULATORS</b>																							
THALOMID CAP	PA-PSP	5																					
<b>IMMUNOSUPPRESSIVE AGENTS</b>																							
azathioprine tab (IMURAN equiv)	-	2																					
cyclosporine cap (SANDIMMUNE equiv)	-	2																					
cyclosporine modified cap (NEORAL equiv)	-	2																					
cyclosporine modified soln (NEORAL equiv)	-	2																					
mycophenolate DR tab (MYFORTIC equiv)	-	2																					
mycophenolate mofetil cap (CELLCEPT equiv)	-	2																					
mycophenolate mofetil tab (CELLCEPT equiv)	-	2																					
sirolimus tab (RAPAMUNE equiv)	-	2																					
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<b>ASSORTED CLASSES Cont.</b>		
tacrolimus cap (PROGRAF equiv)	-	2
SANDIMMUNE SOLN 100MG/ML	-	5
ATGAM INJ	M	M
AZATHIOPRINE INJ	M	M
cyclosporine inj	M	M
mycophenolate inj (CELLCEPT equiv)	M	M
NULOJIX INJ	M	M
ORTHOCLONE INJ	M	M
PROGRAF INJ	M	M
SIMULECT INJ	M	M
THYMOGLOBULN INJ	M	M
ENVARUSUS XR TAB	-	NC
<b>IRRIGATION SOLUTIONS</b>		
lactated ringers irrigation	-	2
physiolyte soln	-	2
ringers irrigation	-	2
sterile water for irrigation	-	2
<b>POTASSIUM REMOVING RESINS</b>		
sodium polystyrene susp (SPS equiv)	-	2
VELTASSA POWDER	PA	3
<b>PROSTAGLANDINS</b>		
alprostadil inj	M	M
<b>SCLEROSING AGENTS</b>		
morrhuate sodium inj	M	M
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA INJ	M	M
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	2
labetalol inj (NORMODYNE equiv)	M	M
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
atenolol tab (TENORMIN equiv)	-	1
metoprolol ER tab 25mg (TOPROL XL equiv)	-	1
metoprolol ER tab 50mg (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
acebutolol cap (SECTRAL equiv)	-	2
betaxolol tab (KERLONE equiv)	-	2
bisoprolol tab (ZEBETA equiv)	-	2
metoprolol 37.5mg, 75mg	-	2
metoprolol ER tab 100mg, 200mg (TOPROL XL equiv)	-	2
nebivolol hcl tab (BYSTOLIC equiv)	¢	2
esmolol inj (BREVIBLOC equiv)	M	M
metoprolol inj (LOPRESSOR equiv)	M	M

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DrugName	Special Code	Tier
<b>BETA BLOCKERS Cont.</b>		
KAPSPARGO CAP	-	NC
<b>BETA BLOCKERS NON-SELECTIVE</b>		
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1
propranolol tab (INDERAL equiv)	-	1
nadolol tab (CORGARD equiv)	-	2
pindolol tab (VISKEN equiv)	-	2
propranolol ER cap (INDERAL LA equiv)	-	2
PROPRANOLOL SOLN	-	2
sotalol AF tab (BETAPACE AF equiv)	-	2
sotalol tab (BETAPACE equiv)	-	2
timolol maleate tab (BLOCADREN equiv)	-	2
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older)	PA	4
propranolol inj (HEMANGEOL equiv)	M	M
SOTALOL HCL INJ	M	M
INDERAL XL CAP, INNOPRAN XL CAP	-	NC

**BIOLOGICALS MISC**

<b>ALLERGENIC EXTRACTS</b>		
HONEY BEE INJ	M	M
MIXED VESPID INJ	M	M
WASP VENOM INJ	M	M
YELLOW HORN INJ	M	M
YELLOW JACK INJ	M	M
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC
<b>BIOLOGICALS MISC</b>		
ADAGEN INJ	M	M

**CALCIUM CHANNEL BLOCKERS**

<b>CALCIUM CHANNEL BLOCKER COMBINATIONS</b>		
CONSENSI TAB	-	NC
<b>CALCIUM CHANNEL BLOCKERS</b>		
amlodipine tab (NORVASC equiv)	-	1
verapamil SR cap (VERELAN equiv)	-	1
VERAPAMIL SR CAP 360mg	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	2
diltiazem ER cap (CARDIZEM SR equiv)	-	2
diltiazem ER cap (DILACOR XR equiv)	-	2
diltiazem ER cap (TIAZAC equiv)	-	2
diltiazem ER tab (CARDIZEM LA equiv)	-	2
diltiazem tab (CARDIZEM equiv)	-	2
felodipine ER tab (PLENDIL equiv)	-	2
isradipine cap (DYNACIRC equiv)	-	2
nifedipine cap (PROCARDIA equiv)	-	2

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<b>CALCIUM CHANNEL BLOCKERS Cont.</b>		
nifedipine ER tab (ADALAT CC equiv)	-	2
nimodipine cap (NIMOTOP equiv)	-	2
KATERZIA SUSP (Prior Authorization required for members age 9 or older)	PA	4
nicardipine cap (CARDENE equiv)	-	4
nisoldipine ER tab (SULAR equiv)	-	4
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	4
NISOLDIPINE ER TAB 25.5MG	-	4
CARDENE INJ	M	M
DILTIAZEM INJ	M	M
diltiazem inj (CARDIZEM equiv)	M	M
nicardipine inj (CARDENE equiv)	M	M
verapamil inj	M	M
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC
NORLIQVA ORAL SOLN	-	NC
NYMALIZE SOLN	-	NC
VERAPAMIL ER CAP 100MG	-	NC
VERAPAMIL ER CAP 200MG	-	NC
VERAPAMIL ER CAP 300MG	-	NC
VERAPAMIL ER CAP, VERELAN CAP	-	NC
VERELAN PM ER CAP 200MG, 300MG	-	NC
VERELAN SR CAP 360mg	-	NC

**CARDIOTONICS**

**CARDIAC GLYCOSIDES**

digoxin tab (LANOXIN equiv)	-	1
digoxin soln (LANOXIN equiv)	-	2
DIGOXIN SOLN 0.05MG/ML	-	2
digoxin inj (LANOXIN equiv)	M	M
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
LANOXIN TAB 62.5MCG	-	NC

**INOTROPES**

dobutamine inj	M	M
DOBUTAMINE/D5W INJ	M	M
dopamine inj	M	M
DOPAMINE/D5W INJ	M	M
milrinone lactate inj	M	M
milrinone/dextrose inj	M	M

**PHOSPHODIESTERASE INHIBITORS**

milrinone lactate inj	M	M
milrinone/dextrose inj	M	M

**CARDIOVASCULAR AGENTS - MISC.**

**CARDIAC MYOSIN INHIBITORS**

CAMZYOS CAP	-	NC
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**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	1
amlodipine/atorvastatin tab (CADUET equiv)	-	2

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<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
BIDIL TAB	-	3
ENTRESTO TAB (QL= 2 tabs/day)	QL	3
OPSYNVI TAB	-	NC
<b>CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS</b>		
LODOCO TAB	-	NC
<b>CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS</b>		
INPEFA TAB	-	NC
<b>IMPOTENCE AGENTS</b>		
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	2
CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	4
CIALIS TAB	-	NC
LEVITRA TAB	-	NC
tadalafil tab (CIALIS equiv)	-	NC
varденаfil ODT (STAXYN equiv)	-	NC
varденаfil tab (LEVITRA equiv)	-	NC
<b>PERIPHERAL VASODILATORS</b>		
isoxsuprine tab	-	2
ISOXSUPRINE TAB	-	3
papaverine inj	M	M
<b>PROSTAGLANDIN VASODILATORS</b>		
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5
epoprostenol inj (FLOLAN equiv)	M	M
REMODULIN INJ 10MG/ML	LD-M	M
REMODULIN INJ 1MG/ML	LD-M	M
REMODULIN INJ 2.5MG/ML	LD-M	M
REMODULIN INJ 5MG/ML	LD-M	M
treprostinil inj 10mg/ml (REMODULIN equiv)	LD-M	M
treprostinil inj 1mg/ml (REMODULIN equiv)	LD-M	M
treprostinil inj 2.5mg/ml (REMODULIN equiv)	LD-M	M
treprostinil inj 5mg/ml (REMODULIN equiv)	LD-M	M
ORENITRAM TAB MONTH PAK	-	NC
TYVASO DPI POWDER	-	NC
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	-	NC
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	-	NC
TYVASO DPI POWDER TITRATION KIT 16-32MCG	-	NC
<b>PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR</b>		
WINREVAIR INJ	-	NC
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	5
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	5
OPSUMIT TAB (Only available through Accredo 800-803-2523)	LD-PA	5
TRACLEER TAB 32MG (Only available through Accredo 800-803-2523)	LD-PA	5
TRACLEER TAB 62.5MG, 125MG (Only available through Accredo 800-803-2523)	LD-PA	5

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LPSP	Lumicera Preferred Specialty Pharmacy	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	PSP	Preferred Specialty Pharmacy	QL	Quantity Limit
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<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
LETAIRIS TAB	-	NC
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
sildenafil tab 20mg (REVATIO equiv)	PA	2
tadalafil tab (PAH) (ADCIRCA equiv)	LPSP-PA	5
sildenafil inj (REVATIO equiv)	M	M
ADCIRCA TAB	-	NC
LIQREV SUSP	-	NC
REVATIO SUSP	-	NC
sildenafil susp (REVATIO equiv)	-	NC
TADLIQ SUSP	-	NC
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5
UPTRAVI INJ	-	NC
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB (Only available through Accredo 800-803-2523)	LD-PA	5
<b>SINUS NODE INHIBITORS</b>		
CORLANOR SOLN	PA	4
CORLANOR TAB	PA	4
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	3
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
cefadroxil cap (DURICEF equiv)	-	2
cefadroxil susp (DURICEF equiv)	-	2
CEFADROXIL TAB	-	2
cefadroxil tab (DURICEF equiv)	-	2
cephalexin cap (KEFLEX equiv)	-	2
cephalexin susp (KEFLEX equiv)	-	2
CEFAZOL/DEX SOL	M	M
cefazolin inj	M	M
CEFAZOLIN INJ	M	M
cephalexin cap 750mg (KEFLEX equiv)	-	NC
CEPHALEXIN TAB	-	NC
KEFLEX CAP 750MG	-	NC
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
cefaclor cap (CECLOR equiv)	-	2
CEFACTOR ER TAB	-	2
CEFACTOR SUSP	-	2
cefprozil susp (CEFZIL equiv)	-	2
cefprozil tab (CEFZIL equiv)	-	2
cefuroxime tab (CEFTIN equiv)	-	2
CEFACTOR CAP	-	3

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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<b>CEPHALOSPORINS Cont.</b>		
cefotetan inj	M	M
cefotetan inj (CEFOTAN equiv)	M	M
cefotetan/dextrose inj	M	M
CEFOXITIN INJ	M	M
cefuroxime inj	M	M
cefuroxime/dextrose inj	M	M
MEFOXIN INJ	M	M
ZINACEF/D5W INJ	M	M
ZINACEF/H2O INJ	M	M
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefdinir cap (OMNICEF equiv)	-	2
cefdinir susp (OMNICEF equiv)	-	2
CEFDITOREN TAB	-	2
cefixime susp (SUPRAX equiv)	-	2
cefpodoxime proxetil susp (VANTIN equiv)	-	2
cefpodoxime proxetil tab (VANTIN equiv)	-	2
SPECTRACEF TAB	-	2
cefixime cap (SUPRAX equiv)	-	4
SUPRAX CAP	-	4
SUPRAX CHEW TAB	-	4
SUPRAX SUSP 500MG/5ML	-	4
cefotaxime inj	M	M
ceftazidime inj	M	M
ceftazidime/dextrose inj	M	M
ceftriaxone inj	M	M
ceftriaxone/dextrose inj	M	M
CLAFORAN INJ	M	M
FORTAZ INJ	--M	M
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
CEFEPIME INJ	M	M
MAXIPIME INJ	M	M
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
TEFLARO INJ	M	M

**CONTRACEPTIVES**

<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
SAFYRAL TAB	-	4
amethyst tab (LYBREL equiv)	-	6
aranelle tab (TRI-NORINYL equiv)	-	6
aviane tab (ALESSE equiv)	-	6
BALCOLTRA TAB	-	6
cesia tab (CYCLESSA equiv)	-	6
cryselle tab	-	6
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	6
enpresse tab (TRI-LEVELLEN equiv)	-	6
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	6
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	6

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<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
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<b>CONTRACEPTIVES Cont.</b>		
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	6
kelnor tab (DEMULEN equiv)	-	6
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	6
LO LOESTRIN TAB	-	6
NATAZIA TAB	-	6
NEXTSTELLIS TAB	-	6
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	6
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	6
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	6
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	6
nortrel tab (OVCON 35 equiv)	-	6
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	6
tri-legest tab (ESTROSTEP FE equiv)	-	6
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	6
TYBLUME TAB	-	6
VELIVET PAK	-	6
viorele tab, kariva tab (MIRCETTE equiv)	-	6
wymzya FE tab (FEMCON FE equiv)	-	6
BEYAZ TAB	-	NC
loestrin 21 tab	-	NC
loestrin tab	-	NC
MINASTRIN CHEW TAB	-	NC
TAYTULLA CAP	-	NC
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
TWIRLA PATCH	-	6
zafemy patch (XULANE equiv)	-	6
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA RING (QL= 1 ring/year)	QL	6
NUVARING (QL= 1 ring/28 days)	QL	6
eluryng vaginal ring (NUVARING equiv)	-	NC
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD	-	6
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB (QL= 2 tabs/365 days)	QL	6
levonorgestrel tab 0.75mg (PLAN B equiv) (QL= 4 tabs/365 days)	OTC-QL	6
levonorgestrel tab 1.5mg (PLAN B equiv) (QL= 2 tabs/365 days)	OTC-QL	6
PLAN B ONE-STEP (QL= 2 tabs/365 days)	QL	6
PLAN B TAB (QL= 4 tabs/365 days)	OTC-QL	6
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMPLANT	-	6
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	6
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	6
DEPO-PROVERA INJ	-	NC
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		

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<b>CONTRACEPTIVES Cont.</b>		
MIRENA IUD	-	6
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
norethindrone tab (NORA-QD equiv)	-	6
SLYND TAB	-	6
OPILL TAB	OTC	NC
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
prednisone tab (DELTASONE equiv)	-	1
budesonide SR cap (ENTOCORT EC equiv)	-	2
dexamethasone elixir	-	2
DEXAMETHASONE SOLN	-	2
DEXAMETHASONE TAB	-	2
dexamethasone tab (DECADRON equiv)	-	2
hydrocortisone tab (CORTEF equiv)	-	2
methylprednisolone dose pack (MEDROL equiv)	-	2
methylprednisolone tab (MEDROL equiv)	-	2
PREDNISOLONE ORAL SOLN	-	2
prednisolone soln	-	2
prednisolone soln (PEDIAPRED equiv)	-	2
CORTISONE ACETATE TAB	-	3
PREDNISONE SOLN	-	3
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	4
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	4
DEXAMETHASONE CONC	-	4
ORAPRED ODT	-	4
PREDNISOLONE SOLN	-	4
PREDNISONE INTENSOL	-	4
RAYOS TAB	-	4
betamethasone sodium phosphate inj (CELESTONE-SOLUSPAN equiv)	M	M
DEPO-MEDROL INJ	M	M
DEXAMETHASONE SODIUM PHOSPHATE INJ	M	M
methylprednisolone inj (DEPO-MEDROL equiv)	M	M
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	M	M
SOLU-CORTEF INJ	M	M
SOLU-CORTEF INJ 100MG	M	M
AGAMREE SUSP	-	NC
budesonide ER tab (UCERIS equiv)	-	NC
deflazacort tab (EMFLAZA equiv)	-	NC
DEPO-MEDROL INJ	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
ENTOCORT EC CAP	-	NC
EOHILIA SUSP	-	NC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CORTICOSTEROIDS Cont.</b>		
KENALOG INJ	-	NC
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC
prednisolone tab (MILLIPRED equiv)	-	NC
prednisone pack	-	NC
PREDNISON/DIPHENHYDRAMINE KIT	-	NC
SOLU-MEDROL INJ	-	NC
SOLU-MEDROL INJ 2GM	-	NC
SOLU-MEDROL PF INJ	-	NC
TARPEYO CAP	-	NC
triamcinolone acetate inj (KENALOG equiv)	-	NC
UCERIS TAB	-	NC
ZILRETTA INJ	-	NC

**MINERALOCORTICIDS**

fludrocortisone tab (FLORINEF equiv)	-	2
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**COUGH/COLD/ALLERGY**

**ANTITUSSIVES**

benzonatate cap (TESSALON equiv)	-	2
hydrocodone/homatropine syrup (HYCODAN equiv)	-	2
tussion tab (HYCODAN equiv)	-	2
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC

**COUGH/COLD/ALLERGY COMBINATIONS**

ENTRE-B SUSP	OTC	2
entre-b susp (VAZOBID equiv)	OTC--	2
GUAIFENESIN/CODEINE SYRUP	OTC	2
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv)	OTC	2
HYD POL/CPM SUSP	-	2
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	2
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv)	-	2
NEOTUSS PLUS LIQUID	-	2
phenylephrine/chlorpheniramine dm liquid (NASOHIST DM equiv)	-	2
phenylephrine/guaifenesin soln	-	2
phenylephrine/guaifenesin soln (ENTEX equiv)	-	2
promethazine DM syrup	-	2
PROMETHAZINE VC SYRUP	-	2
promethazine VC syrup (PHENERGAN VC equiv)	-	2
PROMETHAZINE VC/CODEINE SYRUP	-	2
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	2
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	2
PROTID TAB	-	2
RESCON-JR TAB	-	2
brompheniramine/pseudoephedrine liquid	-	3
CLARINEX-D TAB	-	3

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<b>COUGH/COLD/ALLERGY Cont.</b>		
BROVEX PEB LIQUID	OTC	NC
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	-	NC
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC
HYCOFENIX SOLN	-	NC
INTENSE COUGH LIQUID	-	NC
lohist liquid (DECON-A equiv)	OTC	NC
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	-	NC
MUCINEX LIQUID	-	NC
TUSSICAPS	-	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
<b>EXPECTORANTS</b>		
potassium iodide oral soln (SSKI equiv)	-	2
SSKI ORAL SOLN	-	4
<b>MISC. RESPIRATORY INHALANTS</b>		
sodium chloride neb soln (HYPER-SAL equiv)	-	2
<b>MUCOLYTICS</b>		
acetylcysteine soln (MUCOMYST equiv)	-	2
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	1
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap	-	2
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACUTANE equiv)	-	2
benzoyl peroxide gel	-	2
benzoyl peroxide kit	-	2
benzoyl peroxide liquid	-	2
benzoyl peroxide lotion	-	2
benzoyl peroxide pad	-	2
BENZOYL PEROXIDE WASH	-	2
clindamycin foam (EVOCLIN equiv)	-	2
clindamycin gel (CLEOCIN GEL equiv)	-	2
clindamycin lotion (CLEOCIN- T equiv)	-	2
clindamycin pad (CLEOCIN-T equiv)	-	2
clindamycin topical soln (CLEOCIN-T equiv)	-	2
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2
CLINDAREACH KIT	-	2
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	2
erythromycin gel	-	2
erythromycin pad	-	2
erythromycin soln	-	2
erythromycin/benzoyl peroxide gel	-	2

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<b>DERMATOLOGICALS Cont.</b>		
RIAX FOAM	-	2
sodium sulfacetamide gel	-	2
sodium sulfacetamide lotion (KLARON equiv)	-	2
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	2
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	2
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	2
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	2
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	2
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
EPIDUO FORTE GEL 0.3-2.5% (Acne Only – members age 35 or older require Prior Authorization)	PA	3
ERY PAD	-	3
PRASCION RA CREAM	-	3
ABSORICA CAP	-	4
BENZACLIN KIT CARE	-	4
SUMADAN WASH 9-4.5%	-	4
ABSORICA LD CAP	-	NC
ACZONE GEL	-	NC
ADAPALENE SOLN	-	NC
ADAPALENE LOTION	-	NC
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	NC
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC
AKLIEF CREAM	-	NC
ALTRENO LOTION	-	NC
AMZEEQ FOAM	-	NC
ARAZLO LOTION	-	NC
AVAR-E LS CREAM 10-2%	-	NC
AZELEX CREAM	-	NC
BENZAMYCIN GEL PACK	-	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CABTREO GEL	-	NC
CLENIA PLUS SUSP	-	NC
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC
clindamycin/tretinoin gel (ZIANA equiv)	-	NC
CLINDAVIX KIT	-	NC
dapsone gel (ACZONE equiv)	-	NC
DAPSONE GEL 7.5%	-	NC
DIFFERIN LOTION	-	NC
EPSOLAY CREAM	-	NC
isotretinoin cap 25mg (ABSORICA equiv)	-	NC
isotretinoin cap 35mg (ABSORICA equiv)	-	NC

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NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC
ONEXTON GEL1.2-3.75%	-	NC
PLEXION CREAM 9.8-4.8%	-	NC
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	NC
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC
SUMADEN XLT KIT	-	NC
TRETIN-X CREAM	-	NC
TWYNEO CREAM	-	NC
WINLEVI CREAM	-	NC
ZIANA GEL	-	NC
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OINT	-	4
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</b>		
AVAGE CREAM	-	3
RENOVA CREAM	-	4
KYBELLA INJ	-	NC
<b>ANTIBIOTICS - TOPICAL</b>		
CENTANY OINT	-	2
gentamicin sulfate cream	-	2
gentamicin sulfate oint	-	2
mupirocin oint (BACTROBAN OINT equiv)	-	2
CORTISPORIN CREAM	-	4
CORTISPORIN OINT	-	4
XEPI CREAM	-	4
ALTABAX OINT	-	NC
mupirocin cream (BACTROBAN CREAM equiv)	-	NC
<b>ANTIFUNGALS - TOPICAL</b>		
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint	-	1
ciclopirox cream (LOPROX CREAM equiv)	-	2
ciclopirox gel (LOPROX GEL equiv)	-	2
ciclopirox nail soln (PENLAC equiv)	-	2
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
ciclopirox topical susp (LOPROX SUSP equiv)	-	2
clotrimazole cream (LOTRIMIN AF equiv)	OTC	2
clotrimazole soln	-	2
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2
econazole cream (SPECTAZOLE equiv)	-	2
EXODERM LOTION	-	2

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<b>NC/3P</b> = Not Covered, Third Party Reviewer		
<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>SP</b> Available through Specialty Pharmacy Program	<b>ST</b> Step Therapy	<b>VAC</b> Vaccine Program

