

**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.

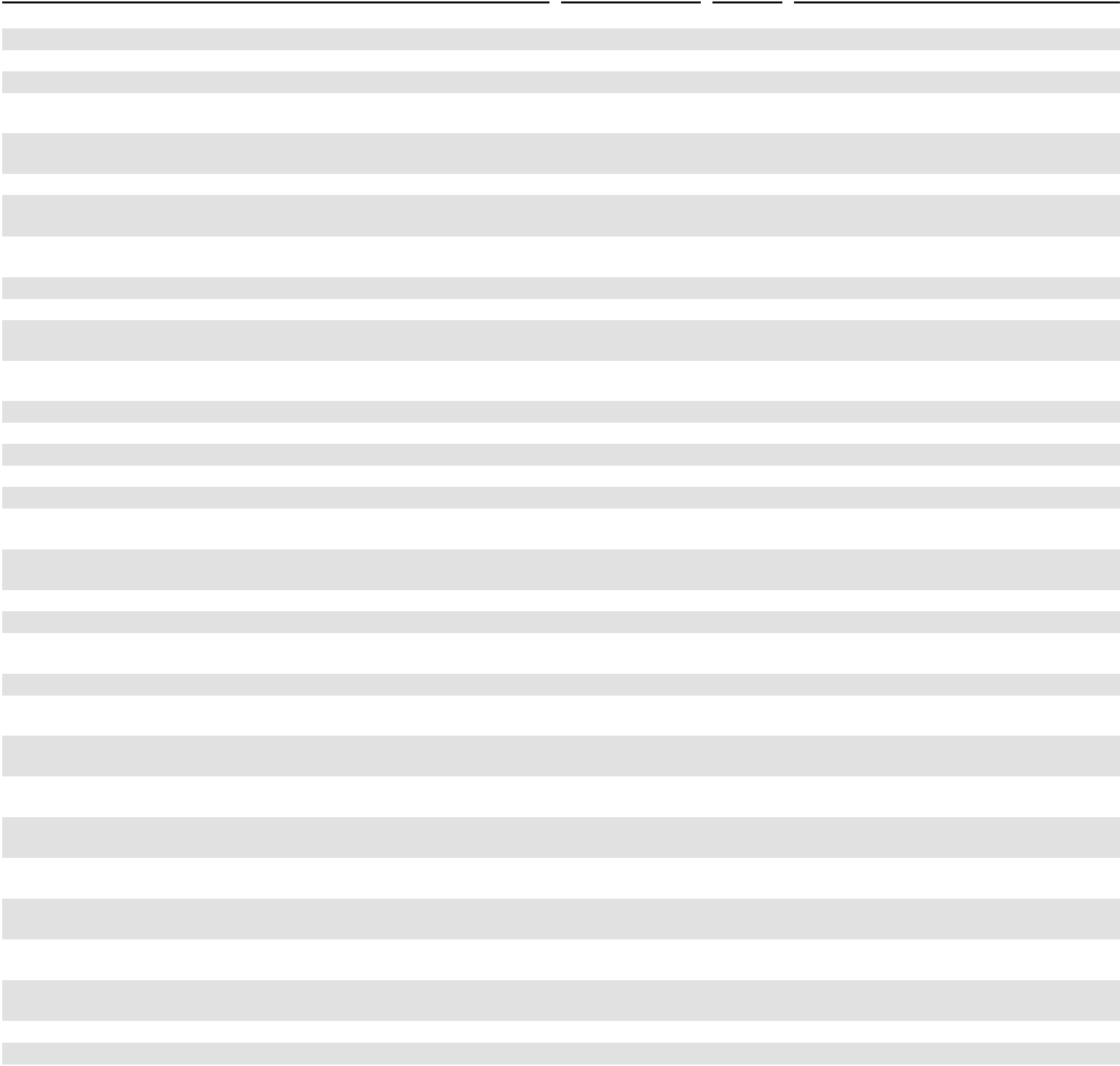
DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
abacavir soln (ZIAGEN equiv)	-	G	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	G	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	G	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	G	ANTIVIRALS
ABILIFY MYCITE PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRYSVO INJ	VAC	EXC	VACCINES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	B	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	G	ANTIDIABETICS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCU-CHEK AVIVA PLUS METER	OTC-PA	B	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC-PA	B	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE CARE METER	OTC-PA	B	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC-PA	B	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC-PA	B	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE TEST STRIP	OTC-PA	NC	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC-PA	B	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC-PA	B	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC-PA	B	DIAGNOSTIC PRODUCTS
ACCURETIC TAB	-	B	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	G	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	G	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	G	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	G	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	G	DIURETICS
acetazolamide tab	-	G	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	G	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	G	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	G	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	G	COUGH/COLD/ALLERGY
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS

\*\* OTC drugs are not a covered benefit.

= Not Covered		small letters		= CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
acitretin cap (SORIATANE equiv)	-	G	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA IV INJ	MSP-PA	B	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B	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	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
	VAC	\$0	VACCINES



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ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	G	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	G	ANTIPARKINSON AGENTS
amantadine tab	-	G	ANTIPARKINSON AGENTS
AMBIEN CR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	NC	DERMATOLOGICALS
AMCINONIDE OINT	-	NC	DERMATOLOGICALS
AMERGE TAB	-	NC	MIGRAINE PRODUCTS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	G	DIURETICS
AMILORIDE/HCTZ TAB	-	G	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	G	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	G	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	G	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	G	ANTIARRHYTHMICS
AMITIZA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	G	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA AUTO-INJECTOR (1 PEN PACK) (QL= 2 pens/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA AUTO-INJECTOR (2 PEN PACK) (QL= 2 pens/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
amlodipine tab (NORVASC equiv)	-	G	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	G	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR equiv)	-	NC	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	G	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	EXC	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	EXC	DERMATOLOGICALS
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	G	DERMATOLOGICALS
AMOXAPINE TAB	-	G	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	G	PENICILLINS
AMOXICILLIN CHEW TAB	-	G	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	G	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	G	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	B	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	G	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	G	PENICILLINS
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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ARALAST/PROLASTIN/ZEMAIRA INJ	MSP-PA	B	RESPIRATORY AGENTS - MISC.
ARANESP INJ	-	NC	HEMATOPOIETIC AGENTS
ARAZLO LOTION	-	NC	DERMATOLOGICALS
ARCALYST INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AREXVY INJ	VAC	EXC	VACCINES
arformoterol tartrate neb soln (BROVANA equiv) (Step Therapy requires trial of PERFORMIST)	ST	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	B	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARIXTRA INJ	-	NC	ANTICOAGULANTS
armodafanil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	G	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	-	G	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARTHROTEC TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
ARZERRA INJ	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER)	QL-ST	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
ASMANEX HFA INHALER	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for females up to 60 years of age)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin EC tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for females up to 60 years of age)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	G	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENEX equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ASPRUZYO SPRINKLE GRANULES	-	NC	ANTIANGINAL AGENTS
ASTAGRAF XL CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ASTEPRO NASAL SPRAY (Step therapy requires trial of azelastine nasal spray 0.1%)	ST	B	NASAL AGENTS - SYSTEMIC AND TOPICAL
ATACAND TAB	-	NC	ANTIHYPERTENSIVES