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**Vantage Health Plan Commercial/Marketplace Formulary  
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**Last Updated\* 5/3/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
ketoconazole cream (NIZORAL CREAM equiv)	-	2
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	2
ketodan foam	-	2
miconazole nitrate cream	-	2
nystatin cream (MYCOSTATIN CREAM equiv)	-	2
nystatin oint	-	2
nystatin topical powder	-	2
versiclear lotion	-	2
EXELDERM SOLN	-	3
MENTAX CREAM	-	3
NAFTIFINE CREAM	-	4
naftifine cream (NAFTIN equiv)	-	4
oxiconazole nitrate cream (OXISTAT equiv)	-	4
PEDIPIROX-4 KIT	-	4
XOLEGEL	-	4
NIZORAL A-D SHAMPOO	OTC	EXC
nizoral a-d shampoo (NIZORAL equiv)	OTC	EXC
ALCORTIN A GEL	-	NC
ALOQUIN GEL	-	NC
ECONASIL KIT	-	NC
ERTACZO CREAM	-	NC
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC
HIXDEFRIMA SOLN	-	NC
iodoquinol/hydrocortisone cream 1% (VYTONA equiv)	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
KERYDIN SOLN	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
naftifine gel (NAFTIN equiv)	-	NC
naftifine hcl gel 2% (NAFTIN equiv)	-	NC
NAFTIN GEL 2%	-	NC
NYATA KIT	-	NC
ONYCHO-MED KIT	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
tavorole soln (KERYDIN equiv)	-	NC
ZOLPAK KIT	-	NC
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
diclofenac gel 1% (VOLTAREN equiv)	-	2
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2
DICLOFENAC PATCH, FLECTOR PATCH	-	3
diclofenac sodium gel kit (VENNGEL equiv)	-	NC
diclofenac sodium soln (XRYLIX equiv)	-	NC
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC
DICLONA GEL	-	NC
DICLOTREX PAK	-	NC

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PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
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<b>DERMATOLOGICALS Cont.</b>		
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
INFLAMMA-K KIT	-	NC
LICART PATCH	-	NC
PENNSAID SOLN	-	NC
VAROPHEN KIT	-	NC
VENNGEL ONE KIT	-	NC
VOLTAREN GEL	OTC	NC
XRYLIX PAK	-	NC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2
fluorouracil cream (EFUDEX CREAM equiv)	-	2
fluorouracil soln (FLUOROURACIL equiv)	-	2
PANRETIN GEL	-	3
FLUOROURACIL CREAM 0.5%	-	4
PICATO GEL	-	4
bexarotene gel (TARGRETIN equiv)	LPSP-PA	5
VALCHLOR GEL (Only available through Optum Pharmacy 877-445-6874)	LD-PA	5
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
FLUOROPLEX CREAM	-	NC
KLISYRI OINT	-	NC
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
TARGRETIN GEL	-	NC
<b>ANTIPRURITICS - TOPICAL</b>		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	-	4
doxepin hcl cream	-	4
<b>ANTIPSORIATICS</b>		
methoxsalen cap (OXSORALEN ULTRA equiv)	-	1
calcipotriene cream (DOVONEX CREAM equiv)	-	2
calcipotriene oint	-	2
calcipotriene soln (DOVONEX SOLN equiv)	-	2
tazarotene cream 0.1% (TAZORAC equiv)	-	2
METHOXSALEN CAP	-	3
CALCITRIOL OINT	-	4
acitretin cap (SORIATANE equiv)	-	5
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	LPSP-PA-QL	5
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	LPSP-PA-QL	5
STELARA INJ (QL= 1 inj/84 days)	LPSP-PA-QL	5
TALTZ INJ (QL= 1 inj/28 days)	LPSP-PA-QL	5
TREMFYA INJ (QL= 1 inj/56 days)	LPSP-PA-QL	5
BIMZELX INJ	-	NC
calcipotriene cream (TRIONEX equiv)	-	NC
CALCIPOTRIENE FOAM	-	NC
CALSODORE PAK	-	NC
COSENTYX INJ 300MG/2ML	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
SILIQ INJ	-	NC
SOTYKTU TAB	-	NC
SPEVIGO INJ	-	NC
tazarotene gel (TAZORAC equiv)	-	NC
TAZORAC CREAM	-	NC
TAZORAC GEL	-	NC
TRIONEX PAK	-	NC
VECTICAL OINT	-	NC
VTAMA CREAM	-	NC
ZORYVE CREAM	-	NC
<b>ANTISEBORRHEIC PRODUCTS</b>		
sodium sulfacetamide gel (OVACE PLUS equiv)	-	1
selenium sulfide lotion	OTC	2
selenium sulfide lotion 2.5% (SELSUN equiv)	-	2
selenium sulfide shampoo (SELSEB equiv)	-	2
sodium sulfacetamide shampoo (OVACE equiv)	-	2
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
OVACE PLUS CREAM	-	3
ESKATA SOLN	-	NC
OVACE PLUS FOAM	-	NC
PROMISEB CREAM	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
SELRX SHAMPOO 2.3%	-	NC
ZORYVE FOAM	-	NC
<b>ANTIVIRALS - TOPICAL</b>		
acyclovir oint (ZOVIRAX equiv)	-	1
acyclovir cream (ZOVIRAX equiv)	-	2
ZOVIRAX CREAM	-	3
DENAVIR CREAM	-	4
penciclovir cream (DENAVIR equiv)	-	4
<b>BURN PRODUCTS</b>		
mafenide acetate soln packet (SULFAMYLON equiv)	-	2
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	2
SULFAMYLON CREAM	-	4
SULFAMYLON PACK	-	NC
<b>CAUTERIZING AGENTS</b>		
SILVER NITRATE OINT	-	2
SILVER NITRATE SOLN	-	2
ARZOL SILVER NITRATE APPLICATOR	-	NC
<b>CORTICOSTEROIDS - TOPICAL</b>		
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
alclometasone cream (ACLOVATE equiv)	-	2
alclometasone oint (ACLOVATE OINT equiv)	-	2

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PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
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<b>DERMATOLOGICALS Cont.</b>		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	2
betamethasone augmented gel	-	2
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2
betamethasone augmented oint (DIPROLENE OINT equiv)	-	2
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	2
betamethasone dipropionate lotion	-	2
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2
betamethasone valerate cream	-	2
betamethasone valerate lotion	-	2
betamethasone valerate oint	-	2
clobetasol foam (OLUX FOAM equiv)	-	2
clobetasol propionate cream (TEMOVATE CREAM equiv)	-	2
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2
clobetasol propionate oint (TEMOVATE OINT equiv)	-	2
clobetasol propionate soln (TEMOVATE SOLN equiv)	-	2
clobetasol shampoo (CLOBEX SHAMPOO equiv)	-	2
clobetasol spray (CLOBEX SPRAY equiv)	-	2
CORTALO GEL	-	2
desonide cream (DESOWEN equiv)	-	2
desonide oint	-	2
desoximetasone cream (TOPICORT CREAM equiv)	-	2
desoximetasone oint (TOPICORT equiv)	-	2
FLUOCINOLONE ACET CREAM	-	2
fluocinolone acetonide cream	-	2
fluocinolone acetonide oil	-	2
fluocinolone acetonide oint	-	2
fluocinolone acetonide soln	-	2
fluocinonide cream 0.05% (LIDEX equiv)	-	2
fluocinonide emollient cream	-	2
fluocinonide gel	-	2
fluocinonide oint	-	2
fluocinonide soln	-	2
fluticasone propionate cream (CUTIVATE equiv)	-	2
fluticasone propionate oint (CUTIVATE equiv)	-	2
halcinonide cream (HALOG equiv)	PA	2
halobetasol propionate cream (ULTRAVATE equiv)	-	2
halobetasol propionate oint (ULTRAVATE equiv)	-	2
halonate pac kit (ULTRAVATE KIT equiv)	-	2
hydrocortisone cream (PROCTOCORT equiv)	-	2
hydrocortisone lotion (LOCOID equiv)	-	2
hydrocortisone lotion (HYTONE equiv)	-	2
hydrocortisone oint	-	2
hydrocortisone/aloe gel (NUZON equiv)	-	2
mometasone cream (ELOCON equiv)	-	2
mometasone oint (ELOCON equiv)	-	2
mometasone soln (ELOCON equiv)	-	2

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<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
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<b>DERMATOLOGICALS Cont.</b>		
PREDNICARBATE CREAM	-	2
PREDNICARBATE OIN	-	2
triamcinolone acetonide oint (TRIANEX equiv)	-	2
TRIANEX OINT	-	2
triderm cream	-	2
BETAMETHASONE AUGMENTED GEL	-	3
CORDRAN TAPE	-	3
HALAC KIT	-	3
clobetasol lotion (CLOBEX LOTION equiv)	PA	4
DESOWEN CREAM KIT	-	4
DESOWEN LOTION KIT	-	4
DESOWEN OINT KIT	-	4
NUCORT LOTION	-	4
OLUX-OLUX-E PACK	-	4
PEDIADERM HC KIT	-	4
PEDIADERM TA KIT	-	4
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
amcinonide oint 0.1% (AMCINONIDE OINT equiv)	-	NC
AMCINONIDE OINTMENT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC
BRYHALI LOTION	-	NC
calcipotriene/betamethasone dipropionate susp	-	NC
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC
CALCIPOTRIENE/BETAMETHASONE SUSP	-	NC
CAPEX SHAMPOO	-	NC
CLOBETAVIX KIT	-	NC
CLOBEX LOTION	-	NC
CLOCORTOLONE CREAM	-	NC
clocortolone pivalate cream	-	NC
CLODERM CREAM	-	NC
CORDRAN CREAM 0.025%	-	NC
CORDRAN LOTION	-	NC
CORDRAN OINTMENT	-	NC
CUTIVATE LOTION	-	NC
desonide gel	-	NC
desonide lotion	-	NC
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC
desoximetasone gel (TOPICORT equiv)	-	NC
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM, PSORCON CREAM	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
FLUOPAR KIT	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
FLUOVIX PAK	-	NC
FLURANDRENOL LOTION	-	NC
flurandrenolide cream (CORDRAN equiv)	-	NC
flurandrenolide lotion (CORDRAN equiv)	-	NC
flurandrenolide oint (CORDRAN equiv)	-	NC
FLUTICASONE LOTION	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
HALOBETASOL AER	-	NC
halobetasol propionate foam (HALOBETASOL equiv)	-	NC
HALOG CREAM	-	NC
HALOG OINT	-	NC
HALOG SOLN	-	NC
HC BUTYRATE CREAM	-	NC
HC BUTYRATE SOLN	-	NC
HC/PRAMOXINE CREAM 1-2.35%	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
HYDROCORTISONE BUTYRATE LIPO CREAM	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC
HYDROCORTISONE PAK	-	NC
hydrocortisone valerate cream	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC
HYDROXYM GEL	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
LOCOID LIPOCREAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE E CREAM	-	NC
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC
QUINIXIL PAK	-	NC
QUINOSONE KIT	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TASOPROL CREAM KIT	-	NC
TEMOVATE CREAM	-	NC
TEXACORT SOLN	-	NC
TOPICORT CREAM 0.05%	-	NC
TOPICORT OINT	-	NC
TOPICORT OINT 0.05%	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
TOVET KIT	-	NC
triamcinolone spray (KENALOG equiv)	-	NC
TRILOCICLO KIT	-	NC
ULTRAVATE LOTION	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WYNZORA CREAM	-	NC
<b>ECZEMA AGENTS</b>		
DUPIXENT INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	5
ADBRY INJ	-	NC
CIBINQO TAB	-	NC
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
latrix susp	-	2
umecta mouss aer	-	2
URAMAXIN AER	-	2
urea emulsion	-	2
UREA NAIL KIT	-	2
UREA SOLN 45%	-	2
KERAFOAM	-	4
UMECTA EMULSION	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
UREA EMULSION	-	NC
urea gel (URAMAXIN equiv)	-	NC
urea lotion (KERALAC LOTION equiv)	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
<b>EMOLLIENTS</b>		
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	2
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	2
HYALURONATE GEL	-	2
LACTIC ACID E CREAM	-	2
LACTIC ACID LOTION	-	2
lactic acid w/ vitamin E cream	-	2
HYLINATE LOTION	-	NC
<b>ENZYMES - TOPICAL</b>		
vasolex oint (XENADERM equiv)	-	2
SANTYL OINT (QL= 90gm/30 days)	QL	3
XENADERM OINT	-	NC
<b>GLABELLAR LINES (FROWN LINES) AGENTS</b>		
BOTOX COSMET INJ	M	M
<b>HAIR GROWTH AGENTS</b>		

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<b>DERMATOLOGICALS Cont.</b>		
bimatoprost ophth soln	-	EXC
finasteride tab (PROPECIA equiv)	-	NC
LITFULO CAP	-	NC
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
imiquimod cream (ALDARA equiv)	-	2
ZYCLARA CREAM	-	4
IMIQUIMOD CREAM 3.75%	-	NC
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2
tacrolimus oint (PROTOPIC equiv)	-	2
ELIDEL CREAM (Covered for members 2 years or older)	-	3
HYFTOR GEL	-	NC
OXIANUJO CREAM	-	NC
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOCON SOLN	-	2
podofilox gel (CONDYLOX equiv)	-	2
PODOFILOX SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
PYROGALL ACD OINT	-	2
salicylic acid aerosol	-	2
salicylic acid gel	-	2
salicylic acid liquid	-	2
salicylic acid lotion	-	2
salicylic acid shampoo (SALEX equiv)	-	2
SALICYLIC ACID SOLN	-	2
SALIMEZ CREAM	-	2
CONDYLOX GEL	-	3
SALEX SHAMPOO	-	4
ATRIX SYSTEM KIT	-	NC
GEAMETDRAY GEL	-	NC
METDRAY GEL	-	NC
SALEX LOTION KIT	-	NC
SALICATE LIQUID	-	NC
salicylic acid cream (CERAVE equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC
SALISOL SOLN 23%	-	NC
XALIX SOL	-	NC
<b>LOCAL ANESTHETICS - TOPICAL</b>		
COCAINE HCL SOL	-	2
ETHYL CHLOR AER MIST	-	2
exactacain aer	-	2
lidocaine cream 3% (LIDAMANTLE equiv)	-	2
lidocaine gel (GLYDO equiv)	-	2
lidocaine gel (XYLOCAINE equiv)	-	2
lidocaine oint (QL= 107gm/30 days)	QL	2

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PA Prior Authorization	PSP Preferred Specialty Pharmacy	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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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
lidocaine patch	-	2
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	2
lidocaine soln (XYLOCAINE equiv)	-	2
lidocaine/prilocaine cream (EMLA equiv)	PA	2
pramox gel	-	2
LIDOCAINE GEL	-	3
SYNERA PATCH	-	4
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC
DERMALID PAK	-	NC
GEN7T LOTION	-	NC
GEN7T PAD 3.5%	-	NC
GEN7T PLUS LOTION	-	NC
GEN7T PLUS PAD	-	NC
L.E.T. GEL	-	NC
LIDO/MENTHOL SPRAY	-	NC
LIDO/RAC/TET GEL	-	NC
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC
lidocaine patch 3.5% (GEN7T equiv)	-	NC
LIDOCAINE/TETRACAINE CREAM	-	NC
LIDOCIN GEL	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM	-	NC
LIDOTREX GEL	-	NC
LIDOVEX CREAM	-	NC
LMR PLUS KIT	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC
NENDRUX GEL	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC

**MISC. DERMATOLOGICAL PRODUCTS**

EPICERAM EMULSION	-	NC
NEOSALUS FOAM	-	NC
NEOSALUS LOTION	-	NC

**MISC. TOPICAL**

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<b>DERMATOLOGICALS Cont.</b>		
DRYSOL SOLN	-	2
zinc oxide oint	-	2
DERMACINRX CREAM	-	NC
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OINT	-	NC
<b>PIGMENTING-DEPIGMENTING AGENTS</b>		
hydroquinone cream (LUSTRA equiv)	-	2
hydroquinone gel	-	2
hydroquinone micro cream	-	2
hydroquinone/sunscreen cream	-	2
MELPAQUE HP CREAM	-	2
MELQUIN 3 SOLN	-	2
NUQUIN HP GEL	-	2
OXSORALEN LOT	SP	5
<b>ROSACEA AGENTS</b>		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel 0.75% (METROGEL equiv)	-	1
azelaic acid gel (FINACEA equiv)	-	2
metronidazole gel (METROGEL equiv)	-	2
metronidazole lotion (METROLOTION equiv)	-	2
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	3
DOXYCYCLINE CAP, ORACEA CAP	-	3
FINACEA FOAM	-	3
ORACEA CAP	-	3
RHOFADE CREAM	-	EXC
DAZOMON GEL	-	NC
FINACEA GEL	-	NC
IVERMECTIN CREAM	-	NC
ivermectin cream (SOOLANTRA equiv)	-	NC
SOOLANTRA CREAM	-	NC
ZILXI FOAM	-	NC
<b>SCABICIDES &amp; PEDICULICIDES</b>		
IVERMECTIN LOTION	-	2
LINDANE SHAMPOO	-	2
malathion lotion (OVIDE equiv)	-	2
permethrin cream (ELIMITE CREAM equiv)	-	2
SPINOSAD SUSP	-	2
CROTAN LOTION	-	3
EURAX CREAM	-	3
EURAX LOTION	-	3
ULESFIA LOTION	-	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	4
SKLICE LOTION	-	4
<b>SCAR TREATMENT PRODUCTS</b>		

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<b>DERMATOLOGICALS Cont.</b>		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
<b>TAR PRODUCTS</b>		
COAL TAR SOLN	-	2
<b>WOUND CARE PRODUCTS</b>		
REGRANEX GEL	-	4
ALEVICYN SOLN DERMAL	-	NC
cicatrace kit (REXASIL equiv)	-	NC
COLLANEX	-	NC
FILSUVEZ GEL	-	NC
KERAMATRIX	-	NC
KERASTAT CREAM	-	NC
KERASTAT GEL	-	NC
WOUND-DRESSING GELS	-	NC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC BIOLOGICALS</b>		
TRICHOPHYTON INJ	M	M
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN INJ	-	4
AMINOHIPURATE INJ	M	M
cosyntropin inj	M	M
cosyntropin inj (CORTROSYN equiv)	M	M
dipyridamole inj	M	M
isosulfan inj (ISOSULFAN BLUE equiv)	M	M
THYROGEN INJ	M	M
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
<b>DIAGNOSTIC TESTS</b>		
GLUCOCARD EXPRESSION TEST STRIP	OTC	2
GLUCOCARD SHINE TEST STRIP	OTC	2
COVID-19 TEST	OTC	EXC
CUE COVID-19 INJ TEST CARTRIDGE	-	EXC
CUE HEALTH MONITOR	OTC	EXC
ONETOUCH TEST STRIP	OTC	NC
ONETOUCH VERIO TEST STRIP	OTC	NC
PRECISION XTRA TEST STRIP	OTC	NC
TEST STRIPS (all other Brands)	-	NC
TRUETEST TEST STRIP	OTC	NC
TRUETEST TEST STRIPS	OTC	NC
<b>RADIOGRAPHIC CONTRAST MEDIA</b>		
OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC

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DrugName	Special Code	Tier
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
L-METHYL-MC TAB	-	4
VAYARIN CAP	-	4
VAYAROL CAP	-	4
VITA-RESPA TAB	-	4
ASTAMED MYO CAP	-	EXC
DEPLIN CAP	-	EXC
FOLTANX TAB	-	EXC
GLYGEST PAK	-	EXC
L-METHYLFOLATE TAB	-	EXC
LUVIRA CAP	-	EXC
METANX CAP	-	EXC
PODIAPN CAP	-	EXC
XAQUIL XR TAB	-	EXC
XYZBAC TAB	-	EXC

**DIGESTIVE AIDS**

<b>DIGESTIVE ENZYMES</b>		
CREON CAP	-	3
VIOKACE TAB	-	4
SUCRAID SOLN	PA-SP	5
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC

**DIURETICS**

<b>CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide tab	-	1
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
methazolamide tab (NEPTAZANE equiv)	-	2
dichlorphenamide tab (KEVEYIS equiv)	-	3
KEVEYIS TAB	-	3
acetazolamide inj	M	M

<b>DIURETIC COMBINATIONS</b>		
AMILORIDE/HCTZ TAB	-	1
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	2

<b>LOOP DIURETICS</b>		
furosemide tab (LASIX equiv)	-	1
bumetanide tab (BUMEX equiv)	-	2
FUROSEMIDE SOLN	-	2
furosemide soln (LASIX equiv)	-	2
torseamide tab (DEMADEX equiv)	-	2
ethacrynic tab (EDECRIN equiv)	-	4
FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-QL	5
bumetanide inj (BUMEX equiv)	M	M
ethacrynate inj (SODIUM EDECRIN equiv)	M	M

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<b>DIURETICS Cont.</b>		
furosemide inj (LASIX equiv)	M	M
TORSEMIDE INJ	M	M
EDECIN TAB	-	NC
SOAANZ TAB	-	NC
<b>OSMOTIC DIURETICS</b>		
osmitrol inj	M	M
<b>POTASSIUM SPARING DIURETICS</b>		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
triamterene cap (DYRENIUM equiv)	-	2
CAROSPIR SUSP	PA	4
spironolactone susp (CAROSPIR equiv)	PA	4
DYRENIUM CAP	-	NC
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
CHLOROTHIAZIDE TAB	-	1
chlorothiazide tab (DIURIL equiv)	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
chlorthalidone tab	-	2
METHYCLOTHIAZIDE TAB	-	2
metolazone tab (ZAROXOLYN equiv)	-	2
chlorothiazide inj (DIURIL equiv)	M	M
THALITONE TAB	-	NC
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>ADRENAL STEROID INHIBITORS</b>		
ISTURISA TAB 10MG	-	NC
ISTURISA TAB 1MG	-	NC
ISTURISA TAB 5MG	-	NC
RECORLEV TAB	-	NC
<b>BONE DENSITY REGULATORS</b>		
alendronate tab (FOSAMAX equiv)	-	2
ALENDRONATE TAB 40MG	-	2
calcitonin nasal spray (MIACALCIN equiv) (QL= 1 bottle/30 days)	QL	2
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/28 days)	QL	2
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate or ibandronate)	QL-ST	2
risedronate tab (ACTONEL equiv)	-	2
alendronate sodium oral soln (FOSAMAX equiv)	-	4
BINOSTO TAB (QL= 4 tabs/ 28 days)	QL	4
FORTEO INJ	LPSP-PA	5
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv)	LPSP-PA	5
TERIPARATIDE INJ 620MCG/2.48ML	LPSP	5
TYMLOS INJ	LPSP-PA	5
GANITE INJ	M	M
PAMIDRONATE INJ	M	M

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
pamidronate inj (PAMIDRONATE equiv)	M	M
PROLIA INJ	LPSP-M	M
XGEVA INJ	LPSP-M	M
zoledronic acid inj (ZOMETA equiv)	LPSP-M	M
ZOMETA INJ	LPSP-M	M
calcitonin inj (MIACALCIN equiv)	-	NC
FOSAMAX+D TAB	-	NC
MIACALCIN INJ	-	NC
NATPARA INJ	-	NC
<b>CORTICOTROPIN</b>		
ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5
CORTROPHIN INJ GEL	-	NC
<b>FERTILITY REGULATORS</b>		
CLOMID TAB	-	NC
CLOMIPHENE TAB	-	NC
OVIDREL INJ	-	NC
<b>GNRH/LHRH ANTAGONISTS</b>		
ORLISSA TAB 150MG (QL=1 tab/day)	PA-QL	5
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	5
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	5
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA INJ	PA-SP	5
<b>GROWTH HORMONES</b>		
GENOTROPIN IN, OMNITROPE INJ, ZOMACTON INJ	LPSP-PA	5
GENOTROPIN INJ, HUMATROPE INJ, ZOMACTON INJ	LPSP-PA	5
NORDITROPIN FLEXPOR INJ, NUTROPIN AQ INJ	LPSP-PA	5
OMNITROPE INJ	LPSP-PA	5
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	LPSP-PA	5
SKYTROFA INJ	LPSP-PA	5
NGENLA INJ	-	NC
SOGROYA INJ	-	NC
<b>HORMONE RECEPTOR MODULATORS</b>		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	6
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	5
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
SUPPRELIN LA KIT	PA-SP	5
SYNAREL NASAL SOLN	PA-SP	5
<b>MENOPAUSAL SYMPTOMS SUPPRESSANTS</b>		
VEOZAH TAB	-	NC
<b>METABOLIC MODIFIERS</b>		
calcitriol cap (ROCALTROL equiv)	-	2
calcitriol soln (ROCALTROL equiv)	-	2

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
cinacalcet tab (SENSIPAR equiv)	-	2
doxercalciferol cap (HECTOROL equiv)	-	2
levocarnitine soln (CARNITOR equiv)	-	2
levocarnitine tab (CARNITOR equiv)	-	2
paricalcitol cap (ZEMPLAR equiv)	-	2
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2
BUPHENYL TAB	-	3
betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416)	LD	5
carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)	LD-PA	5
CYSTADANE POWDER	PA-SP	5
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5
sapropterin dihydrochloride powder packet (KUVAN equiv)	LPSP-PA	5
sapropterin dihydrochloride soluble tab (KUVAN equiv)	LPSP-PA	5
ALDURAZYME INJ	M	M
doxercalciferol inj (HECTOROL equiv)	M	M
ELAPRASE INJ	LPSP-M	M
FABRAZYME INJ	M	M
levocarnitine inj (CARNITOR equiv)	M	M
MYOZYME INJ	LPSP-M	M
NAGLAZYME INJ	LPSP-M	M
paricalcitol inj	M	M
CALCITRIOL INJ	-	NC
CARBAGLU TAB	-	NC
CITRULLINE EASY TAB	-	NC
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
nitisinone cap (ORFADIN equiv)	-	NC
NITYR TAB	-	NC
OLPRUVA PACK	-	NC
OPFOLDA CAP	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
PALYNZIQ INJ	-	NC
PHEBURANE ORAL PELLETS	-	NC
RAYALDEE CAP	-	NC
SENSIPAR TAB	-	NC
STRENSIQ INJ	-	NC
XPHOZAH TAB	-	NC
XURIDEN POWDER	-	NC
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TAB (QL= 1 tab/day)	PA-QL	4
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO INJ	-	NC
<b>POSTERIOR PITUITARY HORMONES</b>		
desmopressin acetate inj (DDAVP equiv)	-	2

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>SP</b> Available through Specialty Pharmacy Program	<b>ST</b> Step Therapy	<b>VAC</b> Vaccine Program

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**Vantage Health Plan Commercial/Marketplace Formulary  
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
desmopressin acetate nasal spray (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2
vasopressin inj (PITRESSIN SYNTHETIC equiv)	M	M
DDAVP NASAL SOLN	-	NC
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
mifepristone tab (MIFIPREX equiv)	-	EXC
MIFIPREX TAB	-	EXC
<b>PROLACTIN INHIBITORS</b>		
cabergoline tab (DOSTINEX equiv)	SP	5
<b>SOMATOSTATIC AGENTS</b>		
octreotide inj (SANDOSTATIN equiv)	LPSP-PA	2
OCTREOTIDE INJ 100MCG	LPSP-PA	2
SANDOSTATIN LAR INJ KIT	LPSP-PA	5
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	5
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
SOMATULINE INJ	-	NC
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
SAMSCA TAB	PA-PSP	5
TOLVAPTAN TAB	PA-PSP	5
tolvaptan tab (SAMSCA equiv)	PA-PSP	5
JYNARQUE PAK	-	NC
JYNARQUE TAB	-	NC
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	2
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	3
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	3
PREMPHASE TAB, PREMPRO TAB	-	3
PREFEST TAB	-	4
BIJUVA CAP	-	NC
COMBIPATCH	-	NC
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC
<b>ESTROGENS</b>		
estradiol tab (ESTRACE equiv)	-	1
DEPO-ESTRADIOL INJ	-	2
estradiol patch (CLIMARA equiv)	-	2
estradiol patch (VIVELLE-DOT equiv)	-	2
estradiol valerate inj (DELESTROGEN equiv)	-	2
ESTROPIPATE TAB	-	2
estropipate tab (OGEN equiv)	-	2
PREMARIN TAB	-	3

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LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
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DrugName	Special Code	Tier
<b>ESTROGENS Cont.</b>		
ALORA PATCH	-	4
MENEST TAB	-	4
PREMARIN INJ	M	M
DELESTROGEN INJ	-	NC
DIVIGEL GEL	-	NC
DIVIGEL GEL, ELESTRIN GEL	-	NC
estradiol td gel (DIVIGEL equiv)	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
MINIVELLE PATCH	-	NC

**FLUOROQUINOLONES**

<b>FLUOROQUINOLONES</b>		
ciprofloxacin susp (CIPRO equiv)	-	2
ciprofloxacin tab (CIPRO equiv)	-	2
levofloxacin tab (LEVAQUIN equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
ofloxacin tab (FLOXIN equiv)	-	2
BAXDELA TAB (QL= 2 tabs/day)	PA-QL	3
CIPRO SUSP	-	4
CIPROFLOXACIN 100MG TAB	-	4
AVELOX INJ	M	M
ciprofloxacin inj	M	M
LEVOFLOXACIN INJ	M	M
levofloxacin/d5w inj	M	M
FACTIVE TAB	-	NC

**GASTROINTESTINAL AGENTS - MISC.**

<b>5-HT4 RECEPTOR AGONISTS</b>		
MOTEGRITY TAB	-	NC

<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE TAB	PA	3

<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA TAB	-	NC

<b>GALLSTONE SOLUBILIZING AGENTS</b>		
ursodiol cap (ACTIGALL equiv)	-	2
ursodiol tab (URSO (FORTE) equiv)	-	2
RELTONE CAP	-	NC
URSODIOL CAP	-	NC

<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
cromolyn conc (GASTROCROM equiv)	-	2

<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
AMITIZA CAP	PA	3
lubiprostone cap (AMITIZA equiv)	PA	3

<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide tab (REGLAN equiv)	-	1
metoclopramide soln (REGLAN equiv)	-	2

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
DEXPANTHENOL INJ	M	M
metoclopramide inj (REGLAN equiv)	M	M
GIMOTI NASAL SPRAY	-	NC
<b>HEPATOTROPICS</b>		
REZDIFFRA TAB	-	NC
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
BYLVAY CAP 1200MCG	-	NC
BYLVAY CAP 400MCG	-	NC
BYLVAY SPRINKLE CAP 200MCG	-	NC
BYLVAY SPRINKLE CAP 600MCG	-	NC
LIVMARLI SOLN	-	NC
<b>INFLAMMATORY BOWEL AGENTS</b>		
balsalazide cap (COLAZAL equiv)	-	2
LIALDA TAB	-	2
mesalamine DR cap (DELZICOL equiv)	-	2
mesalamine DR tab (LIALDA equiv)	-	2
mesalamine enema (ROWASA equiv)	-	2
mesalamine ER cap (APRISO equiv)	-	2
mesalamine supp (CANASA equiv)	-	2
mesalamine tab (ASACOL equiv)	-	2
MESALAMINE TAB DR	-	2
sulfasalazine EC tab (AZULFIDINE equiv)	-	2
sulfasalazine tab (AZULFIDINE equiv)	-	2
DIPENTUM CAP	-	4
GIAZO TAB	-	4
CIMZIA INJ (QL= 2 inj/28 days)	LPSP-PA-QL	5
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LPSP-PA-QL	5
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
ENTYVIO INJ	-	NC
mesalamine ER cap (PENTASA CR equiv)	-	NC
OMVOH INJ	-	NC
PENTASA CR CAP	-	NC
PENTASA CR CAP 250MG	-	NC
REMICADE INJ	-	NC
SKYRIZI INJ 180 MG/1.2ML	-	NC
SKYRIZI INJ 360MG/2.4ML	-	NC
VELSIPITY TAB	-	NC
ZYMFENTRA INJ	-	NC
<b>INTESTINAL ACIDIFIERS</b>		
lactulose soln	-	2
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
LINZESS CAP	PA	4
alosetron tab (LOTRONEX equiv)	PA	5

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>					
IBSRELA TAB	-	NC			
VIBERZI TAB	-	NC			
ZELNORM TAB	-	NC			
<b>LIVE FECAL MICROBIOTA</b>					
VOWST CAP	-	NC			
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>					
MOVANTIK TAB	PA	3			
alvimopan cap (ENTEREG equiv)	-	NC			
ENTEREG CAP	-	NC			
RELISTOR INJ	-	NC			
RELISTOR INJ KIT	-	NC			
RELISTOR TAB	-	NC			
SYMPROIC TAB	-	NC			
<b>PHOSPHATE BINDER AGENTS</b>					
calcium acetate cap (PHOSLO equiv)	-	2			
calcium acetate tab (ELIPHOS equiv)	-	2			
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2			
sevelamer hydrochloride tab (RENAGEL equiv)	-	2			
sevelamer powder pak (RENVELA equiv)	-	2			
sevelamer tab (RENVELA TAB equiv)	-	2			
FOSRENOL POWDER PACK	-	3			
RENVELA TAB	-	3			
SEVELAMER CARBONATE TAB	-	3			
AURYXIA TAB	-	4			
PHOSLYRA SOLN	-	4			
RENAGEL TAB 800MG	-	NC			
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>					
GATTEX KIT	PA	5			
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>					
XERMELO TAB	-	NC			
<b>GENERAL ANESTHETICS</b>					
<b>ANESTHETICS - MISC.</b>					
etomidate inj	M	M			
ketamine inj	M	M			
propofol inj	M	M			
KETAMINE HCL TROCHES	-	NC			
<b>VOLATILE ANESTHETICS</b>					
compound 347 liquid	-	2			
isoflurane soln	-	2			
sevoflurane soln	-	2			
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>					
<b>ALKALINIZERS</b>					
CYTRA-3 SYRUP	-	2			
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2			
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	2			
<b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>NC</b> = Not Covered  <b>NC/3P</b> = Not Covered, Third Party Reviewer                      EXC Plan Exclusion                      LPSP Lumicera Preferred Specialty Pharmacy                      PA Prior Authorization                      RS Restricted to Specialist                      SP Available through Specialty Pharmacy Program                 </td> <td style="width: 33%; vertical-align: top;"> <b>generic</b> = small letters                      INF Infertility                      M Medical Benefit                      PSP Preferred Specialty Pharmacy                      SF Limited to two 15 day fills per month for first 3 months                      ST Step Therapy                 </td> <td style="width: 33%; vertical-align: top;"> <b>BRANDS</b> = CAPITAL LETTERS                      LD Limited Distribution                      OTC Over-the-Counter                      QL Quantity Limit                      SMKG Smoking Cessation                      VAC Vaccine Program                 </td> </tr> </table>			<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer EXC Plan Exclusion LPSP Lumicera Preferred Specialty Pharmacy PA Prior Authorization RS Restricted to Specialist SP Available through Specialty Pharmacy Program	<b>generic</b> = small letters INF Infertility M Medical Benefit PSP Preferred Specialty Pharmacy SF Limited to two 15 day fills per month for first 3 months ST Step Therapy	<b>BRANDS</b> = CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program
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<b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b>		
tricitrates soln (POLYCITRA-LC equiv)	-	2
ORACIT SOLN	-	4
CYTRA K CRYSTALS	-	NC
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	5
PROCYSBI CAP	-	NC
PROCYSBI GRANULES PACKET	-	NC
<b>GENITOURINARY IRRIGANTS</b>		
acetic acid solution	-	2
aminoac acid solution	-	2
neo/poly gu sol	-	2
NEO/POLY GU SOLN	-	2
SORBITOL IRRIGATION	-	2
SORBITOL/MANNITOL SOLN	-	2
RENACIDIN SOLN	-	NC
sodium chloride 0.9% irr soln	-	NC
<b>HYPEROXALURIA AGENTS</b>		
RIVFLOZA INJ	-	NC
<b>IGA NEPHROPATHY (IGAN) AGENTS</b>		
FILSPARI TAB	-	NC
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP	-	3
PENTOSAN CAP	-	NC
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
alfuzosin SR tab (UROXATRAL equiv)	-	2
dutasteride cap (AVODART equiv)	-	2
dutasteride/tamsulosin cap (JALYN equiv)	-	2
finasteride tab (PROSCAR equiv)	-	2
silodosin cap (RAPAFLO equiv)	-	2
tamsulosin cap (FLOMAX equiv)	-	2
AVODART CAP	-	NC
CARDURA XL TAB	-	NC
ENTADFI CAP	-	NC
RAPAFLO CAP	-	NC
<b>URINARY ANALGESICS</b>		
phenazopyridine tab (PYRIDIDIUM equiv)	-	2
phenazopyridine tab 95mg (AZO equiv)	OTC	2
phenazopyridine tab 97.5mg (AZO equiv)	OTC	2
phenazopyridine tab 99.5mg (AZO equiv)	OTC	2
AZO URINARY TAB	OTC	NC
<b>URINARY STONE AGENTS</b>		
tiopronin tab (THIOLA equiv)	LPSP-PA	5
THIOLA EC TAB	-	NC
THIOLA TAB	-	NC
tiopronin tab delayed release (THIOLA EC equiv)	-	NC

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DrugName	Special Code	Tier
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
colchicine/probenecid tab (COL-BENEMID equiv)	-	2
DUZALLO TAB	-	NC
<b>GOUT AGENTS</b>		
allopurinol tab (ZYLOPRIM equiv)	-	1
colchicine tab (COLCRYS equiv)	-	2
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-φ	2
allopurinol inj	M	M
KRYSTEXXA INJ	M	M
ALLOPURINOL TAB	-	NC
COLCHICINE CAP	-	NC
colchicine cap (COLCHICINE equiv)	-	NC
COLCRYS TAB	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC
<b>URICOSURICS</b>		
probenecid tab (BENEMID equiv)	-	2
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
HEMLIBRA INJ	LPSP-PA	5
ADVATE INJ	M	M
ADVATE INJ 4000UNIT	M	M
BENEFIX INJ	M	M
CORIFACT KIT	M	M
FEIBA VH INJ	M	M
HEMOPIL M INJ	M	M
HUMATE-P INJ	M	M
KOGENATE FS INJ	M	M
MONOCLATE-P INJ	M	M
MONONINE INJ	M	M
NOVOSEVEN RT INJ	M	M
PROFILNINE INJ	M	M
RECOMBINATE INJ	M	M
RIASTAP	M	M
XYNTHA INJ	M	M
AFSTYLA KIT	-	NC
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR INJ	M	M
icatibant inj (FIRAZYR equiv)	M	M
<b>COMPLEMENT INHIBITORS</b>		
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	5
SOLIRIS INJ	M	M
BERINERT INJ	-	NC
CINRYZE INJ	-	NC
FABHALTA CAP	-	NC

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<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
HAEGARDA INJ	-	NC
RUCONEST INJ	-	NC
TAVNEOS CAP	-	NC
VOYDEYA TAB	-	NC
VOYDEYA TAB THERAPY PACK	-	NC
ZILBRYSQ INJ	-	NC
<b>HEMATOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TAB	-	NC
<b>HEMATORHEOLOGIC AGENTS</b>		
pentoxifylline ER tab (TRENTAL equiv)	-	2
<b>HUMAN PROTEIN C</b>		
CEPROTIN INJ	M	M
<b>PLASMA EXPANDERS</b>		
DEXTRAN 40/D5W INJ	M	M
DEXTRAN 70 INJ	M	M
hetastarch inj	M	M
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR INJ	M	M
ORLADEYO CAP	-	NC
TAKHZYRO INJ	-	NC
TAKHZYRO INJ 150MG/ML	-	NC
<b>PLASMA PROTEINS</b>		
ALBUKED INJ	M	M
albuminar-5 inj	M	M
THROMBAT III INJ	M	M
<b>PLATELET AGGREGATION INHIBITORS</b>		
anagrelide cap (AGRYLIN equiv)	-	2
aspirin/dipyridamole cap (AGGRENEX equiv)	-	2
cilostazol tab (PLETAL equiv)	-	2
clopidogrel tab (PLAVIX equiv)	-	2
dipyridamole tab (PERSANTINE equiv)	-	2
prasugrel tab (EFFIENT equiv)	-	2
ASPIRIN/OMEPRAZOLE ER TAB	-	3
BRILINTA TAB	-	3
ZONTIVITY TAB (Restricted to Cardiology Specialist)	PA	4
AGGRASTAT INJ	M	M
eptifibatide inj (INTEGRILIN equiv)	M	M
tirofiban hcl in nacl (AGGRASTAT equiv)	M	M
CABLIVI INJ KIT	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
YOSPRALA TAB	-	NC
<b>PROTAMINE</b>		
PROTAMINE SULFATE SOLN	M	M
<b>PYRUVATE KINASE ACTIVATORS</b>		
PYRUKYND TAB	-	NC

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DrugName	Special Code	Tier
<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
PYRUKYND THERAPY PACK	-	NC
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	5
CEREZYME INJ	M	M
ELELYSO INJ	M	M
VPRIV INJ	M	M
ZAVESCA CAP	-	NC
<b>AGENTS FOR SICKLE CELL ANEMIA</b>		
DROXIA CAP	SP	5
ENDARI POWDER PACK	-	NC
OXBRYTA TAB	-	NC
SIKLOS TAB	-	NC
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
OXBRYTA TAB FOR ORAL SUSP	-	NC
<b>COBALAMINS</b>		
cyanocobalamin inj	-	2
HYDROXOCOBALAMIN INJ	M	M
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	NC
NASCOBAL SPRAY	-	NC
<b>FOLIC ACID/FOLATES</b>		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	6
folic acid tab 400mcg (Covered for females only)	OTC	6
folic acid tab 800mcg (Covered for females only)	OTC	6
folic acid inj (FOLIC ACID equiv)	M	M
folic acid cap 800mcg	OTC	NC
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROMACTA TAB 12.5MG	-	3
ARANESP INJ	LPSP	5
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5
FULPHILA INJ	LPSP-PA	5
NEULASTA ONPRO INJ	LPSP-PA	5
NIVESTYM INJ	LPSP	5
NYVEPRIA INJ	LPSP	5
PROMACTA TAB	LPSP-PA	5
ZARXIO INJ	LPSP	5
ZIEXTENZO INJ	LPSP	5
NPLATE INJ	M	M
OMONTYS INJ	M	M
ALVAIZ TAB	-	NC
FYLNETRA INJ	-	NC
GRANIX INJ	-	NC
JESDUVROQ TAB	-	NC
LEUKINE INJ	-	NC
MIRCERA INJ	-	NC

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<b>NC/3P</b> = Not Covered, Third Party Reviewer		
<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>SP</b> Available through Specialty Pharmacy Program	<b>ST</b> Step Therapy	<b>VAC</b> Vaccine Program

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Vantage Health Plan Commercial/Marketplace Formulary  
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Last Updated\* 5/3/2024

DrugName	Special Code	Tier
<b>HEMATOPOIETIC AGENTS Cont.</b>		
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
PROCRIT INJ	-	NC
PROMACTA POWDER	-	NC
REBLOZYL INJ	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
RETACRIT INJ	-	NC
STIMUFEND INJ	-	NC
UDENYCA INJ	-	NC
<b>HEMATOPOIETIC MIXTURES</b>		
B6 FOLIC ACD CAP	-	2
BP VIT 3 CAP	-	2
FERRAPLUS 90 TAB	-	2
ferrex 150 forte cap	-	2
ferrogels fo cap forte	-	2
folbee tab	-	2
folbee tab (FOLGARD RX equiv)	-	2
HEMATINIC/FA TAB	-	2
hemoycte-f tab	-	2
TANDEM F CAP	-	2
tricon cap (TRINSICON equiv)	-	2
FOLTRATE TAB	-	3
NEPHRON FA TAB	-	3
BENTIVITE TAB	-	NC
B-SERENE PAD	-	NC
CORVITE TAB	-	NC
FEONYX TAB	-	NC
FERRO-PLEX TAB	-	NC
FOLITE TAB	-	NC
FOLVITE-FE TAB	-	NC
MULTIGEN FOLIC TAB	-	NC
MULTIGEN PLUS TAB	-	NC
MULTIGEN TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC
REVESTA CAP	-	NC
<b>IRON</b>		
FERRETTIS IPS SOLN	-	6
ferretts tab	-	6
ferrex 150 cap	-	6
FERRIMIN 150 TAB	-	6
ferrous gluconate tab	-	6
ferrous sulfate CR tab	-	6
ferrous sulfate EC tab	OTC	6

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PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
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**Vantage Health Plan Commercial/Marketplace Formulary  
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Last Updated\* 5/3/2024

DrugName	Special Code	Tier
<b>HEMATOPOIETIC AGENTS Cont.</b>		
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	6
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	6
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	6
ferrous sulfate tab	-	6
NOVAFERRUM DROP 15MG/ML	-	6
PROFE CAP 180MG	OTC	6
PROFERRIN ES TAB	-	6
SLOW RELEASE IRON TAB	-	6
SM IRON TAB	-	6
wee care susp	-	6
DEXFERRUM INJ	M	M
sodium ferric gluconate complex in sucrose inj	M	M
VENOFER INJ	M	M
ACCRUFER CAP	-	NC
FERRLECIT INJ	-	NC

**STEM CELL MOBILIZERS**

MOZOBIL INJ	LPSP-M	M
plerixafor subcutaneous inj (MOZOBIL equiv)	LPSP-M	M

**HEMOSTATICS**

**HEMOSTATICS - SYSTEMIC**

aminocaproic acid soln (AMICAR equiv)	-	2
aminocaproic acid tab (AMICAR equiv)	-	2
tranexamic acid tab (LYSTEDA equiv)	-	2
AMICAR SOLN	-	3
AMICAR TAB	-	3
aminocaproic acid inj	M	M
tranexamic acid inj	M	M

**HYPNOTICS**

**NON-BARBITURATE HYPNOTICS**

zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	2
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**OREXIN RECEPTOR ANTAGONISTS**

BELSOMRA TAB	-	NC
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**HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

**ANTIHISTAMINE HYPNOTICS**

diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	2
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**BARBITURATE HYPNOTICS**

phenobarbital elixir	-	2
phenobarbital tab	-	2
phenobarbital sodium inj	M	M

**HYPNOTICS - TRICYCLIC AGENTS**

doxepin tab (SILENOR equiv) (QL= 1 tab/day)	QL	3
SILENOR TAB (QL= 1 tab/day)	QL	4