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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atazanavir cap (REYATAZ equiv)	-	G	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	G	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	G	ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ATORVALIQ SUSP (Members age 9 or older require Prior Authorization)	PA	B	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	G	ANTIMALARIALS
ATRALIN GEL	-	NC	DERMATOLOGICALS
ATRIPLA TAB	-	NC	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS
atropine ophth oint	-	G	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	G	OPHTHALMIC AGENTS
ATROPINE SUL SOLN 1% OPHTH	-	G	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AURYXIA TAB (Step Therapy requires trial of RENVELA and FOSRENOL)	ST	B	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB (QL= 4 tabs/day)	LMSP-PA-QL	B	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 TITRATION KIT	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVELITY TAB	-	NC	ANTIDEPRESSANTS
AUVI-Q INJ	-	NC	VASOPRESSORS
AVANDIA TAB	-	B	ANTIDIABETICS
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	NC	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVAR-E LS CREAM 10-2%	-	NC	DERMATOLOGICALS
AVASTIN INJ	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVONEX INJ	LMSP-PA	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AVSOLA INJ	MSP-PA	B	GASTROINTESTINAL AGENTS - MISC.
AXERT TAB	-	NC	MIGRAINE PRODUCTS
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azacitidine inj (VIDAZA equiv)	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN	-	B	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	G	ASSORTED CLASSES
			MISCELLANEOUS T75(VSOL)(Aj J)JTJ 408P



azelastine nasal spray 0.15% (ASTEPRO equiv) (Step therapy requires trial of azelastine nasal spray 0.1%)	ST	G	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	G	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	-	NC	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB	-	NC	MULTIVITAMINS
AZESCO TAB	-	NC	MULTIVITAMINS
azithromycin susp (ZITHROMAX equiv)	-	G	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	G	MACROLIDES
AZOPT OPHTH SUSP	-	B	OPHTHALMIC AGENTS
AZOR TAB	-	NC	ANTIHYPERTENSIVES
AZSTARYS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
BACITRACIN OPHTH OINT	-	B	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	G	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	G	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	G	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	B	DERMATOLOGICALS
baclofen intrathecal inj (BACLOFEN equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SUSP (Prior Authorization Required for members age 9 or older)	PA	B	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLOFEN equiv) (Prior Authorization Required for members age 9 or older)	PA	G	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	G	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BACTROBAN NASAL OINT (QL= 10 tubes/fill)	QL	B	NASAL AGENTS - SYSTEMIC AND TOPICAL
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	NC	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	PA	B	ANTICONSULTANTS
BANZEL TAB	-	NC	ANTICONSULTANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	B	ANTIDIABETICS
BARACLUDE SOLN (Members age 9 or older require Prior Authorization)	0.5 0 Td (PA) Tj -79.5 0 Td (020.579.5 0011115515	NC	ANTIBIOTICS -w susp (ZITHROMr (L)3f -1LCr0.

BELLADONNA ALKALOID/OPIUM SUPP	-	B	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS
benazepril tab (LOTENSIN equiv)	-	G	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	G	ANTIHYPERTENSIVES
bendamustine hcl for iv soln (TREANDA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIX INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
BENEFIX/RIXUBIS INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
BENICAR HCT TAB	-	NC	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	B	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	B	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	B	ANTHELMINTICS
benzonatate cap (TESSALON equiv)	-	G	COUGH/COLD/ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC	COUGH/COLD/ALLERGY
			HEM

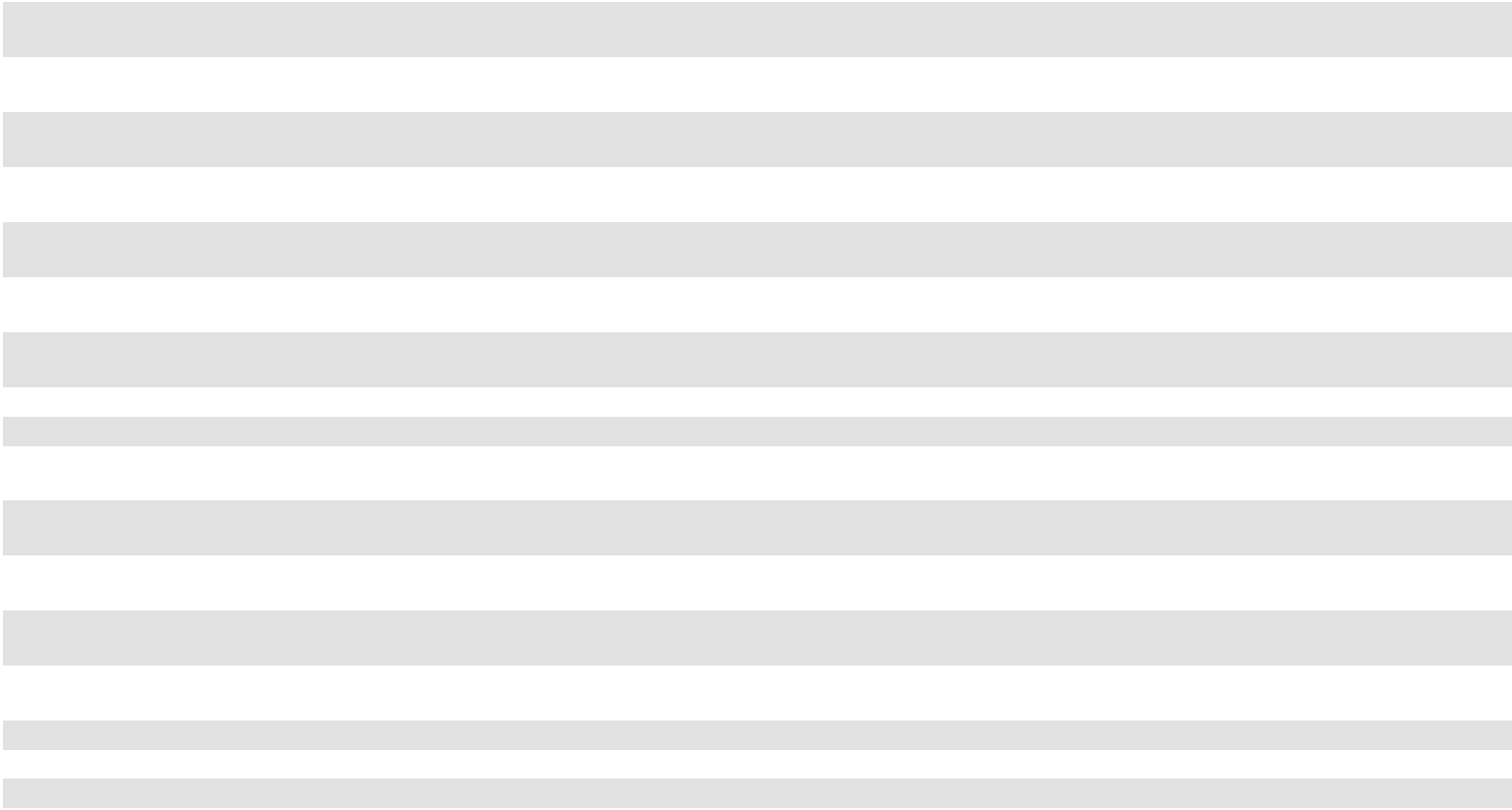
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv)	LMSP-PA	B	DERMATOLOGICALS
BEXSERO INJ	VAC	\$0	VACCINES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC	ESTROGENS
BIKTARVY TAB	-	B	ANTIVIRALS
BILTRICIDE TAB	-	B	ANTHELMINTICS
bimatoprost ophth soln	-	EXC	DERMATOLOGICALS
bimatoprost ophth soln	-	NC	OPHTHALMIC AGENTS
BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bismuth/metro/tetra cap (PYLERA equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
bisoprolol tab (ZEBETA equiv)	-	G	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	G	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	B	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	B	OPHTHALMIC AGENTS
BORTEZOMIB INJ	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bortezomib inj (VELCADE equiv)	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
BOSULIF TAB	MSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX INJ	MSP-PA	B	NEUROMUSCULAR AGENTS
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREZAVVY TAB	-	NC	ANTIDIABETICS
BREO ELLIPTA INHALER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB	-	NC	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	B	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	G	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	G	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine/timolol ophth soln (COMBIGAN OPHTH SOLN equiv)	-	G	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv)	-	G	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS

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

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CAMBIA POWDER	-	NC	MIGRAINE PRODUCTS
CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	NC	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	LMSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	NC	DERMATOLOGICALS
CAPLYTA CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	G	ANTIHYPERTENSIVES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	G	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	G	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	G	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	G	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	G	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	G	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	G	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA ODT	-	G	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	G	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	G	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	B	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	G	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN	-	G	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	G	ANTIHISTAMINES
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
CARETOUCH MIS	OTC	G	MEDICAL DEVICES AND SUPPLIES
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
CARIMUNE INJ	MSP-PA	B	PASSIVE IMMUNIZING AGENTS
carisoprodol tab (SOMA equiv) (QL= 90 tabs/90 days)	QL	G	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CAROSPIR SUSP (Prior Authorization required for members age 9 or older)	PA	B	DIURETICS
CARTEOLOL OPHTH SOLN	-	G	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	G	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	G	BETA BLOCKERS