**NON-BARBITURATE HYPNOTICS**

estazolam tab (PROSOM equiv)	-	2
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<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
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**Last Updated\* 5/3/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.</b>		
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	2
flurazepam cap	-	2
temazepam cap 15mg (RESTORIL equiv)	-	2
temazepam cap 22.5mg (RESTORIL equiv)	-	2
temazepam cap 30mg (RESTORIL equiv)	-	2
temazepam cap 7.5mg (RESTORIL equiv)	-	2
triazolam tab (HALCION equiv)	-	2
zaleplon cap (QL= 1 cap/day)	QL	2
zaleplon cap (QL= 2 caps/day)	QL	2
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	2
AMBIEN CR TAB (QL= 1 tab/day)	QL	4
EDLUAR SL TAB (QL= 1 tab/day)	QL	4
midazolam inj	M	M
AMBIEN TAB	-	NC
ZOLPIDEM CAP	-	NC
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
DAYVIGO TAB	-	NC
QUVIVIQ TAB	-	NC
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2
ROZEREM TAB (QL= 1 tab/day)	QL	4
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC
tasimelteon cap (HETLIOZ equiv)	-	NC

**LAXATIVES**

<b>LAXATIVE COMBINATIONS</b>		
CLENPIQ SOLN	-	3
GOLYTELY PACKET	-	3
PEG-PREP KIT	-	3
SUPREP BOWEL PREP PACK (Step Therapy requires trial of CLENPIQ)	ST	3
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	6
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	6
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year)	QL	6
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	6
peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	6
sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year)	QL	6
MOVIPREP SOLN	-	NC
PLENVU SOLN	-	NC
SUFLAVE SOLN	-	NC
SUTAB TAB	-	NC

**LAXATIVES - MISCELLANEOUS**

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DrugName	Special Code	Tier
<b>LAXATIVES Cont.</b>		
lactulose soln	-	2
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	2
GIALAX KIT	-	NC
KRISTALOSE PACK, LACTULOSE PACK	-	NC
KRISTALOSE PACKET	-	NC
<b>SALINE LAXATIVES</b>		
OSMOPREP TAB	-	4
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETIC COMBINATIONS</b>		
bupivacaine/epinephrine inj	M	M
lidocaine/epinephrine inj	M	M
SENSORCAINE-MPF EPINEPHRINE INJ	M	M
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
<b>LOCAL ANESTHETICS - AMIDES</b>		
bupivacaine inj	M	M
lidocaine inj	M	M
LIDOCAINE INJ 4%	M	M
LIDOCAINE/DEXTROSE INJ	M	M
MEPIVACAINE INJ	M	M
<b>LOCAL ANESTHETICS - ESTERS</b>		
chloroprocaine inj	M	M
tetracaine hcl inj (TETRACAINE equiv)	M	M
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
AZITHROMYCIN POWDER PACK	-	2
azithromycin susp (ZITHROMAX equiv)	-	2
azithromycin tab (ZITHROMAX equiv)	-	2
ZITHROMAX POWDER PACK	-	4
azithromycin inj	M	M
<b>CLARITHROMYCIN</b>		
clarithromycin ER tab (BIAXIN XL equiv) (QL= 28 tabs/30 days)	QL	2
CLARITHROMYCIN SUSP	-	2
clarithromycin tab (BIAXIN equiv)	-	2
<b>ERYTHROMYCINS</b>		
ERYPED SUSP	-	2
erythromycin DR cap (ERYC equiv)	-	2
ERYTHROMYCIN EC CAP	-	2
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	2
erythromycin tab (ERY-TAB equiv)	-	2
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2
PCE TAB	-	4
ERYTHROCIN INJ	M	M
<b>FIDAXOMICIN</b>		

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LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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**Last Updated\* 5/3/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MACROLIDES Cont.</b>		
DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	3
DIFICID TAB (QL= 20 tabs/30 days; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	3

**MEDICAL DEVICES**

<b>PARENTERAL THERAPY SUPPLIES</b>	<b>Special Code</b>	<b>Tier</b>
INPEN INSULIN INJECTION DEVICE	-	NC

**MEDICAL DEVICES AND SUPPLIES**

<b>CONTRACEPTIVES</b>	<b>Special Code</b>	<b>Tier</b>
CERVICAL CAP	-	6
DIAPHRAGM	-	6
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	6
<b>DIABETIC SUPPLIES</b>		
GLUCOCARD EXPRESSION CONTROL SOLUTION	OTC	1
GLUCOCARD EXPRESSION METER	OTC	1
GLUCOCARD SHINE CONTROL SOLUTION	OTC	1
GLUCOCARD SHINE METER	OTC	1
MULTI-LANCET DEVICE 2	OTC	1
TECHLITE LANCET 28G	OTC	1
TECHLITE LANCET 30G	OTC	1
TECHLITE LANCETS 25G	-	1
TRUPLUS LANCET	OTC	1
LANCET DEVICE	-	3
LANCET KIT	-	3
LANCETS	-	3
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	3
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	3
OMNIPOD 5 INTRO KIT (QL= 1 kit/year)	QL	3
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	3
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	3
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	3
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	3
V-GO INJ KIT (QL= 1 kit/day)	QL	3
GLUCOCARD SHINE CONNEX METER	-	4
GLUCOCARD SHINE EXPRESS METER	-	4
GLUCOCARD SHINE XL METER	-	4
CALIBRATION LIQUID	OTC	NC
DEXCOM G6 RECEIVER	-	NC
DEXCOM G6 SENSOR	-	NC
DEXCOM G6 TRANSMITTER	-	NC
DEXCOM G7 RECEIVER	-	NC
DEXCOM G7 SENSOR	-	NC
DIABETIC METER	-	NC
FREESTYLE LIBRE 2 RECEIVER	-	NC
FREESTYLE LIBRE 2 SENSOR	-	NC
FREESTYLE LIBRE 3 READER	-	NC

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<b>LPSP</b>	<b>NC/3P</b> = Not Covered, Third Party Reviewer	<b>INF</b>	<b>OTC</b>	Limited Distribution
<b>PA</b>	Plan Exclusion	<b>M</b>	<b>QL</b>	Over-the-Counter
<b>RS</b>	Lumicera Preferred Specialty Pharmacy	<b>PSP</b>	<b>SMKG</b>	Quantity Limit
<b>SP</b>	Prior Authorization	<b>SF</b>	<b>VAC</b>	Smoking Cessation
	Restricted to Specialist	<b>ST</b>		Vaccine Program
	Available through Specialty Pharmacy Program			

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<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
FREESTYLE LIBRE 3 SENSOR	-	NC
FREESTYLE LIBRE RECEIVER	-	NC
FREESTYLE LIBRE SENSOR (14-DAY)	-	NC
OMNIPOD DASH PDM KIT	-	NC
OMNIPOD GO KIT	-	NC
ONETOUCH DELICA LANCETS	OTC	NC
ONETOUCH DELICA PLUS LANCETS	OTC	NC
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	NC
ONETOUCH METER	OTC	NC
ONETOUCH VERIO FLEX METER	OTC	NC
ONETOUCH VERIO IQ METER	OTC	NC
ONETOUCH VERIO METER	OTC	NC
ONETOUCH VERIO REFLECT METER	OTC	NC
TRUE METRIX BLOOD GLUCOSE METER	OTC	NC
TRUE RESULT BLOOD GLUCOSE METER	OTC	NC
TRUEDRAW LANCING DEVICE	OTC	NC
TRUETEST CALIBRATION LIQUID	OTC	NC
<b>MISC. DEVICES</b>		
ALCOHOL SWABS	-	3
<b>ORAL HYGIENE PRODUCTS</b>		
HURRISEAL MIS SNAP	-	NC
<b>PARENTERAL THERAPY SUPPLIES</b>		
TECHLITE INSULIN SYRINGE	-	2
TECHLITE PEN NEEDLE	-	2
B-D INSULIN SYRINGE	--OTC	3
B-D PEN NEEDLE	OTC	3
CARETOUCH MIS	OTC	3
NOVOFINE PEN NEEDLE	OTC	3
NOVOTWIST PEN NEEDLE	OTC	3
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	3
CEQUR SIMPLICITY	-	NC
INSULIN SYRINGE	-	NC
INSULIN SYRINGE (all other brands)	-	NC
PEN NEEDLE (all other Brands)	OTC	NC
<b>RESPIRATORY THERAPY SUPPLIES</b>		
AEROCHAMBER	-	2
AEROCHAMBER	OTC	NC
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	3
NURTEC ODT	-	NC
QULIPTA TAB	-	NC
ZAVZPRET NASAL SPRAY	-	NC
<b>MIGRAINE COMBINATIONS</b>		
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	3

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MIGRAINE PRODUCTS Cont.</b>		
ERGOTAMINE/CAFFEINE TAB	-	3
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC
SUMANSETRON PAK	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
<b>MIGRAINE PRODUCTS</b>		
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 10 inj/14 days)	QL	2
ERGOMAR SUB	-	3
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC
MIGRANAL SPRAY	-	NC
TRUDHESA NASAL SPRAY	-	NC
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	3
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	3
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	3
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	3
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
CAMBIA POWDER	-	NC
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC
ELYXYB SOLN	-	NC
<b>SEROTONIN AGONISTS</b>		
eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days)	QL	2
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	2
rizatriptan ODT (MAXALT equiv) (QL= 9 tabs/30 days)	QL	2
rizatriptan tab (MAXALT equiv) (QL= 9 tabs/30 days)	QL	2
SUMATRIPTAN INJ (QL= 10 inj/30 days)	QL	2
sumatriptan inj (IMITREX equiv) (QL= 10 inj/30 days)	QL	2
SUMATRIPTAN INJ 6MG/0.5ML (QL= 5 inj/30 days)	QL	2
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 18 sprays/30 days)	QL	2
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	2
sumatriptan vial inj (IMITREX equiv) (QL= 10 inj/30 days)	QL	2
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	2
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	2
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	2
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	3
ALSUMA INJ (QL= 10 inj/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	4
SUMAVEL DOSEPRO INJ (QL= 6 inj/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	4
ZOLMITRIPTAN SPRAY (QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	4
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	4
ZOMIG SPRAY (QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan)	QL-ST	4
almotriptan tab (AXERT equiv)	-	NC
AXERT TAB	-	NC

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Last Updated\* 5/3/2024

DrugName	Special Code	Tier
<b>MIGRAINE PRODUCTS Cont.</b>		
FROVA TAB	-	NC
frovatriptan tab (FROVA equiv)	-	NC
IMITREX INJ	-	NC
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	-	NC
ONZETRA XSAIL	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC
ZEMBRACE SYMTOUCH INJ	-	NC

**MINERALS & ELECTROLYTES**

**BICARBONATES**

sodium acetate inj	M	M
SODIUM BICARBONATE INJ	M	M
SODIUM LACTATE INJ	M	M

**CALCIUM**

MAGNEBIND TAB	-	4
calcium chloride inj	M	M
calcium gluconate inj	M	M

**ELECTROLYTE MIXTURES**

DW5-NACL INJ	-	EXC
DEXTROSE/ELECTROLYTES INJ	M	M
dextrose/lactated ringers inj	M	M
DEXTROSE/NACL INJ	M	M
dextrose/ringers inj	M	M
dextrose/sodium chloride inj	M	M
electrolyte-148 solution (PLASMA-LYTE equiv)	M	M
electrolyte-a solution (PLASMA-LYTE equiv)	M	M
isolyte-m inj	M	M
ISOLYTE-S INJ	M	M
kcl/d5w inj	M	M
KCL/D5W/LACTATED RINGERS INJ	M	M
KCL/D5W/NACL INJ	M	M
kcl/dextrose/sodium chloride inj	M	M
lactated ringers inj	M	M
NORMOSOL-M INJ	M	M
NORMOSOL-R INJ	M	M
NORMOSOL-R/DEXTROSE INJ	M	M
PLASMA-LYTE INJ	M	M
PLASMA-LYTE INJ -148	M	M
PLASMA-LYTE INJ -A	M	M
POTASSIUM CHLORIDE INJ	M	M
POTASSIUM CHLORIDE/NACL INJ	M	M
ringers inj	M	M

**FLUORIDE**

FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	6
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
sodium fluoride soln (LURIDE SOLN equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	6
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	6
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	6
<b>IODINE PRODUCTS</b>		
IODINE STRONG SOLN	-	2
<b>MAGNESIUM</b>		
magnesium chloride inj	M	M
magnesium sulfate inj	M	M
magnesium sulfate/D5W inj	M	M
MAGNESIUM SULFATE INJ	-	NC
MAGNESIUM SULFATE/D5W INJ	-	NC
<b>MANGANESE</b>		
MANGANESE CHLORIDE INJ	M	M
MANGANESE SULFATE INJ	M	M
<b>PHOSPHATE</b>		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	2
potassium phosphate inj	M	M
sodium phosphate inj	M	M
K-PHOS TAB	-	NC
potassium phosphate monobasic tab (K-PHOS equiv)	-	NC
<b>POTASSIUM</b>		
POT/CHLORIDE EFFER TAB	-	2
potassium bicarbonate effer tab (K-LYTE equiv)	-	2
potassium chloride effer tab (K-LYTE/CL equiv)	-	2
potassium chloride ER cap (MICRO-K equiv)	-	2
potassium chloride ER tab (K-TAB equiv)	-	2
potassium chloride micro tab (K-DUR equiv)	-	2
potassium chloride powder packet (KLOR-CON equiv)	-	2
potassium chloride soln	-	2
EFFER-K TAB	-	3
potassium acetate inj	M	M
POTASSIUM CHLORIDE INJ	M	M
POKONZA POWDER	-	NC
POTASSIUM CHLORIDE TAB ER	-	NC
<b>SODIUM</b>		
normal saline flush inj	M	M
SOD CHLORIDE INJ	M	M
sodium chloride inj	M	M
sodium chloride inj 0.45%	M	M
<b>TRACE MINERALS</b>		
AMMONIUM MOLYBDATE INJ	M	M
CHROMIUM CHLORIDE INJ	M	M
COPPER INJ	-	M
COPPER SULFATE INJ	M	M

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<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
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<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
cupric chloride inj (COPPER equiv)	-	M
SELENIUM INJ	M	M
<b>ZINC</b>		
GALZIN CAP	-	4
zinc sulfate inj	M	M
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
penicillamine tab (DEPEN TITRATAB equiv)	-	2
penicillamine cap (CUPRIMINE equiv)	-	2
CUPRIMINE CAP	-	3
DEPEN TITRATAB	-	4
trientine cap (SYPRINE equiv)	LPSP-PA	5
CUVRIOR TAB	-	NC
TRIENTINE CAP	-	NC
<b>IMMUNOMODULATORS</b>		
lenalidomide cap (REVLIMID equiv) (Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	5
REVLIMID CAP (Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist)	LD-RS	5
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	5
JOENJA TAB	-	NC
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
everolimus tab (ZORTRESS equiv)	-	2
ZORTRESS TAB	-	4
ENSPRYNG INJ (QL= 1 inj/28 days)	LPSP-PA-QL	5
sirolimus soln (RAPAMUNE equiv)	-	5
ASTAGRAF XL CAP	-	NC
azathioprine tab 100mg (AZASAN equiv)	-	NC
azathioprine tab 75mg (AZASAN equiv)	-	NC
LUPKYNIS CAP	-	NC
PROGRAF PACKET	-	NC
RAPAMUNE SOLN	-	NC
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE TAB (QL= 1 tab/day)	PA-PSP-QL	5
VIJOICE TAB 250MG (QL= 2 tabs/day)	PA-PSP-QL	5
<b>POTASSIUM REMOVING AGENTS</b>		
SPS SUSP	-	2
LOKELMA PAK	PA	3
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY CAP	-	NC
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA AUTO-INJECTOR	-	NC
BENLYSTA INJ	-	NC

**MOUTH/THROAT/DENTAL AGENTS**

**ANESTHETICS TOPICAL ORAL**

lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)	-	2
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MOUTH/THROAT/DENTAL AGENTS Cont.</b>		
lidocaine viscous soln (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	2
LIDOCAINE ORAL SOLN 4%	-	NC
<b>ANTI-INFECTIVES - THROAT</b>		
clotrimazole troches (MYCELEX TROCHES equiv)	-	2
nystatin susp	-	2
ORAVIG TAB	-	4
<b>ANTISEPTICS - MOUTH/THROAT</b>		
chlorhexidine gluconate soln (PERIDEX equiv)	-	2
DEBACTEROL SOLN	-	NC
<b>DENTAL PRODUCTS</b>		
FLUORIDEX SENSITIVITY PASTE	-	2
sodium fluoride gel (PREVIDENT equiv)	-	2
sodium fluoride paste (PREVIDENT equiv)	-	2
sodium fluoride rinse (PREVIDENT equiv)	-	2
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	2
stannous fluoride conc	-	2
PREVIDENT SOLN	-	3
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	6
sodium fluoride cream (PREVIDENT 5000 PLUS equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	6
PREVIDENT PASTE	-	NC
<b>STEROIDS - MOUTH/THROAT</b>		
triamcinolone in orabase paste	-	2
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	2
<b>THROAT PRODUCTS - MISC.</b>		
cevimeline cap (EVOXAC equiv)	-	2
pilocarpine tab (SALAGEN equiv)	-	2
SILATRIX GEL	-	NC
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
EB-N3 DR CAP	-	NC
<b>B-COMPLEX W/ FOLIC ACID</b>		
FIBRIK CAP	-	NC
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
biocel tab (STROVITE equiv)	-	1
b-plex plus tab (STROVITE equiv)	-	1
lysiplex plus tab (STROVITE equiv)	-	1
nutrifac zx tab (STROVITE equiv)	-	1
vita s forte tab (STROVITE equiv)	-	1
vitacel tab (STROVITE equiv)	-	1
V-C FORTE CAP	-	4
v-c forte cap (V-C FORTE equiv)	-	4
DEXATLAN CAP	-	NC
FOLAGENT DHA CAP	-	NC

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<b>MULTIVITAMINS Cont.</b>		
FOLAMED DHA CAP	-	NC
REMEDIENT CAP	-	NC
VITRECYL IRON TAB	-	NC
VITRECYL TAB	-	NC
<b>MULTIVITAMINS</b>		
M.V.I. INJ	M	M
FOLIKA-V TAB	-	NC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
pediatric multiple vitamins/fluoride/iron soln	-	1
TRI-VIT/FLOURIDE/IRON DROPS	-	1
ESCAVITE CHEW TAB	-	4
POLY-VI-FLOR CHEW W/IRON	-	NC
<b>PED MV W/ FLUORIDE</b>		
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	1
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	1
MULTIVITAMIN/FLUORIDE CHEW 0.25MG	-	1
MULTIVITAMIN/FLUORIDE CHEW 0.5MG	-	1
MULTIVITAMIN/FLUORIDE CHEW 1MG	-	1
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1
MULTI-VIT-FLOR CHEW 0.25MG	-	1
MULTI-VIT-FLOR CHEW 0.5MG	-	1
MULTI-VIT-FLOR CHEW 1MG	-	1
POLY-VI-FLOR CHEW 0.25MG	-	1
POLY-VI-FLOR CHEW 0.5MG	-	1
POLY-VI-FLOR CHEW 1MG	-	1
QUFLORA PEDIATRIC CHEW 0.25MG	-	1
QUFLORA PEDIATRIC CHEW 0.5MG	-	1
QUFLORA PEDIATRIC CHEW 1MG	-	1
FLORIVA PLUS DROPS	-	2
pediatric multiple vitamins/fluoride soln	-	2
DAVIMET/FLUORIDE CHEW 0.75MG	-	NC
POLY-VI-FLOR CHEW 0.25MG	-	NC
POLY-VI-FLOR CHEW 0.5MG	-	NC
POLY-VI-FLOR CHEW 1MG	-	NC
POLY-VI-FLOR SUSP	-	NC
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
INFUVITE INJ	M	M
<b>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</b>		
FLORIVA CHEW TAB	-	NC
<b>PRENATAL VITAMINS</b>		
RIGHT STEP PRENATAL VITAMINS	OTC	1
CONCEPT DHA CAP	-	4
MYNATAL-Z TAB	-	4
NEONATAL 19 TAB	-	4
NEONATAL FE TAB	-	4

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<b>MULTIVITAMINS Cont.</b>		
PRENATABS RX TAB	-	4
PRENATAL 19 TAB	-	4
PRENATAL VITAMINS (NON-PREFERRED)	--OTC	4
VP-PNV-DHA CAP	-	4
AZESCHEW TAB 13-1MG	-	NC
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
JENLIVA CAP	-	NC
MULTI-MAC TAB	-	NC
PREGEN DHA CAP	-	NC
PREGENNA TAB	-	NC
PRENARA CAP	-	NC
PRENATRIX TAB	-	NC
PRENATRYL TAB	-	NC
VITAFOL STRIPS	-	NC

**MUSCULOSKELETAL THERAPY AGENTS**

**CENTRAL MUSCLE RELAXANTS**

baclofen tab (BACLOFEN equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
carisoprodol tab (SOMA equiv)	-	2
chlorzoxazone tab	-	2
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	2
chlorzoxazone tab 500mg	-	2
CYCLOBENZAPRINE COMPOUND KIT	-	2
cyclobenzaprine ER cap (AMRIX equiv)	-	2
cyclobenzaprine tab (FLEXERIL equiv)	-	2
metaxalone tab (SKELAXIN equiv)	-	2
methocarbamol (ROBAXIN equiv)	-	2
orphenadrine citrate ER tab (NORFLEX equiv)	-	2
tizanidine cap (ZANAFLEX equiv)	-	2
BACLOFEN SUSP (Prior Authorization Required for members age 9 or older)	PA	4
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 or older)	PA	4
FLEQSUVY SUSP (Prior Authorization required for members age 9 or older)	PA	4
LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization)	PA	4
BACLOFEN ORAL SOLN 10 MG/5ML	-	M
BACLOFEN ORAL SOLN 5 MG/5ML	--M	M
LIORESAL INT INJ	M	M
orphenadrine inj	M	M
AMRIX CAP	-	NC
BACLOFEN TAB	-	NC
BACLOFEN TAB 5MG	-	NC
METHOCARBAMOL TAB	-	NC
SOMA TAB	-	NC

**DIRECT MUSCLE RELAXANTS**

dantrolene cap (DANTRIUM equiv)	-	2
revonto inj	M	M

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<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
<b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS</b>		
SOHONOS CAP 1.5MG	-	NC
SOHONOS CAP 10MG	-	NC
SOHONOS CAP 1MG	-	NC
SOHONOS CAP 2.5MG	-	NC
SOHONOS CAP 5MG	-	NC
<b>MUSCLE RELAXANT COMBINATIONS</b>		
CARISOPRODOL/ASPIRIN TAB	-	NC
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
NORGESIC TAB FORTE	-	NC
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	NC
<b>VISCOSUPPLEMENTS</b>		
EUFLEXXA INJ	M	M
HYALGAN INJ	M	M
ORTHOVISC INJ	M	M
SYNVISC INJ	M	M
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	2
AZENASE PAK	-	NC
DYMISTA SPRAY	-	NC
RYALTRIS SPRAY	-	NC
<b>NASAL AGENTS - MISC.</b>		
ALCOHOL SWABS	-	3
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
<b>NASAL ANESTHETICS</b>		
COCAINE HCL SOLN	-	NC
<b>NASAL ANTIALLERGY</b>		
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/30 days)	QL	2
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/30 days)	QL	2
olopatadine nasal spray (PATANASE equiv) (QL= 1 inhaler/30 days)	QL	2
<b>NASAL ANTICHOLINERGICS</b>		
ipratropium nasal spray (ATROVENT equiv) (QL= 60gm/30 days)	QL	2
<b>NASAL STEROIDS</b>		
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 1 bottle/30 days)	OTC-QL	2
flunisolide nasal soln (QL= 2 bottles/fill)	QL	2
fluticasone nasal spray (FLONASE equiv) (QL= 1 bottle/30 days)	QL	2
QNASL NASAL SPRAY (QL= 1 bottle/30 days; Step therapy requires trial of flunisolide or fluticasone)	QL-ST	4
BECONASE AQ NASAL SPRAY	-	NC
FLONASE SENSIMIST NASAL SPRAY	OTC	NC
mometasone nasal spray (NASONEX equiv)	-	NC

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PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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DrugName	Special Code	Tier
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.</b>		
NASACORT OTC NASAL SPRAY	OTC	NC
NASONEX NASAL SPRAY	-	NC
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	NC
XHANCE NASAL EXHALER	-	NC
ZETONNA NASAL SPRAY	-	NC
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
ADRENALIN NASAL SOLN	-	NC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
riluzole tab (RILUTEK equiv)	SP	5
EXSERVAN FILM	-	NC
RADICAVA ORS STARTER KIT	-	NC
RADICAVA ORS SUSP	-	NC
RELYVRIO PAK	-	NC
TIGLUTIK SUSP	-	NC
<b>FRIEDRICH'S ATAXIA AGENTS</b>		
SKYCLARYS CAP	-	NC
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX INJ	M	M
DYSPOIN INJ	M	M
MYOBLOC INJ	M	M
XEOMIN INJ	M	M
<b>NONDEPOLARIZING MUSCLE RELAXANTS</b>		
atracurium inj	M	M
cisatracurium inj	M	M
PANCURONIUM INJ	M	M
rocuronium inj	M	M
vecuronium inj	M	M
<b>RETT SYNDROME AGENTS</b>		
DAYBUE SOLN	-	NC
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
ALCOHOL INJ	M	M
dextrose inj	M	M
dextrose inj 5%, 10%	M	M
<b>LIPIDS</b>		
INTRALIPID INJ	M	M
DOJOLVI ORAL LIQUID	-	NC
<b>PROTEINS</b>		
acetylcysteine cap	-	2
aminosyn II inj	M	M

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>NUTRIENTS Cont.</b>		
AMINOSYN INJ	M	M
CLINIMIX E INJ 4.25/D25	M	M
CLINIMIX INJ 4.25/D20	M	M
CLINIMIX INJ 4.25/D25	M	M
CLINIMIX/D10W INJ	M	M
cysteine hcl inj	M	M
FREAMINE III INJ	M	M
L-CYSTEINE INJ	M	M
premasol soln	M	M

**OPHTHALMIC AGENTS**

**ARTIFICIAL TEARS AND LUBRICANTS**

LACRISERT OPHTH INSERT	-	NC
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**BETA-BLOCKERS - OPHTHALMIC**

BETAXOLOL OPHTH SOLN	-	2
betaxolol ophth soln (BETOPTIC-S equiv)	-	2
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	2
CARTEOLOL OPHTH SOLN	-	2
carteolol ophth soln (OCUPRESS equiv)	-	2
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	2
LEVOBUNOLOL OPHTH SOLN	-	2
levobunolol ophth soln (BETAGAN equiv)	-	2
METIPRANOLOL OPHTH SOLN	-	2
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2
timolol maleate ophth soln (TIMOPTIC equiv)	-	2
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2
BETOPTIC-S OPHTH SOLN	-	3
COMBIGAN OPHTH SOLN	-	3
BETIMOL OPHTH SOLN	-	4
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	NC
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	NC
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	NC
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	NC

**CHOLINERGIC AGONISTS**

TYRVAYA NASAL SPRAY	-	NC
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**CYCLOPLEGIC MYDRIATICS**

atropine ophth oint	-	2
atropine ophth soln (ISOPTO ATROPINE equiv)	-	2
ATROPINE SUL SOLN 1% OPHTH	-	2
ATROPINE SULFATE OPHTH OINT	-	2
cyclopentolate ophth soln (CYCLOGYL equiv)	-	2
phenylephrine ophth soln (MYDFRIN equiv)	-	2
tropicamide ophth soln (MYDRIACYL equiv)	-	2
CYCLOGYL OPHTH SOLN	-	NC
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC

**MIOTICS**

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<b>OPHTHALMIC AGENTS Cont.</b>		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	3
PHOSPHOLINE OPHTH SOLN	-	3
VUITY OPHTH SOLN	-	NC
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
EYLEA INJ	M	M
LUCENTIS INJ 0.5MG	M	M
LUCENTIS SOLN 0.3MG	M	M
MACUGEN INJ	M	M
EYLEA HD INJ	-	NC
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
apraclonidine ophth soln (IOPIDINE equiv)	-	2
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	2
brimonidine ophth soln 0.2%	-	2
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	2
SIMBRINZA OPHTH SUSP	-	3
APRACLONIDINE OPHTH SOLN	-	4
IOPIDINE OPHTH SOLN	-	4
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
BACITRACIN OPHTH OINT	-	2
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	2
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	2
ciprofloxacin ophth soln (CILOXAN equiv)	-	2
erythromycin ophth oint	-	2
gatifloxacin ophth soln (ZYMAXID equiv)	-	2
GENTAK OPHTH OINT	-	2
gentamicin ophth soln (GARAMYCIN equiv)	-	2
levofloxacin ophth soln (QUIXIN equiv)	-	2
LEVOFLOXACIN OPHTH SOLN 0.5%	-	2
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	2
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	2
ofloxacin ophth soln (OCUFLOX equiv)	-	2
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	2
SULFACET SODIUM OPHTH OINT 10%	-	2
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	2
tobramycin ophth soln (TOBEX equiv)	-	2
TRIFLURIDINE OPHTH SOLN	-	2
CILOXAN OPHTH OINT	-	3
NATACYN OPHTH SUSP	-	3
TOBEX OPHTH OINT	-	3
AZASITE SOLN	-	4
ZIRGAN OPHTH GEL	-	4
BESIVANCE OPHTH SUSP	-	NC
ERYTHROMYCIN OPHTH OINT	-	NC
LEVOFLOXACIN OPHTH SOLN	-	NC
MOXEZA OPHTH SOLN 0.5%	-	NC

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<b>OPHTHALMIC AGENTS Cont.</b>		
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC
MOXIFLOXACIN SOLN	-	NC
VANCOMYCIN SOLN	-	NC
XDEMZY DROPS	-	NC
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2
RESTASIS OPHTH EMULSION (QL= 60 unit dose vials/30 days)	PA-QL	3
CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN	-	NC
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA OPHTH SOLN	-	NC
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA OPHTH SOLN	-	NC
ROCKLATAN OPHTH SOLN	-	NC
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
proparacaine ophth soln (ALCAINE equiv)	-	2
tetracaine ophth soln	-	2
IHEEZO GEL	-	NC
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE OPHTH SOLN	-	NC
<b>OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS</b>		
VISUDYNE INJ	LPSP-M	M
<b>OPHTHALMIC PHOTOENHANCERS</b>		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
<b>OPHTHALMIC STEROIDS</b>		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	2
difluprednate ophth emulsion (DUREZOL equiv)	-	2
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	2
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	2
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	2
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	2
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	2
PREDNISOLONE OPHTH SUSP	-	2
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	2
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	2
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	2
ALREX OPHTH SUSP	-	3
ALREX OPHTH SUSP 0.2%	-	3
BLEPHAMIDE S.O.P. OPHTH OINT	-	3
DEXAMETHASONE OPHTH SOLN	-	3
FML S.O.P. OPHTH OINT	-	3
LOTEMAX OPHTH SUSP	-	3

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<b>LPSP</b> Lumericera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
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<b>OPHTHALMIC AGENTS Cont.</b>		
OZURDEX IMPLANT	-	3
PRED MILD OPHTH SOLN	-	3
RETISERT IMPLANT	-	3
TOBRADEX OPHTH OINT	-	3
TOBRADEX ST OPHTH SUSP	-	3
ZYLET OPHTH SOLN	-	3
DUREZOL OPHTH EMULSION	-	4
FLAREX OPHTH SUSP	-	4
LOTEMAX OPHTH OINT (QL= 14gm/365 days)	QL	4
PRED FORTE OPHTH SUSP	-	4
DEXTENZA OPHTH INSERT	-	NC
EYSUVIS OPHTH SUSP	-	NC
INVELTYS OPHTH SUSP	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX GEL	-	NC
LOTEMAX SM GEL 0.38%	-	NC
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC
<b>OPHTHALMIC SURGICAL AIDS</b>		
DUOVISC KIT	-	NC
<b>OPHTHALMICS - MISC.</b>		
azelastine ophth soln (OPTIVAR equiv)	-	2
balanced salt soln	-	2
brinzolamide ophth susp (AZOPT equiv)	-	2
bromfenac ophth soln (BROMDAY equiv)	-	2
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	2
BSS OPHTH SOLN	-	2
cromolyn ophth soln (CROLOM equiv)	-	2
CROMOLYN SODIUM OPHTH SOLN	-	2
diclofenac sodium ophth soln (VOLTAREN equiv)	-	2
dorzolamide ophth soln (TRUSOPT equiv)	-	2
epinastine ophth soln (ELESTAT equiv)	-	2
fluorescein w/proparacaine ophth soln (FLUORACAINE equiv)	-	2
ketorolac ophth soln (ACULAR (LS) equiv)	-	2
olopatadine ophth soln 0.1% (PATANOL equiv)	OTC	2
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	OTC-QL	2
ACUVAIL OPHTH SOLN	-	3
AZOPT OPHTH SUSP	-	3
FLURBIPROFEN OPHTH SOLN	-	3
NEVANAC OPHTH SUSP (QL= 4 bottles/year)	QL	3

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<b>OPHTHALMIC AGENTS Cont.</b>		
PROLENSA OPHTH SOLN	-	3
ALOCRIAL OPHTH SOLN	-	4
ALOMIDE OPHTH SOLN	-	4
bepotastine ophth soln (BEPREVE equiv)	-	4
BEPREVE OPHTH SOLN	-	4
EMADINE OPHTH SOLN	-	4
LASTACRAFT OPHTH SOLN (QL= 3ml/30 days)	QL	4
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	5
UPNEEQ SOLN	-	EXC
JETREA INJ	M	M
bromfenac sodium ophth soln 0.07%	-	NC
bromfenac sodium ophth soln 0.075% (BROMSITE equiv)	-	NC
BROMSITE DROP 0.075%	-	NC
CYSTADROPS SOLN	-	NC
MIEBO OPHTH SOLN	-	NC
PATADAY OPHTH SOLN	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZERVIATE OPHTH SOLN	-	NC
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/25 days)	QL	2
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day)	PA-QL	2
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2
LUMIGAN OPHTH SOLN (QL= 2.5ml/25 days)	QL	4
TRAVATAN Z DROPS (QL= 2.5ml/30 days)	QL	4
VYZULTA SOLN (QL= 2.5ml/30 days)	PA-QL	4
ZIOPTAN OPHTH SOLN (QL= 1 vial/day)	PA-QL	4
IYUZEH OPHTH DROPS	-	NC
XELPROS OPHTH EMULSION	-	NC

**OTIC AGENTS**

**OTIC AGENTS - MISCELLANEOUS**

acetic acid otic soln (VOSOL equiv)	-	2
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**OTIC ANTI-INFECTIVES**

CIPROFLOXACIN OTIC SOLN	-	2
ofloxacin otic soln (FLOXIN equiv)	-	2

**OTIC COMBINATIONS**

ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	2
MYOXIN SUS OTIC	-	2
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	2
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	2
oticin drop 1-0.1%	-	2
CIPRO HC OTIC SUSP	-	4
CIPRODEX OTIC SUSP	-	4
COLY-MYCIN S OTIC SUSP	-	4
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC

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<b>OTIC AGENTS Cont.</b>		
CORTIC-ND DROPS	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
<b>OTIC STEROIDS</b>		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	2
fluocinolone otic oil (DERMOTIC equiv)	-	2
<b>OXYTOCICS</b>		
<b>ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING</b>		
MPM PAK	-	NC
<b>OXYTOCICS</b>		
methylergonovine tab (METHERGINE equiv)	-	2
methylergonovine inj (METHERGINE equiv)	M	M
oxytocin inj (PITOCIN equiv)	M	M
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>ANTITOXINS-ANTIVENINS</b>		
ANTIVENIN KIT LAT MACT	M	M
ANTIVENIN MI KIT	M	M
<b>IMMUNE SERUMS</b>		
HIZENTRA INJ	PA-PSP	5
CARIMUNE INJ 3GM	M	M
CYTOGAM INJ	M	M
FLEBOGAMMA INJ	M	M
GAMASTAN S/D INJ	M	M
GAMMAGARD SD INJ	M	M
GAMMAKED INJ	M	M
HYPERHEP B INJ S/D	M	M
MICRHOGAM/RHOGAM PLUS INJ	M	M
RHOPHYLAC INJ	M	M
CUVITRU INJ	-	NC
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ	M	M
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA INJ	PA-PSP	5
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
HIZENTRA INJ	PA-PSP	5
XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5
HYPERHEP B INJ S/D	M	M
IMOGAM RABIES-HT INJ	M	M
CUTAQUIG INJ	-	NC
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS INJ	VAC	6

**PENICILLINS**

**AMINOPENICILLINS**

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<b>LPSP</b> Lumicera Preferred Specialty Pharmacy	<b>M</b> Medical Benefit	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
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DrugName	Special Code	Tier
<b>PENICILLINS Cont.</b>		
amoxicillin cap (TRIMOX equiv)	-	2
AMOXICILLIN CHEW TAB	-	2
amoxicillin susp (TRIMOX equiv)	-	2
amoxicillin tab (AMOXIL equiv)	-	2
ampicillin cap (AMPICILLIN equiv)	-	2
MOXATAG TAB	-	4
MOXATAG TAB 775MG	-	4
ampicillin inj	M	M
<b>NATURAL PENICILLINS</b>		
PENICILLIN VK SOLN	-	2
penicillin vk tab (VEETIDS equiv)	-	2
BICILLIN L-A INJ	M	M
PENICILLIN G PROCAINE INJ	M	M
PENICILLIN G SODIUM INJ	M	M
PENICILLIN GK INJ	M	M
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN/CLAVULANATE CHEW TAB	-	2
AMOXICILLIN/CLAVULANATE ER TAB	-	2
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	2
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	2
AUGMENTIN SUSP	-	3
ampicillin-sulbactam inj (UNASYN equiv)	M	M
BICILLIN C-R INJ	M	M
piperacillin/tazobactam inj (ZOSYN equiv)	M	M
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
dicloxacillin cap (DYNAPEN equiv)	-	2
BACTOCILL/DEXTROSE INJ	M	M
nafcillin inj	M	M
oxacillin inj	M	M
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>LIQUID VEHICLES</b>		
TRICHOSOL SOLN	-	NC
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
medroxyprogesterone tab (PROVERA equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	2
megestrol ES susp (MEGACE ES equiv)	-	4
hydroxyprogesterone inj (MAKENA equiv)	M	M
MAKENA INJ	M	M
progesterone oil inj	M	M
MEGACE ES SUSP	-	NC
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
acamprosate calcium DR tab (CAMPRAL equiv)	-	2

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LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	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
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
DISULFIRAM TAB	-	2
disulfiram tab (ANTABUSE equiv)	-	2
LUCEMYRA TAB	-	NC
<b>ANTI-CATAPLECTIC AGENTS</b>		
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	5
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	5
LUMRYZ PACK	-	NC
XYWAV SOLN	-	NC
<b>ANTIDEMENTIA AGENTS</b>		
galantamine tab (RAZADYNE equiv)	-	1
donepezil ODT (ARICEPT equiv)	-	2
donepezil tab (ARICEPT equiv)	-	2
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
GALANTAMINE SOLN	-	2
memantine ER cap (NAMENDA XR equiv)	-	2
memantine sol (NAMENDA equiv)	-	2
memantine tab (NAMENDA equiv)	-	2
rivastigmine cap (EXELON equiv)	-	2
rivastigmine patch (EXELON equiv)	-	2
NAMENDA XR TITRATION PACK	-	3
ADLARITY PATCH	-	NC
NAMENDA TAB	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	2
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
PERPHENAZINE/AMITRIPTYLINE TAB	-	2
DULOXICAINE PACK	-	NC
LYBALVI TAB	-	NC
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA PAK	-	3
SAVELLA TAB	-	3
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>		
ADDYI TAB	-	NC
VYLEESI INJ	-	NC
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
tetrabenazine tab (XENAZINE equiv)	LPSP-PA	5
AUSTEDO TAB	-	NC
AUSTEDO TITRATION PACK	-	NC
AUSTEDO XR TAB	-	NC
AUSTEDO XR TAB 6MG	-	NC
AUSTEDO XR TAB TITRATION KIT	-	NC
INGREZZA CAP	-	NC

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
INGREZZA PACK 40-80MG	-	NC
XENAZINE TAB	-	NC
<b>MULTIPLE SCLEROSIS AGENTS</b>		
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	LPSP-QL-RS	2
AUBAGIO TAB	LPSP	5
AVONEX INJ	LPSP	5
BETASERON INJ	LPSP	5
dimethyl fumarate DR cap (TECFIDERA equiv)	LPSP	5
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	LPSP	5
EXTAVIA INJ	LPSP	5
fingolimod hcl cap 0.5mg (GILENYA equiv)	LPSP	5
GILENYA CAP 0.25MG (QL= 1 cap/day)	LPSP-QL	5
GILENYA CAP 0.5MG (QL= 1 cap/day)	LPSP-QL	5
glatiramer inj (COPAXONE equiv)	LPSP	5
KESIMPTA INJ	LPSP	5
MAVENCLAD PAK (Only available through Walgreens 888-347-3416)	LD	5
MAYZENT TAB	LPSP	5
MAYZENT TAB STARTER PACK	LPSP	5
PLEGRIDY INJ	LPSP	5
PLEGRIDY PEN INJ	LPSP	5
REBIF INJ	LPSP	5
TECFIDERA CAP	LPSP	5
teriflunomide tab (AUBAGIO TAB equiv)	LPSP	5
ZEPOSIA CAP (QL= 1 cap/day)	LPSP-PA-QL	5
ZEPOSIA STARTER PACK (QL= 1 cap/day)	LPSP-PA-QL	5
AMPYRA TAB	-	NC
BAFIERTAM CAP	-	NC
COPAXONE INJ	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TASCENSO ODT TAB	-	NC
TECFIDERA STARTER PACK	-	NC
TYSABRI INJ	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
<b>POSTHERPETIC NEURALGIA (PHN) AGENTS</b>		
GRALISE TAB	-	4
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
gabapentin (once-daily) tab (GRALISE equiv)	-	4
GRALISE TAB	-	4
GRALISE STARTER PACK	-	NC
LIDOTIN PAK	-	NC
LYRICA CR TAB	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
FLUOXETINE CAP (PMDD)	-	NC

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
SARAFEM TAB	-	NC
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	3
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	4
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB	-	4
<b>SMOKING DETERRENTS</b>		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/calendar year)	QL-SMKG	6
nicotine gum (NICORETTE equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	6
NICOTINE KIT (Limited to 180 days/calendar year)	OTC-QL-SMKG	6
nicotine lozenge (COMMIT equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	6
nicotine patch (NICODERM equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	6
NICOTROL INHALER (Limited to 180 days/calendar year)	QL-SMKG	6
NICOTROL NASAL SPRAY (Limited to 180 days/calendar year)	QL-SMKG	6
VARENICLINE TAB (Limited to 180 days/calendar year)	QL-SMKG	6
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/calendar year)	QL-SMKG	6
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/calendar year)	QL-SMKG	6
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5
WAINUA INJ	-	NC
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
ARALAST/PROLASTIN/ZEMAIRA INJ	M	M
GLASSIA INJ	M	M
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	5
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	5
PULMOZYME INH SOLN	LPSP-PA	5
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5
BRONCHITOL CAP	-	NC
ORKAMBI GRANULES PACKET	-	NC
TRIKAFTA TAB	-	NC
TRIKAFTA THERAPY PACK	-	NC
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET CAP (QL= 9 caps/day)	LPSP-PA-QL-SF	5
ESBRIET TAB 267MG (QL= 9 tabs/day)	LPSP-PA-QL-SF	5
ESBRIET TAB 801MG (QL= 3 tabs/day)	LPSP-PA-QL-SF	5
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	5
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	LPSP-PA-QL	5
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	LPSP-PA-QL	5
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<b>RESPIRATORY AGENTS - MISC. Cont.</b>		
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	LPSP-PA-QL	5
PIRFENIDONE TAB	-	NC
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
sulfadiazine tab	-	2
SULFADIAZINE TAB	-	NC
<b>TETRACYCLINES</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA TAB	-	NC
<b>GLYCYLCYCLINES</b>		
tigecycline inj (TYGACIL equiv)	M	M
TYGACIL INJ	M	M
<b>TETRACYCLINES</b>		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2
doxycycline hyclate tab (VIBRATAB equiv)	-	2
doxycycline monohydrate tab (ADOXA equiv)	-	2
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	2
doxycycline susp (VIBRAMYCIN equiv)	-	2
minocycline cap (MINOCIN equiv)	-	2
minocycline ER tab (SOLODYN equiv)	-	2
minocycline tab (DYNACIN equiv)	-	2
morgidox cap	-	2
tetracycline cap	-	2
ALODOX KIT	-	4
demeclocycline tab (DECLOMYCIN equiv)	-	4
MINOLIRA TAB	-	4
OCUDOX KIT	-	4
SOLODYN TAB	-	4
doxycycline hyclate inj	M	M
ACTICLATE TAB 75MG, 150MG	-	NC
DORYX MPC TAB	-	NC
doxycycline hyclate DR tab (DORYX equiv)	-	NC
doxycycline hyclate tab (TARGADOX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate cap (MONODOX equiv)	-	NC
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC
MINOCYCLINE ER CAP	-	NC
SEYSARA TAB	-	NC
TETRACYCLINE TAB	-	NC
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
methimazole tab (TAPAZOLE equiv)	-	2
propylthiouracil tab	-	2
SODIUM IODIDE I-131 SOLN	-	NC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>THYROID AGENTS Cont.</b>		
<b>THYROID HORMONES</b>		
levothyroxine tab (SYNTHROID equiv)	-	1
SYNTHROID TAB	-	1
ARMOUR THYROID TAB, NATURE THROID TAB	-	2
liothyronine tab (CYTOMEL equiv)	-	2
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	2
THYROLAR TAB	-	4
TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older)	PA-QL	4
LEVOTHYROXINE INJ	M	M
levothyroxine inj (LEVOTHYROXINE equiv)	M	M
LIOETHYRONINE INJ	M	M
ERMEZA SOLN 150 MCG/5ML	-	NC
LEVOTHYROXINE INJ	-	NC
LEVOTHYROXINE INJ 100MCG/ML	-	NC
THYQUIDITY SOLN	-	NC
TIROSINT CAP	-	NC