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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CATAPRES-TTS PATCH	-	B	ANTIHYPERTENSIVES
CAVERJECT INJ (QL= 6 inj/30 days; Step therapy requires trial of sildenafil)	QL-ST	B	CARDIOVASCULAR AGENTS - MISC.
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	B	ANTI-INFECTIVE AGENTS - MISC.
CEFACLOR CAP	-	G	CEPHALOSPORINS
cefaclor cap (CECLOR equiv)	-	G	CEPHALOSPORINS
CEFACLOR ER TAB	-	B	CEPHALOSPORINS
CEFACLOR SUSP	-	B	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	G	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	G	CEPHALOSPORINS
CEFADROXIL TAB	-	G	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	G	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	G	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	G	CEPHALOSPORINS
CEFDITOREN TAB	-	B	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	G	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	G	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	G	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	G	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	G	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	G	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	G	CEPHALOSPORINS
CELEBREX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
CENTANY OINT	-	NC	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	G	CEPHALOSPORINS
CEPHALEXIN CAP	-	NC	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	G	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CEQR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CEREZYME INJ	MSP-PA	B	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	B	ANTIEMETICS
cetrotirelix acetate for inj kit (CETROTIDE equiv)	INF-MSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT	INF-MSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
CHEMET CAP	-	B	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	G	ANTIANKXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	G	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	G	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	G	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	G	DIURETICS

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CHLORPROMAZINE CONC	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	G	DIURETICS
chlorzoxazone tab	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	G	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	B	GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	G	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	G	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	G	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	G	ANTIHYPERTENSIVES
CIBINQO TAB (QL= 1 tab/day)	LMSP-PA-QL	B	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
CICLODAN KIT	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	G	DERMATOLOGICALS
ciclopirox gel (LOPROX equiv)	-	NC	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	G	DERMATOLOGICALS
ciclopirox shampoo (LOPROX equiv) (Step Therapy requires trial of ketoconazole shampoo)	ST	G	DERMATOLOGICALS
ciclopirox topical susp (LOPROX equiv)	-	NC	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPTH OINT	-	B	OPHTHALMIC AGENTS
CIMDUO TAB	-	B	ANTIVIRALS
CIMETIDINE SOLN	-	G	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
cimetidine soln (CIMETIDINE equiv)	-	G	ULCER DRUGS
cimetidine tab (TAGAMET equiv) (Rx Only)	-	G	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	B	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523.65 -10.5 Td (MISC.) T0-803-2523.65 -10.5 TdQ4ass (A-QL)JTJ -01STROINTESTH659HC 2523 SUUGS/	LD-PA-QL	B	HEMATOLOGICAL AGENTS - MISC.



CITRANATAL RX	-	NC	MULTIVITAMINS
CITRULLINE EASY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX TAB	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
CLARITHROMYC SUSP	-	B	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	NC	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	G	MACROLIDES
CLARITIN CAP	OTC	EXC	ANTIHISTAMINES
CLARITIN CHEW TAB	OTC	EXC	ANTIHISTAMINES
CLENIA PLUS SUSP	-	NC	DERMATOLOGICALS
CLENIQ SOLN	-	NC	LAXATIVES
CLEOCIN VAGINAL SUPP	-	NC	VAGINAL PRODUCTS
CLIMARA PATCH	-	NC	ESTROGENS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
clindamycin cap 300mg (CLEOCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	G	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	G	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	G	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	G	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	G	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	G	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	NC	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM (QL= 1 applicator (5 grams)/fill)	QL	B	VAGINAL AND RELATED PRODUCTS
CLINISTIX TEST STRIP	OTC	G	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)	PA	G	ANTICONVULSANTS
clobazam tab (ONFI equiv)	PA	G	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	PA	G	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	PA	G	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	G	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	G	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	G	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	G	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	G	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	G	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	G	DERMATOLOGICALS
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOBEX LOTION	-	NC	DERMATOLOGICALS
CLOBEX SHAMPOO	-	NC	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	NC	DERMATOLOGICALS
clocortolone pivalate cream	-	NC	DERMATOLOGICALS

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CLODERM CREAM	-	NC	DERMATOLOGICALS
CLOMID TAB	INF	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE TAB	INF	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	G	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	G	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	G	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	G	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	G	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	G	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF equiv) (Rx Only)	OTC	EXC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LOTRISONE equiv)	-	NC	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE equiv)	-	NC	DERMATOLOGICALS
CLOZAPINE ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CODEINE SULFATE SOLN	-	B	ANALGESICS - OPIOID
0 Td (G) Tj -79.5 0 Td (-) Tj L	-	G	ANALGESICS - OPIOID

CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDRAN CREAM 0.025%	-	NC	DERMATOLOGICALS
CORDRAN OINTMENT	-	NC	DERMATOLOGICALS
CORDRAN TAPE	-	NC	DERMATOLOGICALS
CORLANOR SOLN	PA	B	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	PA	B	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTEF TAB	-	NC	CORTICOSTEROIDS
CORTIC-ND DROPS	-	NC	OTIC AGENTS
CORTIFOAM	-	B	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	B	CORTICOSTEROIDS
CORTISPORIN CREAM	-	B	DERMATOLOGICALS
CORTISPORIN OINT	-	B	DERMATOLOGICALS
COSENTYX INJ (1-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ (2-PACK)	-	NC	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
COVID-19 TEST	OTC	EXC	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
CREON CAP	-	B	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB	-	NC	ANTHYPERLIPIDEMICS
CRINONE GEL	PA	B	VAGINAL PRODUCTS
CRIXIVAN CAP	-	B	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	G	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPTH SOLN	-	G	OPHTHALMIC AGENTS
CROTAN LOTION	-	B	DERMATOLOGICALS
cryselle tab	-	\$0	CONTRACEPTIVES
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR (QL= 1 kit/year)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVITRU INJ	-	NC	PASSIVE IMMUNIZING AGENTS
CUVRIOR TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE!

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ST	Step				

cyanocobalamin inj	-	G	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	G	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	B	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	B	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	G	OPHTHALMIC AGENTS
cyclophosphamide cap	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cycloserine cap (CYCLOSERINE CAP equiv)	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	B	ANTI-DIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	G	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	G	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	G	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv)	PA	G	OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYLTEZO AUTO- INJECTOR, YUFLYMA KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
cyproheptadine syrup	-	G	ANTI-HISTAMINES
cyproheptadine tab	-	G	ANTI-HISTAMINES
CYSTADANE POWDER	MSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADANE POWDER	MSP-PA	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	B	OPHTHALMIC AGENTS
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	B	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	B	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	G	ANTICOAGULANTS
DAKLINZA TAB	-	NC	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	B	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	G	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	G	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
dapsone gel 5% (ACZONE equiv)	-	B	DERMATOLOGICALS
DAPSONE GEL 7.5%	-	NC	DERMATOLOGICALS
dapsone tab	-	G	ANTI-INFECTIVE AGENTS - MISC.

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= Not Covered = Not Covered, Third Party Reviewer		small letters		= CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

DAPTACEL INJ, INFANRIX INJ	VAC	\$0	TOXOIDS
darifenacin SR tab (ENABLEX equiv)	-	NC	URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
darunavir tab (PREZISTA equiv)	-	G	ANTIVIRALS
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAYBUE SOLN	-	NC	NEUROMUSCULAR AGENTS
DAYVIGO TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DAZOMON GEL	-	NC	DERMATOLOGICALS
DDAVP NASAL SOLN	-	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
deferasirox granules packet (JADENU equiv)	LMSP	B	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	LMSP	B	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 180mg (JADENU equiv)	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	LMSP	B	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	B	ANTIDOTES AND SPECIFIC ANTAGONISTS
DEGLUDEC FLEXTOUCH INJ	-	NC	ANTIIDIABETICS
DEGLUDEC INJ	-	NC	ANTIIDIABETICS
DELESTROGEN INJ	-	NC	ESTROGENS
DELSTRIGO TAB	-	B	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	NC	TETRACYCLINES
DEMSER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	NC	DERMATOLOGICALS
DENG VAXIA SUSP	VAC	\$0	VACCINES
DEPACON INJ	-	NC	ANTICONSULSANTS
DEPLIN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-ESTRADIOL INJ	-	G	ESTROGENS
DEPO-MEDROL INJ	-	NC	CORTICOSTEROIDS
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	NC	CORTICOSTEROIDS
DEPO-PROVERA INJ	-	NC	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
DERMACINRX CREAM	-	NC	DERMATOLOGICALS
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
DERMASORB XM KIT	-	B	DERMATOLOGICALS
DESCOVY TAB	PA	\$0	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	G	ANTIDEPRESSANTS
DESLORATADINE ODT	-	EXC	ANTIHIISTAMINES
desloratadine tab (CLARINEX equiv)	-	EXC	ANTIHIISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate nasal spray (DDAVP equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty PharmacaltR.05 Td e t150 0 Td (LD) TTj 30 0 Td (Lumictory Specialty PharmacaltR.05 Td e t150 0 Td (LD) TetatPLribution) Tj - 15pPhe-Coun Tj0 0 Td (LD) Tj 30 00=				