**TOXOIDS**

<b>TOXOID COMBINATIONS</b>		
ADACEL/BOOSTRIX INJ	VAC	6
DAPTACEL INJ, INFANRIX INJ	VAC	6
DIPHThERIA-TETANUS PED INJ	-	6
DIPThERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	6
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	6
PENTACEL INJ	VAC	6
TETANUS/DIPThERIA TOXOID INJ	VAC	6
VAXELIS INJ	VAC	6
KINRIX INJ, QUADRACEL DTAP-IPV INJ	M	M
PEDIARIX INJ	M	M
<b>TOXOIDS</b>		
TETANUS TOXOID INJ	-	6

**ULCER DRUGS**

<b>ANTISPASMODICS</b>		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
b-donna tab (DONNATAL equiv)	-	2
BELLADONNA ALKALOID/OPIUM SUPP	-	2
belladonna/phenobarbital tab (DONNATAL equiv)	-	2
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
hyoscyamine sulfate CR tab (LEVBIID equiv)	-	2
hyoscyamine sulfate elixir (LEVSIN equiv)	-	2
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	2
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	2
hyoscyamine sulfate soln (LEVSIN equiv)	-	2
hyoscyamine sulfate tab (LEVSIN equiv)	-	2

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ULCER DRUGS Cont.</b>		
methscopolamine tab (PAMINE equiv)	-	2
PROPANTHELINE TAB	-	2
SYMAX DUOTAB	-	4
ATROPEN INJ	M	M
ATROPINE SUL INJ	M	M
atropine sul inj (ATROPINE equiv)	M	M
atropine sulfate inj	M	M
dicyclomine inj (BENTYL equiv)	M	M
glycopyrrolate inj (ROBINUL equiv)	M	M
SCOPOLAMINE INJ	M	M
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
DONNATAL ELIXIR	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC

**H-2 ANTAGONISTS**

cimetidine tab (TAGAMET equiv)	OTC	1
famotidine tab (PEPCID equiv)	OTC	1
cimetidine soln (CIMETIDINE equiv)	-	2
famotidine susp (PEPCID equiv)	-	2
nizatidine cap (AXID equiv)	-	2
famotidine inj (PEPCID equiv)	M	M
FAMOTIDINE PREMIXED INJ	M	M
ranitidine cap (ZANTAC equiv)	-	NC
ranitidine syrup (ZANTAC equiv)	-	NC
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC

**MISC. ANTI-ULCER**

sucralfate tab (CARAFATE equiv)	-	2
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**PROTON PUMP INHIBITORS**

esomeprazole cap (NEXIUM equiv)	OTC	1
lansoprazole cap (PREVACID equiv)	-	1
omeprazole cap (QL= 2 caps/day)	QL	1
rabeprazole EC tab (ACIPHEX equiv)	-	1
pantoprazole EC tab (PROTONIX equiv) (QL= 2 tabs/day)	QL	2
LANSOPRAZOLE SUSP	-	4
NEXIUM GRANULE PACK (Step Therapy requires trial of omeprazole, pantoprazole or lansoprazole)	ST	4
pantoprazole inj (PROTONIX equiv)	M	M
PRILOSEC OTC DR TAB	OTC	NC
PROTONIX INJ	-	NC

**ULCER DRUGS - PROSTAGLANDINS**

misoprostol tab (CYTOTEC equiv)	-	2
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**ULCER THERAPY COMBINATIONS**

OMECLAMOX-PAK	-	4
HELIDAC PACK	-	NC
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LPSP Lumicera Preferred Specialty Pharmacy	M Medical Benefit	OTC Over-the-Counter
PA Prior Authorization	PSP Preferred Specialty Pharmacy	QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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**Vantage Health Plan Commercial/Marketplace Formulary  
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**Last Updated\* 5/3/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ULCER DRUGS Cont.</b>		
ZEGERID POWDER PACK	-	NC
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
glycopyrrolate oral soln (CUVPOSA equiv)	-	2
CUVPOSA SOLN	-	4
ATROPINE SUL INJ	M	M
ATROPINE SULFATE INJ	-	M
DARTISLA ODT TAB	-	NC
GLYCATE TAB	-	NC
HYOSCYAMINE INJ	-	NC
<b>H-2 ANTAGONISTS</b>		
CIMETIDINE SOLN	-	2
NIZATIDINE CAP	-	2
RANITIDINE INJ	M	M
<b>MISC. ANTI-ULCER</b>		
sucralfate susp (CARAFATE equiv)	-	2
CARAFATE SUSP	-	NC
<b>PROTON PUMP INHIBITORS</b>		
esomeprazole DR granule pack (NEXIUM equiv) (Step Therapy requires trial of omeprazole, pantoprazole or lansoprazole)	ST	2
lansoprazole odt (PREVACID SOLUTAB equiv) (QL= 1 tab/day)	QL	2
NEXIUM GRANULE PACK (Step Therapy requires trial of omeprazole, pantoprazole or lansoprazole)	ST	4
PREVACID SOLUTAB (QL= 1 tab/day; Step Therapy requires trial of omeprazole, pantoprazole or lansoprazole)	QL-ST	4
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC
DEXILANT DR CAP	-	NC
dexlansoprazole DR cap (DEXILANT equiv)	-	NC
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	NC
FIRST PANTOPRAZOLE SUSP	-	NC
NEXIUM 24HR TAB	OTC	NC
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	NC
omeprazole tab	OTC	NC
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC
PRILOSEC OTC DR TAB	OTC	NC
VOQUEZNA TAB	-	NC
<b>ULCER THERAPY COMBINATIONS</b>		
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	2
bismuth/metro/tetra cap (PYLERA equiv)	-	3
PYLERA CAP	-	3
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	4
KONVOMEK SUSP	-	NC
TALICIA CAP	-	NC
VOQUEZNA DUAL PAK	-	NC
VOQUEZNA TRIP PAK	-	NC

**URINARY ANTISPASMODICS**

**URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)**

tropium chloride SR cap (SANCTURA XR equiv)	-	2
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<b>PA</b> Prior Authorization	<b>PSP</b> Preferred Specialty Pharmacy	<b>QL</b> Quantity Limit
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>SP</b> Available through Specialty Pharmacy Program	<b>ST</b> Step Therapy	<b>VAC</b> Vaccine Program

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DrugName	Special Code	Tier
<b>URINARY ANTISPASMODICS Cont.</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin tab (DITROPAN equiv)	-	1
tolterodine tab (DETROL equiv)	-	1
tropium tab (SANCTURA equiv)	-	1
darifenacin SR tab (ENABLEX equiv)	-	2
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2
oxybutynin syrup	-	2
solifenacin tab (VESICARE equiv)	-	2
tolterodine SR cap (DETROL LA equiv)	-	2
OXYTROL PATCH (QL= 8 patches/30 days)	QL	3
VESICARE TAB	-	3
GELNIQUE	-	NC
OXYBUTYNIN TAB	-	NC
TOVIAZ TAB	-	NC
VESICARE LS SUSP	-	NC
<b>URINARY ANTISPASMODIC COMBINATIONS</b>		
phenazopyridine plus tab (PYRIDIUM equiv)	-	2
URELIEF PLUS TAB	-	2
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ TAB	-	2
mirabegron tab er (MYRBETRIQ equiv)	-	4
GEMTESA TAB	-	NC
MYRBETRIQ SUSP	-	NC
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
bethanechol tab (URECHOLINE equiv)	-	2
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)</b>		
flavoxate tab (URISPAS equiv)	-	2

**VACCINES**

**BACTERIAL VACCINES**

ACTHIB INJ, HIBERIX INJ	VAC	6
BEXSERO INJ	VAC	6
BIOTHRAX INJ	VAC	6
MENACTRA INJ	VAC	6
MENQUADFI INJ	VAC	6
MENVEO INJ	VAC	6
PEDVAXHIB INJ	VAC	6
PENBRAYA INJ	VAC	6
PNEUMOVAX INJ (QL= 1 vaccine/lifetime)	QL-VAC	6
PREVNAR 13 INJ (QL= 1 vaccine/lifetime)	QL-VAC	6
PREVNAR 20 INJ (Covered for members age 19 years or older)	VAC	6
TRUMENBA INJ	VAC	6
VAXNEUVANCE INJ	VAC	6
TYPHIM VI INJ	VAC	EXC
VAXCHORA SUSP	VAC	EXC

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**Last Updated\* 5/3/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VACCINES Cont.</b>		
BCG INJ	VAC	NC
<b>MIXED VACCINE COMBINATIONS</b>		
COMVAX INJ	VAC	6
<b>VIRAL VACCINES</b>		
ABRYSVO INJ	VAC	6
AFLURIA INJ (QL= 2 vaccines/calendar year)	QL-VAC	6
AFLURIA INJ, FLUZONE INJ (QL= 2 vaccines/calendar year)	QL-VAC	6
AREXVY INJ	VAC	6
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	6
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	6
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL-VAC	6
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL-VAC	6
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	6
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	6
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL-VAC	6
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL-VAC	6
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL-VAC	6
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days)	QL-VAC	6
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	6
COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	6
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	6
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	6
COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	6
DENG VAXIA SUSP	VAC	6
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	6
FLUAD INJ (QL= 2 vaccines/calendar year)	QL-VAC	6
FLUAD QUAD INJ (QL= 2 vaccines/calendar year)	QL-VAC	6
FLUBLOK QUAD PF INJ (QL= 2 vaccines/calendar year)	QL-VAC	6
FLUCELVAX QUAD INJ (QL= 2 vaccines/calendar year)	QL-VAC	6
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 2 vaccines/calendar year)	QL-VAC	6
FLUMIST QUADRIVALENT NASAL SUSP (QL= 2 vaccines/calendar year)	QL-VAC	6
FLUZONE HD PF INJ (QL= 2 vaccines/calendar year)	QL-VAC	6
FLUZONE HIGH DOSE PF INJ (QL= 2 vaccines/calendar year)	QL-VAC	6
FLUZONE SPLIT QUAD INJ (QL= 2 vaccines/calendar year)	QL-VAC	6
FLUZONE/FLUARIX QUAD INJ (QL= 2 vaccines/calendar year)	QL-VAC	6
GARDASIL 9 INJ	VAC	6
HAVRIX INJ, VAQTA INJ	VAC	6
HEPLISAV-B INJ	VAC	6
INFLUENZA H1N1 INJ	VAC	6
IPOL INJ	VAC	6
M-M-R II INJ	VAC	6
PREHEVBRIO SUSP	VAC	6
PRIORIX INJ	VAC	6
PROQUAD INJ	VAC	6
ROTARIX SUSP	VAC	6
ROTATEQ SUS	VAC	6

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**Last Updated\* 5/3/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VACCINES Cont.</b>		
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	6
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	6
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	6
TWINRIX INJ	VAC	6
VARIVAX INJ	VAC	6
IXIARO INJ	VAC	EXC
YF-VAX INJ	VAC	EXC
IMOVAX INJ	VAC	NC
IXCHIQ INJ	-	NC
JE-VAX INJ	VAC	NC
RABAVERT INJ	VAC	NC

**VAGINAL AND RELATED PRODUCTS**

**VAGINAL ANTI-INFECTIVES**

XACIATO GEL	-	NC
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**VAGINAL CONTRACEPTIVE - PH MODULATORS**

PHEXXI GEL (QL= 1 box/fill)	QL	6
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**VAGINAL PRODUCTS**

**MISCELLANEOUS VAGINAL PRODUCTS**

FEM PH GEL	-	NC
INTRAROSA SUPP	-	NC

**SPERMICIDES**

CONTRACEPTIVE FILM	OTC	6
CONTRACEPTIVE FOAM	OTC	6
CONTRACEPTIVE GEL	OTC	6
CONTRACEPTIVE SUPP	OTC	6
TODAY SPONGE	OTC	6
CONCEPTROL GEL	OTC	NC

**VAGINAL ANTI-INFECTIVES**

clindamycin vaginal cream (CLEOCIN equiv)	-	2
metronidazole vaginal gel (METROGEL equiv)	-	2
miconazole 3 kit	-	2
terconazole cream (TERAZOL equiv)	-	2
TERCONAZOLE CREAM 0.8%	-	2
terconazole supp (TERAZOL equiv)	-	2
GYNAZOLE-1 CREAM	-	3
CLEOCIN VAGINAL SUPP	-	4
CLINDESSE VAGINAL CREAM	-	4
MICONAZOLE 3 SUPP 200MG	-	4

**VAGINAL ESTROGENS**

estradiol cream (ESTRACE equiv)	-	2
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	2
ESTRING (QL= 1 ring/90 days)	QL	3
PREMARIN VAGINAL CREAM	-	3
IMVEXXY SUPP	-	NC
VAGIFEM TAB	-	NC

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Last Updated\* 5/3/2024

DrugName	Special Code	Tier
<b>VAGINAL PRODUCTS Cont.</b>		
<b>VAGINAL PROGESTINS</b>		
ENDOMETRIN INSERT	-	3
CRINONE GEL	-	5
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
SYMJEPI INJ (QL= 2 inj/fill)	QL	1
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	2
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	3
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	3
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
EPIPEN (JR) INJ	-	NC
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
droxidopa cap (NORTHERA equiv)	-	NC
NORTHERA CAP	-	NC
<b>VASOPRESSORS</b>		
midodrine tab (PROAMATINE equiv)	-	2
DOPAMINE INJ	M	M
dopamine inj (DOPAMINE equiv)	M	M
EPHEDRINE SULFATE INJ	M	M
EPINEPHRINE INJ	M	M
epinephrine inj (ADRENALIN equiv)	M	M
norepinephrine inj (LEVOPHED equiv)	M	M
phenylephrine inj (NEO-SYNEPHRINE equiv)	M	M
ADRENALIN INJ	-	NC
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
cholecalciferol cap 50000 unit	OTC	1
phytonadione tab (MEPHYTON equiv)	-	2
vitamin D cap ((RX Only))	-	2
MEPHYTON TAB	-	3
REPLESTA WAFER	OTC	6
THERA-D TAB	OTC	6
vitamin d chew	OTC	6
vitamin d3 drops	OTC	6
vitamin d3 tab	OTC	6
vitamin k inj	M	M
ERGOCAL CAP	-	NC
vitamin D cap 1000unit	OTC	NC
vitamin D cap 400unit	OTC	NC
VITAMIN D TAB 400UNIT	OTC	NC
<b>PRENATAL VITAMINS</b>		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
PRENATAL 19 CHEW TAB	-	4
PRENATAL VITAMINS (NON-PREFERRED)	--OTC	4

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Last Updated\* 5/3/2024

DrugName	Special Code	Tier
<b>VITAMINS Cont.</b>		
<b>WATER SOLUBLE VITAMINS</b>		
niacin cap	-	2
niacin CR tab (SLO-NIACIN equiv)	-	2
niacin tab	-	2
NIACIN TR TAB	-	2
niacinamide tab	-	2
POTABA POWDER PACKET	-	3
POTABA CAP	-	4
ASCORBIC ACID INJ	M	M
PYRIDOXINE INJ	M	M
thiamine inj	M	M
vitamin c inj	M	M

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**Vantage Health Plan Commercial/Marketplace Formulary**  
**Prior Authorization Drug List**  
**Last Updated\* 5/3/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
acarbose tab	2
ACTEMRA ACTPEN INJ	5
ACTEMRA SC INJ	5
ACTHAR GEL INJ	5
ACTIMMUNE INJ	5
ADALIMUMAB-ADAZ INJ	5
ADALIMUMAB-ADAZ PFS INJ	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	5
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	5
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	5
adapalene cream	2
adapalene gel	2
adapalene/benzoyl peroxide gel 0.1-2.5%	2
ADEMPAS TAB	5
AFINITOR TAB	5
AIMOVIG INJ	3
AJOVY INJ	3
AKYNZEO CAP	3
ALECENSA CAP	5
ALFERON-N INJ	5
ALINIA SUSP	3
ALINIA TAB	4
ALKINDI SPRINKLE CAP 0.5MG	4
ALKINDI SPRINKLE CAP 1MG	4
alosetron tab	5
ALUNBRIG TAB 30MG	5
ALUNBRIG TAB 90MG, 180MG	5
ambrisentan tab	5
AMITIZA CAP	3
AMJEVITA AUTO-INJECTOR (1 PEN PACK)	5
AMJEVITA AUTO-INJECTOR (2 PEN PACK)	5
aprepitant cap	2
aprepitant pak	2
ARIKAYCE SUSP	5
armodafinil tab	2
BACLOFEN SUSP	4
BALVERSA TAB 3MG	5
BALVERSA TAB 4MG	5
BALVERSA TAB 5MG	5
BANZEL SUSP	4
BARACLUDE SOLN	4
BAXDELA TAB	3

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**Vantage Health Plan Commercial/Marketplace Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 5/3/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
bexarotene cap	5
bexarotene gel	5
bosentan tab	5
BOSULIF CAP	5
BOSULIF TAB	5
BRUKINSA CAP	5
budesonide rectal foam	2
CABOMETYX TAB	5
CALQUENCE CAP	5
CALQUENCE TAB	5
capecitabine tab	5
CAPRELSA 300MG TAB	5
CAPRELSA TAB	5
carglumic acid tab	5
CAROSPIR SUSP	4
CAYSTON INH SOLN	5
CIMZIA INJ	5
CIMZIA STARTER INJ KIT	5
clobazam susp	2
clobazam tab	2
clobetasol lotion	4
COMETRIQ KIT	5
COPIKTRA CAP	5
CORLANOR SOLN	4
CORLANOR TAB	4
COTELLIC TAB	5
cyclophosphamide cap	2
CYSTADANE POWDER	5
deferasirox granules packet	5
deferasirox tab	5
deferasirox tab for oral susp	5
deferiprone tab	5
DESCOVY TAB	6
diclofenac gel	2
DIFFERIN OTC GEL 0.1%	2
DOPTELET TAB	5
DUPIXENT INJ	5
DUPIXENT PEN INJ	5
EGRIFTA INJ	5
EMGALITY INJ	3
EMGALITY INJ 100MG/ML	3
EMPAVELI INJ	5

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**Vantage Health Plan Commercial/Marketplace Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 5/3/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
enalapril maleate oral soln	2
ENBREL INJ 25MG	5
ENBREL INJ 50MG	5
ENBREL MINI INJ	5
ENBREL SURECLICK INJ 50MG	5
ENSPRYNG INJ	5
EPIDIOLEX SOLN	5
EPIDUO FORTE GEL 0.3-2.5%	3
ERIVEDGE CAP	5
erlotinib tab	5
erlotinib tab 25mg	5
ESBRIET CAP	5
ESBRIET TAB 267MG	5
ESBRIET TAB 801MG	5
ETOPOSIDE CAP	2
everolimus tab	5
everolimus tab for oral susp	5
EVRYSDI SOLN	5
FASENRA PEN INJ	5
fentanyl citrate lollipop	2
FERRIPROX SOLN	5
FLEQSUVY SUSP	4
FORTEO INJ	5
FULPHILA INJ	5
GALAFOLD CAP	5
GATTEX KIT	5
gefitinib tab	5
GENOTROPIN IN, OMNITROPE INJ, ZOMACTON INJ	5
GENOTROPIN INJ, HUMATROPE INJ, ZOMACTON INJ	5
GILOTRIF TAB	5
HADLIMA INJ	5
HADLIMA INJ 40MG/0.8ML	5
HADLIMA PUSH INJ	5
HADLIMA PUSH INJ 40MG/0.8ML	5
halcinonide cream	2
HEMLIBRA INJ	5
HIZENTRA INJ	5
HUMIRA INJ 10MG	5
HUMIRA INJ 20MG	5
HUMIRA INJ 40MG	5
HUMIRA INJ 80MG	5
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	5

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**Vantage Health Plan Commercial/Marketplace Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 5/3/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	5
HUMIRA INJ PEDIATRIC UC STARTER PACK	5
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	5
HUMIRA PEN INJ 40MG	5
HYCANTIN CAP	5
HYQVIA INJ	5
IBRANCE CAP	5
IBRANCE TAB	5
ICLUSIG TAB	5
IMBRUVICA CAP 140MG	5
IMBRUVICA CAP 70MG	5
IMBRUVICA SUSP	5
IMBRUVICA TAB 420MG, 560MG	5
INCRELEX INJ	5
INLYTA TAB	5
INQOVI TAB	5
INTRON-A INJ	5
IRESSA TAB	5
JAKAFI TAB	5
JYLAMVO SOLN, XATMEP SOLN	4
KALYDECO PAK	5
KALYDECO TAB	5
KATERZIA SUSP	4
KERENDIA TAB	4
KEVZARA INJ	5
KORLYM TAB	5
KYNMOBI FILM	5
KYNMOBI TITRATION KIT	5
LAMPIT TAB	3
lapatinib ditosylate tab	5
LAZANDA NASAL SPRAY	4
LEDIPASVIR/SOFOSBUVIR TAB	5
LENVIMA CAP	5
lidocaine/prilocaine cream	2
linezolid susp	2
linezolid tab	2
LINZESS CAP	4
LIVTENCITY TAB	5
LOKELMA PAK	3
LONSURF TAB	5
LORBRENA TAB 100MG	5
LORBRENA TAB 25MG	5

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**Vantage Health Plan Commercial/Marketplace Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 5/3/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
lubiprostone cap	3
LUMAKRAS TAB	5
LUMAKRAS TAB 320MG	5
LYNPARZA TAB	5
LYVISPAH GRANULE PACKET	4
MATULANE CAP	5
MAVYRET PAK	5
MAVYRET TAB	5
MEKINIST TAB 0.5MG	5
MEKINIST TAB 2MG	5
mifepristone tab	5
miglustat cap	5
modafinil tab	2
MOVANTIK TAB	3
MYFEMBREE TAB	3
MYLERAN TAB	5
naproxen/esomeprazole magnesium DR tab	2
NERLYNX TAB	5
NEULASTA ONPRO INJ	5
NEXLETOL TAB	3
NEXLIZET TAB	3
NINLARO CAP	5
nitazoxanide tab	3
nitrofurantoin susp	2
NORDITROPIN FLEXPRO INJ, NUTROPIN AQ INJ	5
NUBEQA TAB	5
NUCALA INJ	5
NUEDEXTA CAP	3
octreotide inj	2
OCTREOTIDE INJ 100MCG	2
ODOMZO CAP	5
OFEV CAP	5
OMNITROPE INJ	5
ONGENTYS CAP	4
OPSUMIT TAB	5
OPZELURA CREAM	5
ORENCIA CLICK INJ	5
ORENCIA SC INJ 125MG/ML	5
ORENCIA SC INJ 50MG/0.4ML	5
ORENCIA SC INJ 87.5MG/0.7ML	5
ORGOVYX TAB	5
ORIAHNN CAP	3

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**Vantage Health Plan Commercial/Marketplace Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 5/3/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ORLISSA TAB 150MG	5
ORLISSA TAB 200MG	5
ORSERDU TAB	5
ORSERDU TAB 345MG	5
OTEZLA STARTER PACK	5
OTEZLA TAB	5
pazopanib tab	5
phenoxybenzamine cap	5
PIQRAY TAB	5
pirfenidone cap	5
pirfenidone tab 267mg	5
pirfenidone tab 801mg	5
POMALYST CAP	5
PRALUENT INJ	3
PROMACTA TAB	5
PULMOZYME INH SOLN	5
PURIXAN SUSP	4
pyrimethamine tab	5
QBRELIS SOLN	4
QINLOCK TAB	5
REPATHA INJ	3
REPATHA PUSHTRONEX INJ	3
RESTASIS OPHTH EMULSION	3
RETEVMO CAP	5
REYVOW TAB	3
REZLIDHIA CAP	3
REZUROCK TAB	5
RIBAPAK TAB	2
RINVOQ ER TAB	5
ROZLYTREK CAP	5
RUBRACA TAB	5
rufinamide susp	2
RYDAPT CAP	5
SABRIL POWDER PACK	5
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	5
SAMSCA TAB	5
SANDOSTATIN LAR INJ KIT	5
sapropterin dihydrochloride powder packet	5
sapropterin dihydrochloride soluble tab	5
SIGNIFOR INJ	5
sildenafil tab 20mg	2
SIMPONI AUTO-INJECTOR 100MG	5

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**Vantage Health Plan Commercial/Marketplace Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 5/3/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
SIMPONI INJ 100MG	5
SKYRIZI INJ 150MG/ML	5
SKYRIZI INJ 75MG/0.83ML	5
SKYTROFA INJ	5
SODIUM OXYBATE SOLN	5
SOFOSBUVIR/VELPATASVIR TAB	5
SOMAVERT INJ	5
sorafenib tosylate tab	5
SOTYLIZE SOLN 5MG/ML	4
spironolactone susp	4
SPRYCEL TAB	5
STELARA INJ	5
STIVARGA TAB	5
SUCRAID SOLN	5
sunitinib malate cap	5
SUNOSI TAB	3
SUPPRELIN LA KIT	5
SYMDEKO TAB	5
SYNAREL NASAL SOLN	5
TABRECTA TAB	5
tadalafil tab (PAH)	5
TAFINLAR CAP	5
tafluprost preservative free (pf) ophth soln	2
TALTZ INJ	5
TALZENNA CAP 0.25MG	5
TALZENNA CAP 0.5MG, 0.75MG, 1MG	5
TARCEVA TAB	5
TASIGNA CAP	5
TEGSEDI INJ	5
temozolomide cap	5
temsirrolimus soln	5
TEPMETKO TAB	5
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml	5
testosterone cypionate inj	2
testosterone gel 1.62% 1.25gm	4
testosterone gel 1.62% 2.5gm	4
testosterone soln	2
tetrabenazine tab	5
THALOMID CAP	5
TIBSOVO TAB	5
tiopronin tab	5
TIROSINT-SOL	4

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**Vantage Health Plan Commercial/Marketplace Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 5/3/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
TOBI PODHALER	5
tobramycin neb soln	5
TOLVAPTAN TAB	5
TORISEL SOLN	5
TRACLEER TAB 32MG	5
TRACLEER TAB 62.5MG, 125MG	5
TREMFYA INJ	5
tretinoin cap	5
tretinoin cream	2
tretinoin gel	2
tretinoin gel 0.08%	2
trientine cap	5
TRINTELLIX TAB	4
TRULANCE TAB	3
TRUSELTIQ PACK 100MG	5
TRUSELTIQ PACK 50MG, 125MG	5
TRUSELTIQ PACK 75MG	5
TRUVADA TAB	6
TUKYSA TAB	5
TURALIO CAP	5
TYKERB TAB	5
TYMLOS INJ	5
TYVASO INH SOLN 0.6 MG/ML	5
UBRELVY TAB	3
UCERIS RECTAL FOAM	4
UPTRAVI TAB	5
VALCHLOR GEL	5
valganciclovir soln	5
valganciclovir tab	2
VANTAS KIT	5
VARUBI TAB	3
VELTASSA POWDER	3
VENTAVIS INH SOLN	5
VERZENIO TAB	5
vigabatrin powder pack	5
vigabatrin tab	5
vigadrone powder pack	5
VIJOICE TAB	5
VIJOICE TAB 250MG	5
VITRAKVI CAP 100MG	5
VITRAKVI CAP 25MG	5
VITRAKVI SOLN	5

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**Vantage Health Plan Commercial/Marketplace Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 5/3/2024**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
VIZIMPRO TAB	5
VONJO CAP	5
voriconazole susp	2
voriconazole tab	2
VOSEVI TAB	5
VOTRIENT TAB	5
VYNDAMAX CAP	5
VYNDAQEL CAP	5
VYZULTA SOLN	4
XALKORI CAP	5
XALKORI SPRINKLE CAP	5
XELJANZ SOLN	5
XELJANZ TAB	5
XELJANZ XR TAB	5
XEMBIFY INJ	5
XOLAIR INJ	5
XOLAIR INJ 150MG/ML	5
XOLAIR INJ 300MG/2ML	5
XOLAIR SYRINGE	5
XOLAIR SYRINGE 150MG/ML	5
XOLAIR SYRINGE 300MG/2ML	5
XOSPATA TAB	5
XYREM SOLN	5
ZEJULA CAP	5
ZELBORAF TAB	5
ZEPOSIA CAP	5
ZEPOSIA STARTER PACK	5
ZIOPTAN OPHTH SOLN	4
ZOLADEX IMPLANT	5
ZOLINZA CAP	5
ZONTIVITY TAB	4
ZYDELIG TAB	5
ZYKADIA CAP	5
ZYKADIA TAB	5

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**Vantage Health Plan Commercial/Marketplace Formulary**  
**Last Updated\* 5/3/2024**  
**RxCents (Cost Savings Enabled by Tablet Splitting)**

Tablet splitting helps control prescription drug benefit costs and can provide significant savings for members. Participation in the program is voluntary. Through this program, members pay up to one-half of their usual copayment on a select group of prescription drugs. Drugs included in this program are based on the following criteria:

- The drug product is on the formulary.
- The drug product is recognized as an appropriate product to split by the Pharmacy & Therapeutics Committee.
- The drug is flat priced (i.e. various strengths of the medication must be comparably priced).
- The medication must have once-daily dosing.

An example of the savings that can be realized through this program is illustrated below:

	Product & Strength	Quantity	Member Copay	Member Annual Savings
Without Tablet Splitting	Drug A 40 mg tab	30	\$15.00	
With Tablet Splitting	Drug A 80 mg tab	15	\$7.50	\$90

As the example illustrates, tablet splitting allows members to receive the same dose in a fewer number of tablets; thus, the overall

**RxCents Program Medications**

amlodipine/valsartan tab	febuxostat tab	JANUVIA TAB	LATUDA TAB
LATUDA TAB 80MG	lurasidone hcl tab	nebivolol hcl tab	rasagiline tab
TRINTELLIX TAB			

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**Vantage Health Plan Commercial/Marketplace Formulary**  
**Last Updated\* 5/3/2024**  
**Over-the-Counter (OTC)**

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

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

ammonium lactate cream	ammonium lactate lotion	aspirin chew tab 81mg	aspirin ec tab 81mg
aspirin tab	B-D INSULIN SYRINGE	B-D PEN NEEDLE	budesonide nasal spray
CARETOUCH MIS	cholecalciferol cap 50000 unit	cimetidine tab	CLARITIN CHEW TAB
clotrimazole cream	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL
CONTRACEPTIVE SUPP	DIFFERIN OTC GEL 0.1%	ENTRE-B SUSP	esomeprazole cap
famotidine tab	ferrous sulfate EC tab	ferrous sulfate elixir	FERROUS SULFATE LIQUII
ferrous sulfate soln	folic acid tab 400mcg	folic acid tab 800mcg	GLUCOCARD EXPRESSION CONTROL SOLUTION
GLUCOCARD EXPRESSION METER	GLUCOCARD EXPRESSION TEST STRIP	GLUCOCARD SHINE CONTROL SOLUTION	GLUCOCARD SHINE METER
GLUCOCARD SHINE TEST STRIP	guaifenesin/codeine syrup	levonorgestrel tab 0.75mg	levonorgestrel tab 1.5mg
loratadine cap	MALE CONDOMS	MULTI-LANCET DEVICE 2	naloxone hcl nasal spray
nicotine gum	NICOTINE KIT	nicotine lozenge	nicotine patch
NOVOFINE PEN NEEDLE	NOVOTWIST PEN NEEDLE	NOVOTWIST/NOVOFINE PEN NEEDLE	olopatadine ophth soln 0.1%
olopatadine ophth soln 0.2% PLAN B TAB	phenazopyridine tab 95mg	phenazopyridine tab 97.5mg	phenazopyridine tab 99.5mg
REPLESTA WAFER	polyethylene glycol 3350 powder	PRENATAL VITAMINS (NON-PREFERRED)	PROFE CAP 180MG
TECHLITE LANCET 28G	RIGHT STEP PRENATAL VITAMINS	RIVIVE SPRAY	selenium sulfide lotion
TRUPLUS LANCET	TECHLITE LANCET 30G	THERA-D TAB	TODAY SPONGE
	vitamin d chew	vitamin d3 drops	vitamin d3 tab

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**Vantage Health Plan Commercial/Marketplace Formulary**  
**Last Updated\* 5/3/2024**  
**Mandatory Specialty Pharmacy (MSP)**

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

**Mandatory Specialty Pharmacy (MSP) Medications**

ACTHAR GEL INJ	ACTIMMUNE INJ	ADEMPAS TAB	ALUNBRIG TAB 30MG
ALUNBRIG TAB 90MG, 180MG	ambrisentan tab	ARIKAYCE SUSP	BALVERSA TAB 3MG
BALVERSA TAB 4MG	BALVERSA TAB 5MG	betaine powder for oral solution	bosentan tab
BRUKINSA CAP	CALQUENCE CAP	CALQUENCE TAB	CAPRELSA 300MG TAB
CAPRELSA TAB	carglumic acid tab	CAYSTON INH SOLN	COMETRIQ KIT
COPIKTRA CAP	CYSTAGON CAP	CYSTARAN OPHTH SOLN	deferiprone tab
DOPTELET TAB	EMPAVELI INJ	EPIDIOLEX SOLN	EVRYSDI SOLN
FASENRA PEN INJ	FERRIPROX SOLN	FUROSCIX KIT	GALAFOLD CAP
gefitinib tab	GILOTRIF TAB	ICLUSIG TAB	IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG	IMBRUVICA SUSP	IMBRUVICA TAB 420MG, 560MG	INCRELEX INJ
IRESSA TAB	KALYDECO PAK	KALYDECO TAB	KORLYM TAB
lenalidomide cap	LENVIMA CAP	LIVTENCITY TAB	LUMAKRAS TAB
LUMAKRAS TAB 320MG	LYNPARZA TAB	LYSODREN TAB	MAVENCLAD PAK
mifepristone tab	miglustat cap	NERLYNX TAB	NINLARO CAP
OFEV CAP	OPSUMIT TAB	ORGOVYX TAB	ORSERDU TAB
ORSERDU TAB 345MG	pyrimethamine tab	QINLOCK TAB	REMODULIN INJ 10MG/ML
REMODULIN INJ 1MG/ML	REMODULIN INJ 2.5MG/ML	REMODULIN INJ 5MG/ML	REVLIMID CAP
REZLIDHIA CAP	REZUROCK TAB	RUBRACA TAB	SABRIL POWDER PACK
SIGNIFOR INJ	SODIUM OXYBATE SOLN	SOMAVERT INJ	SYMDEKO TAB
TEGSEDI INJ	TEPMETKO TAB	TIBSOVO TAB	TOBI PODHALER
TRACLEER TAB 32MG	TRACLEER TAB 62.5MG, 125MG	treprostinil inj 10mg/ml	treprostinil inj 1mg/ml
treprostinil inj 2.5mg/ml	treprostinil inj 5mg/ml	TRUSELTIQ PACK 100MG	TRUSELTIQ PACK 50MG, 125MG
TRUSELTIQ PACK 75MG	TUKYSA TAB	TURALIO CAP	TYVASO INH SOLN 0.6 MG/ML
UPTRAVI TAB	VALCHLOR GEL	VENTAVIS INH SOLN	vigabatrin powder pack
vigabatrin tab	vigadrone powder pack	VITRAKVI CAP 100MG	VITRAKVI CAP 25MG
VITRAKVI SOLN	VONJO CAP	VYNDAMAX CAP	VYNDAQEL CAP
XEMBIFY INJ	XOSPATA TAB	XYREM SOLN	ZEJULA CAP
ZYDELIG TAB			

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**Vantage Health Plan Commercial/Marketplace Formulary**  
**Last Updated\* 5/3/2024**  
**Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
ALSUMA INJ	QL= 10 inj/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan
ANDRODERM PATCH	Step therapy requires trial of ANDROGEL equiv
CIALIS TAB 2.5MG, 5MG	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
DIFICID SUSP	QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN
DIFICID TAB	QL= 20 tabs/30 days; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
esomeprazole DR granule pack	Step Therapy requires trial of omeprazole, pantoprazole or lansoprazole
FANAPT TAB	QL= 2 tabs/day; Step Therapy requires trial of risperidone, olanzapine, quetiapine, ziprasidone
febuxostat tab	Step Therapy requires trial of allopurinol
FORTESTA GEL 2%	Step therapy requires trial of ANDROGEL equiv
HUMULIN MIX INJ	Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	Step Therapy requires trial of NOVOLIN
LIVALO TAB	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NEXIUM GRANULE PACK	Step Therapy requires trial of omeprazole, pantoprazole or lansoprazole
paliperidone ER tab 6mg	QL= 2 tabs/day; Step Therapy requires trial of risperidone, olanzapine, quetiapine, ziprasidone
pitavastatin calcium tab	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
PREVACID SOLUTAB	QL= 1 tab/day; Step Therapy requires trial of omeprazole, pantoprazole or lansoprazole
QNASL NASAL SPRAY	QL= 1 bottle/30 days; Step therapy requires trial of flunisolide or fluticasone
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate or ibandronate
SUMAVEL DOSEPRO INJ	QL= 6 inj/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatripta
SUPREP BOWEL PREP PACK	Step Therapy requires trial of CLENPIQ
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
TESTIM GEL	Step therapy requires trial of ANDROGEL equiv
zolmitriptan nasal spray	QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan
zolmitriptan ODT	QL= 9 tabs/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan

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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
ZOLMITRIPTAN SPRAY	QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan
zolmitriptan tab	QL= 9 tabs/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan
ZOMIG SPRAY	QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan

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**Vantage Health Plan Commercial/Marketplace Formulary**  
**Smoking Cessation Agents**  
**Last Updated\* 5/3/2024**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
bupropion SR tab( Limited to 180 days/calendar year)	6
nicotine gum( Limited to 180 days/calendar year)	6
NICOTINE KIT( Limited to 180 days/calendar year)	6
nicotine lozenge( Limited to 180 days/calendar year)	6
nicotine patch( Limited to 180 days/calendar year)	6
NICOTROL INHALER( Limited to 180 days/calendar year)	6
NICOTROL NASAL SPRAY( Limited to 180 days/calendar year)	6
VARENICLINE TAB( Limited to 180 days/calendar year)	6
varenicline tartrate tab( Limited to 180 days/calendar year)	6
varenicline tartrate tab starter pack( Limited to 180 days/calendar year)	6

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**Vantage Health Plan Commercial/Marketplace Formulary**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
abacavir/lamivudine/zidovudine tab	QL= 2 tabs/day
abiraterone tab 250mg	QL= 4 tabs/day
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTHAR GEL INJ	QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
ADALIMUMAB-ADAZ INJ	QL= 2 inj/28 days
ADALIMUMAB-ADAZ PFS INJ	QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	QL= 2 inj/28 days
ADVAIR DISKUS INHALER	QL= 1 inhaler/30 days
ADVAIR HFA INHALER	QL= 1 inhaler/30 days
AFLURIA INJ	QL= 2 vaccines/calendar year
AFLURIA INJ, FLUZONE INJ	QL= 2 vaccines/calendar year
AIMOVIJ INJ	QL= 1 pack/28 days
AJOVY INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 tab/fill
albuterol HFA inhaler	QL= 2 inhalers/30 days
albuterol neb soln 0.083%	QL= 3 boxes/30 days
albuterol neb soln 0.5%	QL= 5 boxes/30 days
albuterol neb soln 0.63mg	QL= 5 boxes/30 days
albuterol neb soln 1.25mg	QL= 5 boxes/30 days
ALBUTEROL NEBULIZER SOLN 0.5%	QL= 5 boxes/30 days
ALINIA SUSP	QL= 60ml/3 days
ALINIA TAB	QL= 6 tabs/3 days
ALKINDI SPRINKLE CAP 0.5MG	QL= 3 caps/day; Members age 9 or older require Prior Authorization
ALKINDI SPRINKLE CAP 1MG	QL= 3 caps/day; Members age 9 or older require Prior Authorization
ALSUMA INJ	QL= 10 inj/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan
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
AMBIEN CR TAB	QL= 1 tab/day
ambrisentan tab	QL= 1 tab/day; Only available through Lumicera 855-847-3553
AMJEVITA AUTO-INJECTOR (1 PEN PACK)	QL= 2 pens/28 days
AMJEVITA AUTO-INJECTOR (2 PEN PACK)	QL= 2 pens/28 days
amphetamine/dextroamphetamine ER cap	QL= 1 cap/day
amphetamine/dextroamphetamine tab	QL= 2 tabs/day
ANNOVERA RING	QL= 1 ring/year
ANZEMET TAB	QL= 5 tabs/30 days
APLENZIN TAB	QL= 1 tab/day
aprepitant cap	QL= 3 caps/fill

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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
aprepitant pak	QL= 3 caps/fill
ARCAPTA NEOHALER	QL= 1 inhaler/30 days
arformoterol tartrate neb soln	QL= 2 nebs/day
ARIKAYCE SUSP	QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046
aripiprazole tab	QL= 1 tab/day
aripiprazole tab 2mg	QL= 2 tabs/day
aripiprazole tab 5mg	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/day
asenapine maleate SL tab	QL= 2 tabs/day
ASMANEX HFA INHALER	QL= 2 inhalers/30 days
ASMANEX INHALER	QL= 2 inhalers/30 days
ATRIPLA TAB	QL= 1 tab/day
ATROVENT HFA INHALER	QL= 2 inhalers/30 days
azelastine nasal spray 0.1%	QL= 2 bottles/30 days
azelastine nasal spray 0.15%	QL= 2 bottles/30 days
BALVERSA TAB 3MG	QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG	QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG	QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BAXDELA TAB	QL= 2 tabs/day
bimatoprost ophth soln	QL= 2.5ml/30 days
BINOSTO TAB	QL= 4 tabs/ 28 days
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
BREO ELLIPTA INHALER	QL= 1 inhaler/30 days
BROVANA NEB SOLN	QL= 120 units/30 days
BRUKINSA CAP	QL= 4 caps/day; Only available through Lumicera 855-847-3553
budesonide inh susp	QL= 2 nebs/day
budesonide nasal spray	QL= 1 bottle/30 days
bupropion ER tab	QL= 2 tabs/day
bupropion SR tab	Limited to 180 days/calendar year
bupropion SR tab 150mg	QL= 2 tabs/day
bupropion XL tab	QL= 1 tab/day
butorphanol nasal spray	QL= 2 bottles/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
BYETTA INJ	QL= 1 pen/30 days
CABOMETYX TAB	QL= 1 tab/day
calcitonin nasal spray	QL= 1 bottle/30 days
CALQUENCE CAP	QL= 2 caps/day; Only available through Biologics 800-850-4306
CALQUENCE TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306

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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
CIALIS TAB 2.5MG, 5MG	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
citalopram soln	QL= 600ml/30 days
citalopram tab	QL= 1 tab/day
clarithromycin ER tab	QL= 28 tabs/30 days
clozapine tab	QL= 6 tabs/day
COMBIVENT RESPIMAT INHALER	QL= 2 inhalers/30 days
COMIRNATY INJ	QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML	QL= 1 dose/17 days
COMPLERA TAB	QL= 1 tab/day
COPIKTRA CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB	QL= 3 tabs/day
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days
COVID-19 VACCINE INJ (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 6-11Y (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-5Y (MODERNA)	QL= 1 dose/24 days
cyclosporine ophth emulsion	QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day; Restricted to Neurology Specialist
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
desvenlafaxine ER tab	QL= 4 tabs/day
dexmethylphenidate ER cap	QL= 1 cap/day
dexmethylphenidate tab	QL= 2 tabs/day

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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
dextroamphetamine ER cap 10mg	QL= 6 tabs/day
dextroamphetamine ER cap 15mg	QL= 4 caps/day
dextroamphetamine ER cap 5mg	QL= 3 caps/day
DIASTAT ACDL GEL	QL= 2 packs/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 2 packs/fill
DIAZEPAM GEL	QL= 2 packs/fill
diazepam rectal gel	QL=2 packs/fill
diclofenac gel	QL= 300gm/30 days
diclofenac soln 1.5%	QL= 3 bottles/fill
DIFICID SUSP	QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB	QL= 20 tabs/30 days; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
dihydroergotamine mesylate inj	QL= 10 inj/14 days
donepezil tab 23mg	QL= 1 tab/day
DOPTELET TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
doxepin tab	QL= 1 tab/day
DULERA INHALER	QL= 1 inhaler/30 days
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
EDLUAR SL TAB	QL= 1 tab/day
efavirenz/emtricitabine/tenofovir df tab	QL= 1 tab/day
eletriptan tab	QL= 9 tabs/30 days
ELLA TAB	QL= 2 tabs/365 days
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantheRx 855-726-8479
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
ENSPRYNG INJ	QL= 1 inj/28 days
ENTRESTO TAB	QL= 2 tabs/day
EPINEPHRINE INJ 0.15MG	QL= 2 inj/fill
EPINEPHRINE INJ 0.3MG	QL= 2 inj/fill
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
ESBRIET CAP	QL= 9 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
escitalopram soln	QL= 600ml/30 days
escitalopram tab	QL= 1 tab/day
escitalopram tab 10mg	QL= 1.5 tabs/day

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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days (18 tabs on first fill)
ESTRING	QL= 1 ring/90 days
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day
EVRYSDI SOLN	QL= 6.67ml/day; Only available through Accredo 800-803-2523
famciclovir tab 125mg	QL= 1 tab/day
famciclovir tab 250mg	QL= 2 tabs/day
famciclovir tab 500mg	QL= 21 tabs/30 days
FANAPT TAB	QL= 2 tabs/day; Step Therapy requires trial of risperidone, olanzapine, quetiapine, ziprasidone
FARXIGA TAB	QL= 1 tab/day
FASENRA PEN INJ	QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
fentanyl patch	QL= 10 patches/30 days
FLOVENT DISKUS INHALER	QL= 1 inhaler/30 days
FLOVENT HFA INHALER	QL= 2 inhalers/30 days
FLUAD INJ	QL= 2 vaccines/calendar year
FLUAD QUAD INJ	QL= 2 vaccines/calendar year
FLUBLOK QUAD PF INJ	QL= 2 vaccines/calendar year
FLUCELVAX QUAD INJ	QL= 2 vaccines/calendar year
FLULAVAL QUAD INJ, FLUZONE QUAD IN	QL= 2 vaccines/calendar year
FLUMIST QUADRIVALENT NASAL SUSP	QL= 2 vaccines/calendar year
flunisolide nasal soln	QL= 2 bottles/fill
fluoxetine cap 10mg	QL= 1 cap/day
fluoxetine cap 20mg	QL= 3 caps/day
fluoxetine cap 40mg	QL= 2 caps/day
fluoxetine soln	QL= 600ml/30 days
fluoxetine tab	QL= 1 tab/day
fluoxetine tab 20mg	QL= 3 tabs/day
fluoxetine weekly cap	QL= 4 caps/28 days
FLUTICASONE DISKUS INHALER	QL= 1 inhaler/30 days
fluticasone nasal spray	QL= 1 bottle/30 days
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT	QL= 1 inhaler/30 days
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT	QL= 1 inhaler/30 days
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT	QL= 1 inhaler/30 days
fluvoxamine tab 100mg	QL= 3 tabs/day
fluvoxamine tab 25mg, 50mg	QL= 2 tabs/day
FLUZONE HD PF INJ	QL= 2 vaccines/calendar year
FLUZONE HIGH DOSE PF INJ	QL= 2 vaccines/calendar year
FLUZONE SPLIT QUAD INJ	QL= 2 vaccines/calendar year