desmopressin acetate tab (DDAVP equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	G	DERMATOLOGICALS
desonide gel	-	NC	DERMATOLOGICALS
desonide lotion (DESOWEN equiv)	-	NC	DERMATOLOGICALS
desonide oint (DESOWEN equiv)	-	G	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	NC	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint 0.25% (TOPICORT equiv)	-	G	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv)	-	G	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
DETROL LA CAP	-	NC	URINARY ANTISPASMODICS
DEXAMETHASONE CONC	-	G	CORTICOSTEROIDS
dexamethasone elixir	-	G	CORTICOSTEROIDS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
dexamethasone sodium phosphate inj	-	G	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	G	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	G	CORTICOSTEROIDS
DEXATRAN CAP	-	NC	MULTIVITAMINS
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step Therapy requires trial of Insulin)	QL-ST	G	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/28 days; Step Therapy requires trial of Insulin)	QL-ST	G	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step Therapy requires trial of Insulin)	QL-ST	G	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step Therapy requires trial of Insulin)	QL-ST	G	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step Therapy requires trial of Insulin)	QL-ST	G	MEDICAL DEVICES AND SUPPLIES
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)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution	
LMSP Lumericera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis	
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMHmonthsLI-1.oking Cessaistribution	

dextroamphetamine ER cap (DEXEDRINE equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DHIVY TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABETIC METER (all other diabetic meters)	OTC-PA	B	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	B	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	B	ANTICONVULSANTS
DIALYVITE TAB	-	G	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	G	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	G	MULTIVITAMINS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	B	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	G	ANTIAXIETY AGENTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	G	ANTIAXIETY AGENTS
diazepam tab (VALIUM equiv)	-	G	ANTIAXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	G	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv)	-	NC	DIURETICS
DICLOFENAC CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	G	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	G	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill; Step Therapy requires trial of celecoxib)	QL-ST	B	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC	MIGRAINE PRODUCTS
diclofenac potassium cap (ZIPSOR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	G	OPHTHALMIC AGENTS
diclofenac sodium soln (XRYLIX equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium soln 2% (PENNSAID SOLN equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	G	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	NC	DERMATOLOGICALS
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	G	PENICILLINS
			ULCER DRUGList Cont.

dicyclomine tab (BENTYL equiv)	-	G	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	G	ANTIVIRALS
DIDANOSINE DR CAP, VIDEX EC CAP	-	G	ANTIVIRALS
DIETHYLPROPION ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIFFERIN OTC GEL 0.1%	OTC	EXC	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	B	MACROLIDES
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	B	MACROLIDES
DIFLORASONE CREAM, PSORCON CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	G	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv)	-	G	OPHTHALMIC AGENTS
DIGOXIN SOLN	-	G	CARDIOTONICS
digoxin soln (LANOXIN equiv)	-	G	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	G	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8 sprays/fill, 2 fills/30 days)	PA-QL	G	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	B	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	G	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	G	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	G	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	G	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	G	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	G	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv)	LMSP-PA	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	LMSP-PA	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIOVAN TAB	-	NC	ANTIHYPERTENSIVES
DIPENTUM CAP	-	B	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DIPHENOXYLATE/ATROPINE LIQUID	-	B	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	G	ANTIDIARRHEALS
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	\$0	TOXOIDS
dipyridamole tab (PERSANTINE equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	G	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	G	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	B	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	G	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	G	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	G	ANTICONVULSANTS

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EXC	Plan Exclusion	INF	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
PA	Prior Authorization	QL	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Smoking Cessation
ST	Step Therapy	VAC	RxCENTS
			¢

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EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELAPRASE INJ	MSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELEPSIA XR TAB	-	NC	ANTICONVULSANTS
eletriptan tab (RELPAE equiv)	-	NC	MIGRAINE PRODUCTS
ELIGEN B12 TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	B	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES
ELMIRON CAP	-	B	GENITOURINARY AGENTS - MISCELLANEOUS
eluryng vaginal ring (NUVARING equiv)	-	NC	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS
EMADINE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
EMBEDA CAP	-	NC	ANALGESICS - OPIOID
EMCYT CAP	-	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND CAP	-	NC	ANTIEMETICS
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	B	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	B	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	B	HEMATOLOGICAL AGENTS - MISC.
EMSAM PATCH	-	B	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	-	G	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0	ANTIVIRALS
EMTRIVA CAP	-	B	ANTIVIRALS
EMTRIVA SOLN	-	B	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older)	PA	G	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	G	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	G	ANTIHYPERTENSIVES
ENBRACE HR	-	NC	MULTIVITAMINS
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK (QL= 6 packets/day)	LMSP-PA-QL	B	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	B	VAGINAL PRODUCTS
ENGERIX-B/RECOMBIVAX-HB INJ	VAC	\$0	VACCINES
enoxaparin inj (LOVENOX equiv)	-	G	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
ENSPRYNG INJ (QL= 1 inj/28 days)	LMSP-PA-QL	B	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
PA	Prior Authorization	QL	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Smoking Cessation
ST	Step Therapy	VAC	RxCENTS
			¢

entacapone tab (COMTAN equiv)	-	G	ANTIPARKINSON AGENTS
ENTADFI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	G	ANTIVIRALS
ENTEREG CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENTRESTO TAB (QL= 2 tabs/day)	QL	B	CARDIOVASCULAR AGENTS - MISC.
ENVARUSUS XR TAB	-	NC	ASSORTED CLASSES
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	NC	ANTIVIRALS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	B	ANTICONVULSANTS
EPIDUO GEL 0.1-2.5%	-	NC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	B	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	G	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	G	VASOPRESSORS
EPIPEN (JR) INJ	-	NC	VASOPRESSORS
EPIQUIN MICRO CREAM	-	NC	DERMATOLOGICALS
EPIVIR HBV SOLN	-	B	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	G	ANTIHYPERTENSIVES
EPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
EPRONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	B	ANTICONVULSANTS
EPSOLAY CREAM	-	NC	DERMATOLOGICALS
EQUETRO CAP	-	B	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergotamine/cafeine tab (CAFERGOT equiv)	-	NC	MIGRAINE PRODUCTS
ERIVEDGE CAP	LMSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	LMSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv)	LMSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ERY PAD	-	NC	DERMATOLOGICALS
ERYPED SUSP	-	NC	MACROLIDES
erythromycin DR cap (Step Therapy requires trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg)	ST	G	MACROLIDES
ERYTHROMYCIN EC CAP (Step Therapy requires trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg)	ST	B	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv) (Step Therapy requires trial of azithromycin or clarithromycin)	ST	G	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	NC	MACROLIDES
erythromycin gel	-	G	DERMATOLOGICALS
erythromycin ophth oint	-	G	OPHTHALMIC AGENTS
erythromycin pad	-	G	DERMATOLOGICALS
erythromycin soln	-	G	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv) (Step Therapy requires trial of azithromycin, clarithromycin or doxycycline hyclate 100mg)	ST	G	MACROLIDES

\*\* OTC drugs are not a covered benefit.

= Not Covered

small letters

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erythromycin tab (ERYTHROMYCIN equiv) (Step Therapy require trial of

ST

G

MACROLIDES

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everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVIVO LIQUID	-	NC	ANTIIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	B	ANTIVIRALS
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	B	NEUROMUSCULAR AGENTS
EVZIO INJ	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN	-	NC	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXKIVITY CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM	-	NC	NEUROMUSCULAR AGENTS
EXTAVIA INJ	LMSP-PA	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EYSUVIS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	G	ANTIHYPERLIPIDEMICS
EZETIMIBE/ATORVASTATIN TAB	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv)	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERLIPIDEMICS
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FABRAZYME INJ	MSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	G	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	G	ULCER DRUGS
famotidine tab (PEPCID equiv) (Rx Only)	-	G	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER)	QL-ST	B	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year; Step Therapy requires trial of ABILIFY or quetiapine ER)	QL-ST	B	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARXIGA TAB (QL= 1 tab/day)	QL	B	ANTIDIABETICS
FASENRA PEN INJ (QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-¢	G	GOUT AGENTS
FEIBA INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
felbamate susp (FELBATOL equiv)	-	G	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	G	ANTICONVULSANTS
FELBATOL TAB	-	NC	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	G	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	B	VAGINAL PRODUCTS

\*\* OTC drugs are not a covered benefit.

= Not Covered = Not Covered, Third Party Reviewer		small letters		= CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
FEMHRT TAB	-	NC	ESTROGENS
FEMRING (3 copays per Rx)	-	B	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	G	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP	-	NC	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	G	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	G	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	B	ANTIHYPERLIPIDEMICS
fenoprofen calcium cap (NALFON equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
fenoprofen calcium tab	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENSOLVI INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	G	ANALGESICS - OPIOID
fantanyl patch (DURAGESIC equiv)	-	G	ANALGESICS - OPIOID
fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	B	ANALGESICS - OPIOID
FEONYX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	G	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	B	ANTIDOTES
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRO-PLEX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir	OTC	NC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	NC	HEMATOPOIETIC AGENTS
ferrous sulfate liquid (FERROUS SULF LIQUID equiv)	OTC	NC	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	NC	HEMATOPOIETIC AGENTS
ferrous sulfate syrup (FERROUS SULFATE equiv)	OTC	NC	HEMATOPOIETIC AGENTS
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	NC	URINARY ANTISPASMODICS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS
FIASP FLEXTOUCH INJ	-	B	ANTIDIABETICS
FIASP INJ	-	B	ANTIDIABETICS
FIASP PENFILL INJ	-	B	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FILSPARI TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
FINACEA FOAM	-	B	DERMATOLOGICALS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
fingolimod hcl cap 0.5mg (GILENYA equiv)	LMSP-PA	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	B	ANTICONVULSANTS
FIRAZYR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

\*\* OTC drugs are not a covered benefit.

= Not Covered		small letters	= CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	LD Limited Distribution	
LMSP = Not Covered, Third Party Reviewer	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	
PA Lumicera Mandatory Specialty Pharmacy Program	QL Quantity Limit	RDX Restricted to Diagnosis	
RS Prior Authorization	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	
ST Restricted to Specialist	VAC Vaccine Program	¢ RxCENTS	
ST Step Therapy			

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fluorouracil cream (EFUDEX CREAM equiv)	-	G	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	NC	DERMATOLOGICALS
FLUOROURACIL SOLN	-	B	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	G	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	G	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	G	ANTIDEPRESSANTS
fluoxetine tab 60mg	-	NC	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS
			HYPNOTICS/SEDATIVES/SLEEP 9 S-RDRE

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FREESTYLE LITE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv)	-	NC	MIGRAINE PRODUCTS
FULPHILA INJ	LMSP	B	HEMATOPOIETIC AGENTS
FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-QL	B	DIURETICS
FUROSEMIDE SOLN	-	G	DIURETICS
furosemide soln (LASIX equiv)	-	G	DIURETICS
furosemide tab (LASIX equiv)	-	G	DIURETICS
FUZEON INJ	LMSP	B	ANTIVIRALS
FYCOMPA TAB	-	B	ANTICONVULSANTS
FYCOMPA SUSP	-	B	ANTICONVULSANTS
FYLNETRA INJ	-	NC	HEMATOPOIETIC AGENTS
gabapentin cap 100mg (NEURONTIN equiv) (QL= 9 caps/day)	QL	G	ANTICONVULSANTS
gabapentin cap 300mg (NEURONTIN equiv) (QL= 6 caps/day)	QL	G	ANTICONVULSANTS
gabapentin cap 400mg (NEURONTIN equiv) (QL= 4 caps/day)	QL	G	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	G	ANTICONVULSANTS
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	G	ANTICONVULSANTS
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	G	ANTICONVULSANTS
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	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	B	MINERALS & ELECTROLYTES
GAMASTAN S/D INJ	MSP-PA	B	PASSIVE IMMUNIZING AGENTS
GAMUNEX INJ	MSP-PA	B	PASSIVE IMMUNIZING AGENTS
GANCICLOVIR INJ	MSP	B	ANTIVIRALS
ganciclovir inj (CYTOVENE equiv)	MSP	B	ANTIVIRALS
ganirelix ac inj (GANIRELIX equiv)	INF-MSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
GARDASIL 9 INJ	VAC	\$0	VACCINES
gatifloxacin ophth soln (Zymaxid equiv)	-	G	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GAZYVA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	NC	DERMATOLOGICALS
gefitinib tab (IRESSA equiv) (Only available through Lumicera 855-847-3553)	LD-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	B	MOUTH/THROAT/DENTAL AGENTS

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= Not Covered		small letters	= CAPITAL LETTERS
EXC	Plan Exclusion	INF	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
PA	Prior Authorization	QL	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Smoking Cessation
ST	Step Therapy	VAC	RxCENTS
			¢

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GELNIQUE	-	NC	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	G	ANTHYPERLIPIDEMICS
GEMTESA TAB	-	NC	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN INJ	LMSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	G	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	G	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	G	DERMATOLOGICALS
gentamicin sulfate oint	-	G	DERMATOLOGICALS
GENVISC 850 INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GENVOYA TAB	-	B	ANTIVIRALS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0	CONTRACEPTIVES
GILENYA CAP 0.25MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILENYA CAP 0.5MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY	-	NC	GASTROINTESTINAL AGENTS - MISC.
GLASSIA INJ	MSP-PA	B	RESPIRATORY AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	LMSP-PA	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	-	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	G	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	G	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	G	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	G	ANTIDIABETICS
GLOPERBA SOLN (Prior Authorization required for members age 9 or older)	PA	B	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	B	ANTIDIABETICS
GLUCAGEN INJ	-	B	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)	QL	G	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	B	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	B	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	G	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	G	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	G	ANTIDIABETICS
GLYCATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS

\*\* OTC drugs are not a covered benefit.

= Not Covered = Not Covered, Third Party Reviewer		small letters		= CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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HC/PRAMOXINE CREAM 1-2.35%	-	NC	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HELIDAC PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS HEMATOLOGICAL AGENTS - MISC.



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HYDROXYM GEL	-	NC	DERMATOLOGICALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	G	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	G	ANTI-ANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	G	ANTI-ANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	G	ANTI-ANXIETY AGENTS
HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	B	DERMATOLOGICALS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYMOVIS INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYOPHEN TAB	-	B	ANTI-INFECTIVE AGENTS - MISC.
hyophen tab (PROSED DS equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
HYOSCYAMINE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	G	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	G	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	G	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	G	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	G	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	G	ULCER DRUGS
HYQVIA INJ	MSP-PA	B	PASSIVE IMMUNIZING AGENTS
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
IBU 600-EZS KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	G	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab ((RX only))	-	G	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (FIRAZYR equiv)	LMSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap (VASCEPA equiv)	-	NC	ANTIHYPERLIPIDEMICS
IDACIO INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IHEEZO GEL	-	NC	OPHTHALMIC AGENTS
ILEVRO OPTH SUSP	-	B	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	LMSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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= Not Covered		small letters	= CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	LD Limited Distribution	
LMSP Lumericera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis	
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS	

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IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	B	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	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	B	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	G	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	G	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	G	DERMATOLOGICALS
IMIQUIMOD CREAM 3.75%	-	NC	DERMATOLOGICALS
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC	DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	B	MIGRAINE PRODUCTS
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
IMITREX TAB	-	NC	MIGRAINE PRODUCTS
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	NC	DERMATOLOGICALS
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	B	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	B	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	G	DIURETICS
INDERAL XL CAP, INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INDOCIN SUPP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEFA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	NC	MEDICAL DEVICES AND SUPPLIES
INQOVI TAB (QL= 5 tabs/28 days)	MSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	B	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv)	-	B	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	B	ANTIDIABETICS