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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
FLUZONE/FLUARIX QUAD INJ	QL= 2 vaccines/calendar year
FORFIVO XL TAB	QL= 1 tab/day
formoterol fumarate neb soln	QL= 2 nebs/day
FRAGMIN PREFILLED INJ	Limited to 35 day supply/180 days
FUROSCIX KIT	QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679
gabapentin cap	QL= 9 caps/day
gabapentin soln	QL= 72 mls/day
gabapentin tab 600mg	QL= 6 tabs/day
gabapentin tab 800mg	QL= 4.5 tabs/day
GALAFOLD CAP	QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GAVILYTE-C SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GILENYA CAP 0.25MG	QL= 1 cap/day
GILENYA CAP 0.5MG	QL= 1 cap/day
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLUCAGON KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day
GOLYTELY SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill
HADLIMA INJ	QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML	QL= 2 inj/28 days
HADLIMA PUSH INJ	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML	QL= 2 inj/28 days
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

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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
hydrocodone bitartrate ER cap	QL= 2 caps/day
ibandronate tab 150mg	QL= 1 tab/28 days
IBRANCE CAP	QL= 21 caps/28 days
IBRANCE TAB	QL= 21 caps/28 days
ICLUSIG TAB	QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
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 SUSP	QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
INQOVI TAB	QL= 5 tabs/28 days
ipratropium nasal spray	QL= 60gm/30 days
ipratropium neb soln	QL= 125 nebs/30 days
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JARDIANCE TAB	QL= 1 tab/day
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
KADIAN CAP	QL= 2 caps/day
KALYDECO PAK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KERENDIA TAB	QL= 1 tab/day
ketorolac tab	QL= 20 tabs/30 days
KEVZARA INJ	QL= 2 inj/28 days
KORLYM TAB	QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
KYNMOBI FILM	QL= 5 films/day
KYNMOBI TITRATION KIT	QL=1 kit/fill
lacosamide tab	QL= 2 tabs/day
LAGEVRIO CAP (EUA)	QL= 40 caps/fill
LAGEVRIO CAP 200MG	QL= 40 caps/fill
lansoprazole odt	QL= 1 tab/day
LASTACAFI OPTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/25 days
LATUDA TAB	QL= 1 tab/day
LATUDA TAB 80MG	QL= 2 tabs/day
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
LENVIMA CAP	QL= 3 caps/day; Only available through Optum 877-445-6874
letrozole tab	QL= 1 tab/day

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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/30 days
levonorgestrel tab 0.75mg	QL= 4 tabs/365 days
levonorgestrel tab 1.5mg	QL= 2 tabs/365 days
lidocaine oint	QL= 107gm/30 days
lidocaine patch 5%	QL= 3 patches/day
linezolid susp	QL= 600ml/28 days
linezolid tab	QL= 28 tabs/30 days
lisdexamfetamine dimesylate cap	QL= 1 cap/day
lisdexamfetamine dimesylate chew tab	QL= 1 tab/day
LIVTENCITY TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LORBRENA TAB 100MG	QL= 1 tab/day
LORBRENA TAB 25MG	QL= 3 tabs/day
LOTEMAX OPHTH OINT	QL= 14gm/365 days
LUMAKRAS TAB	QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG	QL= 3 tabs/day; Only available through Biologics 800-850-4306
LUMIGAN OPHTH SOLN	QL= 2.5ml/25 days
lurasidone hcl tab	QL= 2 tabs/day
LYNPARZA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYRICA SOLN	QL= 30 mls/day
MALE CONDOMS	QL= 12 condoms/fill
MAVYRET PAK	QL= 5 packs/day
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	QL= 1 inj/90 days
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
methamphetamine tab	QL= 5 tabs/day
methylphenidate CD cap 10mg, 20mg, 30mg	QL= 2 caps/day
methylphenidate CD cap 40mg	QL= 1 cap/day
methylphenidate CD cap 50mg	QL= 1 cap/day
methylphenidate CD cap 60mg	QL= 1 cap/day
methylphenidate ER cap 10mg, 20mg, 30mg	QL= 2 caps/day
methylphenidate ER cap 40mg	QL= 1 cap/day
methylphenidate ER tab 10mg	QL= 2 tabs/day
methylphenidate ER tab 18mg	QL= 1 tab/day
METHYLPHENIDATE ER TAB 18mg, 27mg, 36mg, 54mg	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= 2 tabs/day
methylphenidate ER tab 54mg	QL= 1 tab/day

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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
methylphenidate tab	QL= 3 tabs/day
mifepristone tab	QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
modafinil tab	QL= 2 tabs/day
MORPHINE SULFATE ER BEAD CAP	QL= 1 cap/day
morphine sulfate ER cap	QL= 2 caps/day
morphine sulfate ER tab	QL= 2 tabs/day
MOUNJARO INJ	QL= 4 inj/28 days
MYFEMBREE TAB	QL= 1 tab/day
naproxen EC tab 500mg	QL= 1 tab/day
naproxen/esomeprazole magnesium DR tab	QL= 60 tabs/30 days
naratriptan tab	QL= 9 tabs/30 days
NATROBA SUSP	QL= 1 bottle/fill
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NEVANAC OPHTH SUSP	QL= 4 bottles/year
NEXLETOL TAB	QL= 1 tab/day
NEXLIZET TAB	QL= 1 tab/day
nicotine gum	Limited to 180 days/calendar year
NICOTINE KIT	Limited to 180 days/calendar year
nicotine lozenge	Limited to 180 days/calendar year
nicotine patch	Limited to 180 days/calendar year
NICOTROL INHALER	Limited to 180 days/calendar year
NICOTROL NASAL SPRAY	Limited to 180 days/calendar year
nitazoxanide tab	QL = 6 tabs/3 days
NUBEQA TAB	QL= 4 tabs/day
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA ER TAB	QL= 2 tabs/day
NUCYNTA TAB	QL= 6 tabs/day
NUDEXTA CAP	QL= 2 caps/day
NUVARING	QL= 1 ring/28 days
OFEV CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
olanzapine ODT	QL= 1 tab/day
olanzapine tab	QL= 1 tab/day
olopatadine nasal spray	QL= 1 inhaler/30 days
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
omeprazole cap	QL= 2 caps/day
OMNIPOD 5 G7 KIT INTRO	QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS	QL= 10 pods/30 days
OMNIPOD 5 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH INTRO KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 10 pods/month

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

**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
OMNIPOD STARTER KIT	QL= 1 kit/year
ondansetron ODT	QL= 15 tabs/30 days
ondansetron soln	QL= 150ml/30 days
ONDANSETRON TAB	QL= 1 tab/30 days
ondansetron tab 24mg	QL= 1 tab/30 days
ondansetron tab 4mg, 8mg	QL= 15 tabs/30 days
ONGENTYS CAP	QL= 1 tab/day; 30 tabs/fill
OPANA ER TAB (CRUSH RESISTANT)	QL= 2 tabs/day
OPZELURA CREAM	QL= 12 tubes/year
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORGOVYX TAB	QL= 30 tabs/28 days; Only available through Biologics 800-850-4306
ORIAHNN CAP	QL= 2 caps/day
ORILISSA TAB 150MG	QL=1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/day
ORSERDU TAB	QL= 3 tabs/day; Only available through Onco360 877-662-6633
ORSERDU TAB 345MG	QL= 1 tab/day; Only available through Onco360 877-662-6633
oseltamivir cap	QL= 10 caps/ 180 days
oseltamivir cap 30mg	QL= 20 caps/ 180 days
oseltamivir susp	QL= 180ml/180 days
OTEZLA STARTER PACK	QL= 1 pack/ 28 days
OTEZLA TAB	QL= 2 tabs/day
oxycodone/ibuprofen tab	QL= 28 tabs/30 days
OXYCONTIN CR TAB	QL= 4 tabs/day
OXYTROL PATCH	QL= 8 patches/30 days
OZEMPIC INJ	QL= 1 pack/28 days
paliperidone ER tab 6mg	QL= 2 tabs/day; Step Therapy requires trial of risperidone, olanzapine, quetiapine, ziprasidone
pantoprazole EC tab	QL= 2 tabs/day
paroxetine ER tab 12.5mg	QL= 1 tab/day
paroxetine ER tab 25mg, 37.5mg	QL= 2 tabs/day
paroxetine tab 10mg	QL= 1.5 tabs/day
paroxetine tab 20mg, 40mg	QL= 1 tab/day
paroxetine tab 30mg	QL= 2 tabs/day
PAXIL ORAL SUSP	QL= 15ml/day
PAXLOVID TAB 150-100MG	QL= 20 tabs/fill
PAXLOVID TAB 300-100MG	QL= 30 tabs/fill
pazopanib tab	QL= 4 tabs/day
peg 3350 soln (100 gram Moviprep equiv)	QL= 2 fills/year
peg 3350/electrolytes soln	Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year

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

**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
PERFOROMIST NEB SOLN	QL= 2 nebs/day
PHEXXI GEL	QL= 1 box/fill
pirfenidone cap	QL= 9 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day
PLAN B ONE-STEP	QL= 2 tabs/365 days
PLAN B TAB	QL= 4 tabs/365 days
PNEUMOVAX INJ	QL= 1 vaccine/lifetime
POMALYST CAP	QL= 21 caps/28 days
POTIGA TAB	QL= 3 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
pregabalin soln	QL= 30ml/day
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
PREVACID SOLUTAB	QL= 1 tab/day; Step Therapy requires trial of omeprazole, pantoprazole or lansoprazole
PREVNAR 13 INJ	QL= 1 vaccine/lifetime
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
QINLOCK TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
QNASL NASAL SPRAY	QL= 1 bottle/30 days; Step therapy requires trial of flunisolide or fluticasone
quetiapine tab	QL= 2 tabs/day
quetiapine tab 25mg	QL= 3 tabs/day
quetiapine tab 50mg	QL= 3 tabs/day
quetiapine XR tab	QL= 2 tabs/day
QUILLIVANT XR SUSP	QL= 360ml/30 days
ramelteon tab	QL= 1 tab/day
RELENZA DISKHALER	QL= 1 inhaler/180 days
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RESTASIS OPHTH EMULSION	QL= 60 unit dose vials/30 days
RETEVMO CAP	QL= 4 caps/day
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
REZLIDHIA CAP	QL= 2 caps/day; Only available through Biologics 800-850-4306
REZUROCK TAB	QL= 1 tab/day; Only available through Lumicera 855-847-3553
RINVOQ ER TAB	QL= 1 tab/day
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate or ibandronate
risperidone ODT	QL= 2 tabs/day
risperidone soln	QL= 240ml/30 days
risperidone tab	QL= 2 tabs/day
rizatriptan ODT	QL= 9 tabs/30 days
rizatriptan tab	QL= 9 tabs/30 days
ROZEREM TAB	QL= 1 tab/day
ROZLYTREK CAP	QL= 3 caps/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
RYBELSUS TAB	QL=1 tab/day

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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
RYDAPT CAP	QL= 56 caps/28 days
SANCUSO	QL= 1 patch/30 days
SANTYL OINT	QL= 90gm/30 days
SAPHRIS SL TAB	QL= 2 tabs/day
SEREVENT DISKUS INHALER	QL= 1 inhaler/30 days
sertraline tab 100mg	QL= 2 tabs/day
sertraline tab 25mg, 50mg	QL= 1.5 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
SILENOR TAB	QL= 1 tab/day
SIMPONI AUTO-INJECTOR 100MG	QL=1 inj/28 days
SIMPONI INJ 100MG	QL=1 inj/28 days
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML	QL= 2 inj/84 days
SODIUM OXYBATE SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
sodium/magnesium/potassium soln	QL= 2 fills/calendar year
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
SOLQUA INJ	QL= 15ml/25 days
SPIKEVAX INJ	QL= 1 dose/24 days
SPIKEVAX INJ 50MCG/0.5ML	QL= 1 dose/24 days
STELARA INJ	QL= 1 inj/84 days
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUMATRIPTAN INJ	QL= 10 inj/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 5 inj/30 days
sumatriptan nasal spray	QL= 18 sprays/30 days
sumatriptan tab	QL= 9 tabs/30 days
sumatriptan vial inj	QL= 10 inj/30 days
SUMAVEL DOSEPRO INJ	QL= 6 inj/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan
SUNOSI TAB	QL= 1 tab/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SYMJEPI INJ	QL= 2 inj/fill
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TABRECTA TAB	QL= 4 tabs/day
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
TAFINLAR CAP	QL= 4 caps/day
tafluprost preservative free (pf) ophth soln	QL= 1 vial/day
TALTZ INJ	QL= 1 inj/28 days

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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
TALZENNA CAP 0.25MG	QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG	QL= 1 cap/day
TEGSEDI INJ	QL= 4 inj/28 days; Only available through Accredo 800-803-2523
TEPMETKO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
testosterone soln	QL= 2 bottles/30 days
TIBSOVO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
TIROSINT-SOL	QL=1 ml/day; Prior Authorization required for members age 9 or older
TRADJENTA TAB	QL= 1 tab/day
tramadol ER tab	QL= 1 tab/day
TRAMADOL ER/CONZIP CAP 100MG, 200MG, 300MG	QL= 1 cap/day
TRAMADOL HCL ER TAB	QL= 1 tab/day
tramadol tab	QL= 8 tabs/day
tramadol/acetaminophen tab	QL= 8 tabs/day
TRAVATAN Z DROPS	QL= 2.5ml/30 days
travoprost ophth soln	QL= 2.5ml/30 days
TREMFYA INJ	QL= 1 inj/56 days
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG	QL= 1 tab/day
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG	QL= 2 tabs/day
TRINTELLIX TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days
TRUSELTIQ PACK 100MG	QL= 21 caps/28 days; Only available through Biologics 800-850-4306
TRUSELTIQ PACK 50MG, 125MG	QL= 42 caps/28 days; Only available through Biologics 800-850-4306
TRUSELTIQ PACK 75MG	QL= 63 caps/28 days; Only available through Biologics 800-850-4306
TUKYSA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
TYVASO INH SOLN 0.6 MG/ML	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
valacyclovir tab	QL= 2 tabs/day
valacyclovir tab 1000mg	QL= 3 tabs/day
VARENICLINE TAB	Limited to 180 days/calendar year
varenicline tartrate tab	Limited to 180 days/calendar year
varenicline tartrate tab starter pack	Limited to 180 days/calendar year
VARUBI TAB	QL= 2 tabs/day
venlafaxine ER cap 150mg	QL= 2 caps/day
venlafaxine ER cap 37.5mg	QL= 1 cap/day
venlafaxine ER cap 75mg	QL= 3 caps/day
venlafaxine tab	QL= 5 tabs/day

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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VERQUVO TAB	QL= 1 tab/day; Restricted to Cardiology Specialist
VERZENIO TAB	QL=2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days
VIIBRYD TAB	QL= 1 tab/day
VIJOICE TAB	QL= 1 tab/day
VIJOICE TAB 250MG	QL= 2 tabs/day
vilazodone hcl tab	QL= 1 tab/day
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through Accredo 800-803-2523
VITRAKVI CAP 25MG	QL= 6 caps/day; Only available through Accredo 800-803-2523
VITRAKVI SOLN	QL= 10ml/day; Only available through Accredo 800-803-2523
VIZIMPRO TAB	QL= 1 tab/day
VONJO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
VOSEVI TAB	QL= 1 tab/day
VYNDAMAX CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAQEL CAP	QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYVANSE CAP	QL= 1 cap/day
VYVANSE CHEW TAB	QL= 1 tab/day
VYZULTA SOLN	QL= 2.5ml/30 days
wixela inhub inhaler	QL= 1 inhaler/30 days
XALKORI CAP	QL= 2 caps/day
XALKORI SPRINKLE CAP	QL= 4 caps/day
XELJANZ SOLN	QL= 10ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIGDUO XR TAB	QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG	QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XOFLUZA TAB THERAPY PACK 40MG	QL= 1 tab/fill
XOFLUZA TAB THERAPY PACK 80MG	QL= 1 tab/fill
XOLAIR INJ	QL= 2 inj/28 days
XOLAIR INJ 150MG/ML	QL= 2 inj/28 days
XOLAIR INJ 300MG/2ML	QL= 1 inj/28 days
XOLAIR SYRINGE 300MG/2ML	QL= 1 inj/28 days
XOSPATA TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
XTAMPZA ER CAP	QL= 120 caps/30 days

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**Vantage Health Plan Commercial/Marketplace Formulary Cont.**  
**Last Updated\* 5/3/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
XULTOPHY INJ	QL= 15ml/30 days
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
zaleplon cap	QL= 2 caps/day
ZEGALOGUE INJ	QL= 2 inj/fill
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB	QL= 8 tabs/day
ZEPOSIA CAP	QL= 1 cap/day
ZEPOSIA STARTER PACK	QL= 1 cap/day
ZIOPTAN OPHTH SOLN	QL= 1 vial/day
ziprasidone cap	QL= 2 caps/day
zolmitriptan nasal spray	QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan
zolmitriptan ODT	QL= 9 tabs/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan
ZOLMITRIPTAN SPRAY	QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan
zolmitriptan tab	QL= 9 tabs/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan
zolpidem ER tab	QL= 1 tab/day
zolpidem tab	QL= 1 tab/day
zolpidem tartrate SL tab	QL= 1 tab/day
ZOMIG SPRAY	QL= 18 sprays/30 days; Step Therapy requires trial of naratriptan, sumatriptan or rizatriptan
ZUPLENZ SL FILM	QL= 10 films/30 days
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day

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## NONDISCRIMINATION NOTICE

Vantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, national origin, age, disability, sex, gender identity, sexual orientation, or any other legally protected characteristic. Vantage does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, religion, national origin, age, disability, sex, gender identity, sexual orientation, or any other legally protected characteristic.

Vantage provides free aids and services to people with disabilities to communicate effectively with us. Those services include qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, and other formats).

For people whose primary language is not English, Vantage provides free language translation services. Those services include qualified interpreters and information written in other languages. You can use Vantage's free language translation services by calling the "Members" phone number on the back of your Member ID card. For Members who are deaf or hearing impaired, please call for teletypewriter (TTY) services at 711.

If you believe that Vantage has failed to provide these services or has discriminated in another way on the basis of race, color, religion, national origin, age, disability, sex, gender identity, sexual orientation, or any other legally protected characteristic, you can file a grievance with Vantage or the U.S. Dept. of Health and Human Services, Office for Civil Rights.

If you would like to file a complaint directly with Vantage, you can reach us in person, by mail, by fax, or by email at the addresses below:

Vantage Health Plan  
Attention: Civil Rights Coordinator  
130 DeSiard Street, Suite 300  
Monroe, LA 71201  
Phone: (318) 998-2887, TTY 711  
Fax: (318) 361-2165  
Email: [civilrightscoordinator@vhpla.com](mailto:civilrightscoordinator@vhpla.com)

If you would like to file a complaint directly with the U.S. Dept. of Health and Human Services, Office for Civil Rights, you can contact them by mail, by phone, or by email at the addresses below:

U.S. Department of Health and Human Services  
200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201  
Phone: (800) 368-1019, (800) 537-7697 (TDD)  
Online Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. If you need help filing a grievance, our Civil Rights Coordinator is available to help at [civilrightscoordinator@vhpla.com](mailto:civilrightscoordinator@vhpla.com) or by phone at (318) 998-2887.

Vantage has adopted internal grievance procedures for providing prompt and equitable resolution of complaints alleging discrimination on the basis of race, color, religion, national origin, age, disability, sex, gender identity, sexual orientation, or any other legally protected characteristic. Any person who believes someone has been subjected to discrimination on any of these grounds, may file a grievance under Vantage's grievance procedure. It is against the law for Vantage to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance. Depending on the type of grievance, a 60-day filing limit may apply. To learn more about Vantage's grievance procedure, you can call or email our Civil Rights Coordinator at the addresses above or you can visit our website at [www.vantagehealthplan.com/vhpnondiscriminationgrievanceprocedure](http://www.vantagehealthplan.com/vhpnondiscriminationgrievanceprocedure).

*Vantage Health Plan is required by federal law to provide the following information.*

MULTI-LANGUAGE INSERT  
MULTI-LANGUAGE INTERPRETER SERVICES

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 888-823-1910 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 888-823-1910 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 888-823-1910 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 888-823-1910 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 888-823-1910 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 888-823-1910 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 888-823-1910 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 888-823-1910 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 888-823-1910 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 888-823-1910 (TTY 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 888-823-1910 (TTY 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 888-823-1910 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 888-823-1910 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 888-823-1910 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 888-823-1910 (TTY 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、888-823-1910 (TTY 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Choctaw:** Chishnoat yvmmakosh chi apelaachih, hachishnovt ponaklo pilah Vantage Health Plan achih, chi ishtimpakvt chi nokfokah annopa chim annopoli keyo tvli holissoh ishahlih. Yvma-kosh annopoli tosholi, makachi telefon 888-823-1910 (TTY 711).

**Laotian:** ພວກເຮົາມີບໍລິການແປພາສາພຣີເພື່ອຕອບຄໍາຖາມໃດໆທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບຫຼືຢາຂອງພວກເຮົາ. ເພື່ອຮັບຜູ້ແປພາສາ, ພາຍໃຈທ່ານສູນພວກເຮົາທີ່ 888-823-1910 (TTY 711). ຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ບໍ່ແມ່ນການບໍລິການພຣີ.

**Persian:** ما خدمات مترجم رایگان برای پاسخ به هر گونه سوال شما ممکن است در مورد سلامت ما و یا طرح مواد مخدر داشته 1910-823-888 تماس بگیرید. کسی که فارسی صحبت می کند می تواند به (TTY 711) باشد. برای دریافت مترجم، فقط با ما در 1910-823-888. شما کمک کند. این یک سرویس رایگان است.

**Urdu:** ہمارے پاس ہماری صحت یا منشیات کے منصوبے کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لئے مفت ترجمان خدمات ہیں۔ ایک ترجمان حاصل کرنے کے لئے، صرف ہمیں 888-823-1910 (ٹی وائی 711) پر کال کریں۔ جو کوئی اردو بولتا ہے وہ آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