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EXC	= Not Covered = Not Covered, Third Party Reviewer Plan Exclusion	INF	small letters Infertility	LD	= CAPITAL LETTERS
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ISOXSUPRINE TAB	-	G	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	G	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	B	OPHTHALMIC AGENTS
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
itraconazole cap (SPORANOX equiv)	-	G	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	G	ANTIFUNGALS
IVERMECTIN CREAM	-	NC	DERMATOLOGICALS
	-	NC	DERMATOLOGICALS

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K-PHOS TAB	-	B	MINERALS & ELECTROLYTES
KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB	-	B	ANTIMALARIALS
KRISTALOSE PACK, LACTULOSE PACK	-	NC	LAXATIVES
KRISTALOSE PACKET	-	NC	LAXATIVES
K-TAB	-	G	MINERALS & ELECTROLYTES
KUVAN POWDER PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
	-	NC	ANTIHYPERLIPIDEMICS

LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ, INSULIN GLARGINE INJ	-	NC	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	LMSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASTACFT OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	G	OPHTHALMIC AGENTS
LATISSE SOLN	-	NC	DERMATOLOGICALS
LATUDA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	B	ANALGESICS - OPIOID
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	B	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	B	MISCELLANEOUS THERAPEUTIC CLASSE
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL CAP	-	NC	ANTIHYPERLIPIDEMICS
LESCOL XL TAB	-	NC	ANTIHYPERLIPIDEMICS
letrozole tab (FEMARA equiv)	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	G	ANTINEOPLASTICS
LEUKERAN TAB	-	B	ANTINEOPLASTICS
LEUKINE INJ	-	NC	HEMATOPOIETIC AGENTS
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levabuterol neb soln (XOPENEX equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVEMIR FLEXTOUCH INJ	-	B	ANTIDIABETICS
LEVEMIR INJ	-	B	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	G	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	G	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	G	ANTICONVULSANTS
LEVITRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
LEVOBUNOLOL OPHTH SOLN	-	G	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	G	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	EXC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	EXC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	G	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN 0.5%	-	G	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	G	FLUOROQUINOLONES
LEVOFLOXACIN SOLN 25MG/ML	-	G	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	G	FLUOROQUINOLONES

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= Not Covered

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levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	NC	ANALGESICS - OPIOID
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	G	THYROID AGENTS
LEXETTE FOAM	-	NC	DERMATOLOGICALS
LEXIVA SUSP	-	B	ANTIVIRALS
LIALDA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
LICART PATCH	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	G	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC	DERMATOLOGICALS
LIDOCAINE GEL	-	B	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	G	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	G	DERMATOLOGICALS
lidocaine lotion	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 36gm/fill)	QL	G	DERMATOLOGICALS
lidocaine oint/transparent dressing kit	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	NC	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	PA-QL	G	DERMATOLOGICALS
lidocaine patch 4% (LIDODERM equiv)	-	NC	DERMATOLOGICALS
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	G	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	G	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	G	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	G	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDODERM PATCH 4%	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTIN PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LIDOVEX CREAM	-	NC	DERMATOLOGICALS
LINDANE SHAMPOO	-	G	DERMATOLOGICALS
linezolid susp (Restricted to Infectious Disease Specialist)	RS	G	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	G	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 1 cap/day)	PA-QL	B	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	G	THYROID AGENTS
LIPITOR TAB	-	NC	ANTIHYPERLIPIDEMICS
LIQREV SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	G	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	G	ANTIHYPERTENSIVES
LITFULO CAP	-	NC	DERMATOLOGICALS
lithium carbonate cap (ESKALITH ER equiv)	-	G	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	G	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	G	ANTI-PSYCHOTICS/ANTIMANIC AGENTS

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

LITHOSTAT TAB	-	B	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	NC	ANTIHYPERTENSIVES
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	B	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B	ANTIVIRALS
L-METHYLFOLATE TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	NC	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
loestrin 21 tab	-	NC	CONTRACEPTIVES
loestrin tab	-	NC	CONTRACEPTIVES
LOKELMA PAK	PA	B	MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
LONHALA MAGNAIR SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
LOPERAMIDE SOLN	OTC	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv)	-	G	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	G	ANTIVIRALS
loratadine cap (CLARITIN equiv)	OTC	EXC	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	G	ANTIAXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	G	ANTIAXIETY AGENTS
LORBRENA TAB 25MG (QL= 1 tab/day)	MSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTIAXIETY AGENTS
LORTAB ELIXIR	-	B	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	G	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	G	ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL	-	B	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	B	OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	NC	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	G	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	G	OPHTHALMIC AGENTS
LOTTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
LOTRISONE CREAM	-	NC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERTENSIVES
loxapine cap (LOXITANE equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	PA-QL	G	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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= Not Covered

small letters



LUCENTIS INJ	MSP-PA	B	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	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIFY OPHTH SOLN 0.25%	-	NC	OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LUMIZYME/MYOZYME INJ	MSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUMRYZ PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	B	MISCELLANEOUS THERAPEUTIC CLASSES
LUPRON DEPOT PED INJ	MSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ	MSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUVIRA CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYBALVI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	NC	ANTICONSULTANTS
LYRICA CAP 225MG	-	NC	ANTICONSULTANTS
LYRICA CAP 300MG	-	NC	ANTICONSULTANTS
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	NC	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	NC	ANTIDIABETICS
LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization)	PA	B	MUSCULOSKELETAL THERAPY AGENTS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MACUGEN INJ	MSP-PA	B	OPHTHALMIC AGENTS
MALARONE TAB	-	NC	ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	G	DERMATOLOGICALS
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
MAPROTILINE TAB	-	G	ANTIDEPRESSANTS
maraviroc tab (SELZENTRY equiv)	-	G	ANTIVIRALS
MARPLAN TAB	-	B	ANTIDEPRESSANTS
MATULANE CAP	-	B	ANTINEOPLASTICS
MAVENCLAD PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packs/day)	LMSP-PA-QL	B	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	B	ANTIVIRALS
MAXALT MLT TAB	-	NC	MIGRAINE PRODUCTS

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

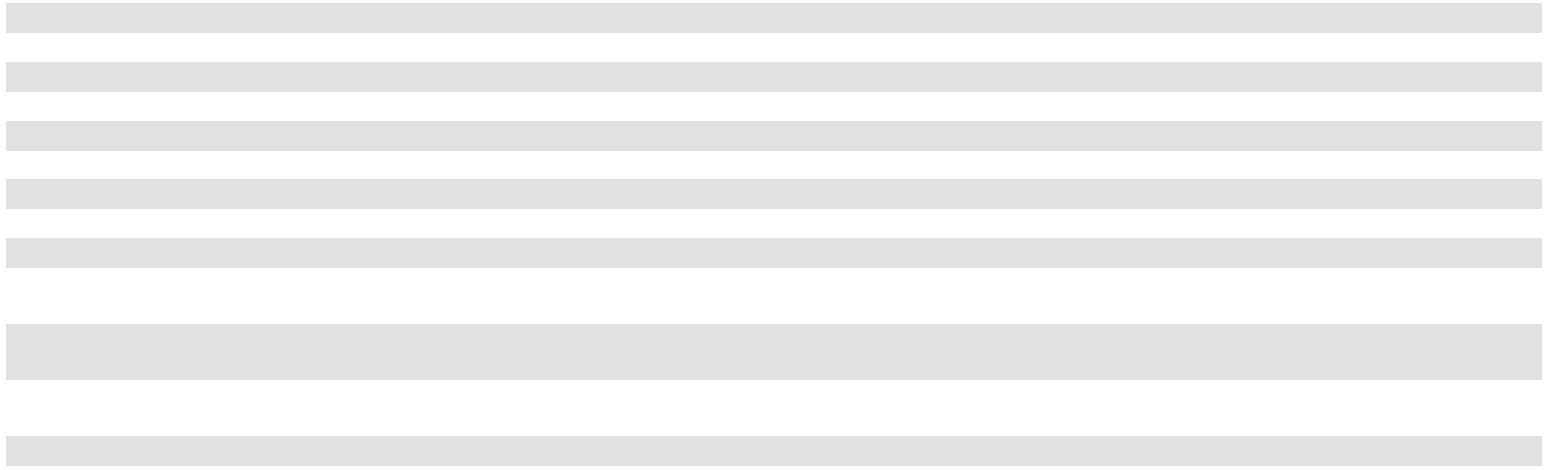
Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

MAXALT TAB	-	NC	MIGRAINE PRODUCTS
MAXIDEX OPHTH SOLN	-	B	OPHTHALMIC AGENTS
MAYZENT TAB	LMSP-PA	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	LMSP-PA	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv) (Rx Only)	-	G	ANTIEMETICS
meclizine tab (ANTIVERT equiv) (Rx Only)	-	G	ANTIEMETICS
MECLOFENAMATE CAP (Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen)	ST	G	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
MEDROL TAB	-	NC	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	G	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	G	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	G	PROGESTINS
megestrol susp (MEGACE equiv)	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam cap (VIVLODEX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
MELQUIN 3 SOLN	-	NC	DERMATOLOGICALS
memantine ER cap (NAMENDA XR equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	\$0	VACCINES
MENEST TAB	-	B	ESTROGENS
MENOSTAR PATCH	-	NC	ESTROGENS
MENQUADFI INJ	VAC	\$0	VACCINES
MENTAX CREAM	-	NC	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS
MENVEO INJ	VAC	\$0	VACCINES
MEPERIDINE TAB	-	NC	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv)	-	NC	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	NC	ANTI-ANXIETY AGENTS
mercaptapurine tab (PURINETHOL equiv)	-	G	ANTINEOPLASTICS

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= Not Covered		small letters	= CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	LD Limited Distribution	
LMSP Lumericera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis	
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS	

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methylphenidate chew tab (METHYLIN equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (APTENSIO XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB	-	B	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB 45MG, RELEXXI TAB 45MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB 63MG, RELEXXI TAB 63MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB 72MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate td patch (DAYTRANA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	G	CORTICOSTEROIDS
methylprednisolone dose pack (MEDROL equiv)	-	G	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	G	CORTICOSTEROIDS
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	G	CORTICOSTEROIDS
methyltestosterone cap	-	NC	ANDROGENS-ANABOLIC
METIPRANOLOL Tj TdghRquive EGaP TESTINATd (METIPRANOHALMIC) T-27M85 .19(TICOSTEROLIDS)T JPHSHALMICAGERS 0 Td (-) Tjoclopramid(			

midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	G	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midodrine tab (PROAMATINE equiv)	-	G	VASOPRESSORS
MIEBO OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
mifepristone tab (MIFIPREX equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP	-	NC	MIGRAINE PRODUCTS
miglitol tab (MIGLITOL equiv)	-	G	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	B	HEMATOPOIETIC AGENTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	G	TETRACYCLINES
MINOCYCLINE ER CAP	-	NC	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv) (Step therapy requires trial of minocycline caps)	ST	G	TETRACYCLINES
MINOLIRA TAB	-	NC	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	G	ANTIHYPERTENSIVES
MIRALAX PACKET	OTC	EXC	LAXATIVES
MIRAPEX ER TAB	-	NC	ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRENA IUD	-	\$0	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	G	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	G	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	G	ULCER DRUGS
MITIGARE CAP, COLCHICINE CAP	-	NC	GOUT AGENTS
M-M-R II INJ	VAC	\$0	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MODERIBA TAB	-	NC	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	G	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	G	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	G	ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC	ANTI PSYCHOTICS/ANTIMANIC AGENTS
mometasone cream (ELOCON equiv)	-	G	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	G	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	G	DERMATOLOGICALS
MONOCLATE-P INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
MONODOX CAP 75MG	-	NC	TETRACYCLINES
montelukast chew tab (SINGULAIR equiv)	-	G	ANTI ASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	G	ANTI ASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	G	ANTI ASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	B	ANTI-INFECTION AGENTS - MISC.
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID

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	= Not Covered = Not Covered, Third Party Reviewer		small letters		= CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior				

MORPHINE SULFATE ER BEAD CAP	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP	-	NC	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv)	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	G	ANALGESICS - OPIOID
morphine sulfate soln	-	G	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	G	ANALGESICS - OPIOID
morphine sulfate tab	-	G	ANALGESICS - OPIOID
MOTEGRITY TAB	PA	B	GASTROINTESTINAL AGENTS - MISC.
MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	B	ANTIDIABETICS
MOVANTIK TAB	PA	B	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN (Step Therapy requires trial of CLENPIQ)	ST	B	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	G	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	G	FLUOROQUINOLONES
MOZOBIL INJ	MSP-PA	B	HEMATOPOIETIC AGENTS
MPM PAK	-	NC	OXYTOCICS
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULPLETA TAB	-	NC	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	B	ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	G	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	G	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	G	HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	G	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	G	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	G	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	G	MULTIVITAMINS
mupirocin cream (BACTROBAN CREAM equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	G	DERMATOLOGICALS
MUSE SUPP (QL= 6 supp/30 days; Step therapy requires trial of sildenafil)	QL-ST	B	CARDIOVASCULAR AGENTS - MISC.
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCAPSSA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	G	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	G	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	G	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	G	ASSORTED CLASSES
MYDAYIS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	B	ESTROGENS
MYLERAN TAB	LMSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	NC	MULTIVITAMINS
MYRBETRIQ SUSP	-	NC	URINARY ANTISPASMODICS

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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MYRBETRIQ TAB	-	NC	URINARY ANTISPASMODICS
MYTESI TAB	-	NC	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	G	BETA BLOCKERS
NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAFTIFINE CREAM	-	NC	DERMATOLOGICALS
naftifine cream (NAFTIN equiv)	-	NC	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	NC	DERMATOLOGICALS
NAFTIN CREAM	-	NC	DERMATOLOGICALS
NAFTIN GEL	-	NC	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
NAGLAZYME INJ	MSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
naloxone hcl nasal spray (NARCAN equiv) (QL= 2 sprays/fill)	QL	G	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	G	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	B	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	QL--	G	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	G	ANTIDOTES
NAMENDA XR CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB 500MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	G	MIGRAINE PRODUCTS
NARDIL TAB 15MG	-	B	ANTIDEPRESSANTS

nebivolol hcl tab (BYSTOLIC equiv)	¢	G	BETA BLOCKERS
NEBUSAL NEB SOLN	-	B	COUGH/COLD/ALLERGY
NEEVO DHA	-	NC	MULTIVITAMINS
NEFAZODONE TAB	-	G	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	G	ANTIDEPRESSANTS
NENDRUX GEL	-	NC	DERMATOLOGICALS
neomycin tab	-	G	AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN	-	G	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	G	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	G	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	G	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	G	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	G	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	B	MULTIVITAMINS
NEONATAL FE TAB	-	B	MULTIVITAMINS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSALUS LOTION	-	NC	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEPHRON FA TAB	-	B	HEMATOPOIETIC AGENTS
NEPHRO-VITE TAB	-	NC	MULTIVITAMINS
			ANTINEOPLASTICSHTHALMIC



niacin tab	OTC	EXC	VITAMINS
NIACIN TR TAB	OTC	EXC	VITAMINS
niacinamide tab	OTC	EXC	VITAMINS
NIACOR TAB	-	NC	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	NC	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	G	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	G	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	G	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv)	LMSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	G	CALCIUM CHANNEL BLOCKERS
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	G	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	G	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	G	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	B	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	NC	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv) (Covered for members age 9 or younger)	-	G	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	G	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	G	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	G	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	G	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	B	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	LMSP	B	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	G	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizatidine cap (AXID equiv)	-	G	ULCER DRUGS
NIZATIDINE SOLN (Members age 9 or older require Prior Authorization)	PA	B	ULCER DRUGS
NIZORAL A-D SHAMPOO	OTC	EXC	DERMATOLOGICALS

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

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olanzapine tab (ZYPREXA equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLLIZAC POWDER	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	G	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	G	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	-	G	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days; Step therapy requires trial of olopatadine ophth soln 0.1%)	QL-ST	G	OPHTHALMIC AGENTS
OLPRUVA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLUX FOAM	-	NC	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	G	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	G	ULCER DRUGS
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole tab	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 INTRO KIT (QL= 1 kit/year)	QL	B	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	B	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	B	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	B	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	B	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron ODT (ZOFTRAN equiv)	-	G	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	G	ANTIEMETICS
ONDANSETRON TAB	-	G	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	G	ANTIEMETICS
ONETOUCH DELICA LANCETS	OTC	G	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA PLUS LANCETS	OTC	G	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	G	MEDICAL DEVICES AND SUPPLIES
ONETOUCH KIT	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH TEST STRIP	OTC	G	DIAGNOSTIC PRODUCTS
ONETOUCH VERIO FLEX METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES

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= Not Covered

small letters

ONETOUCH VERIO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO REFLECT METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO TEST STRIP	OTC	G	DIAGNOSTIC PRODUCTS
ONEXTON GEL	-	NC	DERMATOLOGICALS
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill)	PA-QL	B	ANTIPARKINSON AND RELATED THERAPY AGENTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONUREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB (CRUSH RESISTANT)	-	NC	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
opium tincture	-	G	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
OPZELURA CREAM (QL= 4 tubes/30 days for the first two months; then QL= 12 tubes/year thereafter)	PA-QL	B	DERMATOLOGICALS
	-	G	GENITOURINARY AGENTS - MISCELLANEOUS

ORTIKOS ER CAP  
oseltamivir cap (

-  
QL

NC  
G

CORTICOSTEROIDS  
ANTIVIRALS

OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	G	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	G	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	G	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYMORPHONE ER TAB	-	NC	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC	ANALGESICS - OPIOID
OXYTROL PATCH (OTC)	OTC	EXC	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	B	ANTIDIABETICS
OZOBAX SOLN, BACLOFEN SOLN	PA	B	MUSCULOSKELETAL THERAPY AGENTS
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	B	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	B	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of ABILIFY or quetiapine ER)	ST	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQU INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	G	ULCER DRUGS
pantoprazole sodium packet (PROTONIX equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
PARAGARD IUD	-	\$0	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	G	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	G	ANTIDEPRESSANTS
paroxetine oral susp (PAXIL equiv)	-	G	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	G	ANTIDEPRESSANTS
PAXLOVID TAB (QL= 20 tabs/fill)	QL	\$0	ANTIVIRALS
PAXLOVID TAB (QL= 30 tabs/fill)	QL	\$0	ANTIVIRALS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PEAK FLOW METER	OTC	G	MEDICAL DEVICES AND SUPPLIES
PEDIARIX INJ	VAC	\$0	TOXOIDS
pediatric multiple vitamins/fluoride chew tab	-	G	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	G	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	G	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
PEDVAXHIB INJ	VAC	\$0	VACCINES
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay)	QL	\$0	LAXATIVES

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= Not Covered

small letters

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peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
PEGANONE TAB	-	B	ANTICONVULSANTS
PEGASYS INJ	LMSP	B	ANTIVIRALS
PEG-INTRON INJ	LMSP	B	ANTIVIRALS
PEG-PREP KIT	PA	B	LAXATIVES
PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
penciclovir cream (DENA VIR equiv)	-	NC	DERMATOLOGICALS
penicillamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv)	-	G	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk tab (VEETIDS equiv)	-	G	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENTACEL INJ	VAC	\$0	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
PENTASA CR CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	G	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	G	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENAL equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
PEPCID SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
PERINDOPRIL TAB	-	G	ANTIHYPERTENSIVES
perindopril tab (ACEON equiv)	-	G	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	G	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PEXEVA TAB	-	NC	ANTIDEPRESSANTS
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
phenazopyridine tab (PYRIDIDIUM equiv)	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 95mg (AZO equiv)	OTC	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 97.5mg (AZO equiv)	OTC	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 99.5mg (AZO equiv)	OTC	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	\$0	VACCINES
PODIAPN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	B	DERMATOLOGICALS
PODOFILOX SOLN	-	G	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	G	DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	EXC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	B	PHARMACEUTICAL ADJUVANTS
			OPKTOlc

PRAMOSONE LOTION	-	NC	DERMATOLOGICALS
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	G	ANORECTAL AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	B	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	G	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	G	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	-	NC	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	--OTC	NC	DIAGNOSTIC PRODUCTS
PRED FO	-	B	OPHTHALMIC AGENTS

PRENA1 CHEW	-	NC	MULTIVITAMINS
PRENA1 PEARL, VITAPEARL	-	NC	MULTIVITAMINS
PRENA1 TRUE, VITATRUE	-	NC	MULTIVITAMINS
PRENARA CAP	-	NC	MULTIVITAMINS
PRENATA	-	G	MULTIVITAMINS
PRENATABS RX TAB	-	G	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	G	MULTIVITAMINS
PRENATAL 19 TAB	-	G	MULTIVITAMINS
PRENATAL FORMULA, PRENATAL MULTI + DHA	-	G	MULTIVITAMINS
PRENATAL MULTIVITAMIN + D	-	G	MULTIVITAMINS
PRENATAL PLUS IRON	-	G	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	B	MULTIVITAMINS
PRENATE AM	-	NC	MULTIVITAMINS
PRENATE CHEWABLE	-	NC	MULTIVITAMINS
PRENATE DHA	-	NC	MULTIVITAMINS
PRENATE ELITE	-	NC	MULTIVITAMINS
PRENATE ESSENTIAL	-	NC	MULTIVITAMINS
PRENATE MINI	-	NC	MULTIVITAMINS
PRENATE MINI, TRISTART DHA	-	NC	MULTIVITAMINS
PRENATE TAB	-	NC	MULTIVITAMINS
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	B	ANTIMYCOBACTERIAL AGENTS
PREVACID CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PREVACID OTC CAP	OTC	EXC	ULCER DRUGS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	B	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT SOLN	-	B	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	\$0	VACCINES
PREVNAR 20 INJ (Covered for members age 19 years or older)	VAC	\$0	VACCINES
PREVYMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months)	LMSP-PA-QL	B	ANTIVIRALS
PREZCOBIX TAB	-	B	ANTIVIRALS
PREZISTA SUSP	-	B	ANTIVIRALS
PREZISTA TAB	-	B	ANTIVIRALS
PRIFTIN TAB	-	B	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PRILOSEC OTC DR TAB	OTC	NC	ULCER DRUGS
PRIMACARE	-	NC	MULTIVITAMINS
primaquine tab (PRIMAQUINE equiv)	-	G	ANTIMALARIALS
	-	G	
PRIMIDONE TAB	-	NC	
PRIMLEV TAB 10-300MG	-	NC	
PRIMLEV TAB 5-300MG	-	NC	
PRIMSOL SOLN	-	B	ANTI-INFECTIVE AGENTS - MISC.

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QUINAPRIL/HCTZ TAB	-	G	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	G	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	G	ANTIARRHYTHMICS
quinidine sulfate tab	-	G	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QULIPTA TAB	-	NC	MIGRAINE PRODUCTS
QUVIVIQ TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QVAR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	PA	G	ULCER DRUGS
RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)	LD-PA-QL	B	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	B	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB	-	NC	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	PA-QL	G	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ramipril cap (ALTACE equiv)	-	G	ANTIHYPERTENSIVES
ranitidine cap (ZANTAC equiv)	-	NC	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	NC	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC	ULCER DRUGS
ranolazine tab (RANEXA equiv)	-	G	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv)	¢	G	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
REBETOL SOLN	LMSP	B	ANTIVIRALS
REBIF INJ	LMSP-PA	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	NC	HEMATOPOIETIC AGENTS
RECOMBINATE INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
RECORLEV TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECTIV OINT	-	B	ANORECTAL AGENTS
REDITREX INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
REGRANEX GEL (QL= 30gm/fill)	QL	B	DERMATOLOGICALS
RELAFEN DS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/calendar year)	QL	B	ANTIVIRALS
RELEUKO INJ	-	NC	HEMATOPOIETIC AGENTS
RELEUKO PREFILLED SYRINGE INJ	-	NC	HEMATOPOIETIC AGENTS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.

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

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rufinamide susp (BANZEL equiv)	PA	G	ANTICONVULSANTS
rufinamide tab (BANZEL equiv)	PA	G	ANTICONVULSANTS
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	B	ANTIVIRALS
RYALTRIS SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	B	ANTIDIABETICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLORA SOLN	-	NC	ANTIHISTAMINES
RYDAPT CAP (QL= 56 caps/28 days)	LMSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
RYVENT TAB	-	NC	ANTIHISTAMINES
SABRIL TAB	-	NC	ANTICONVULSANTS
SAFYRAL TAB	-	NC	CONTRACEPTIVES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALEX LOTION KIT	-	NC	DERMATOLOGICALS
SALEX SHAMPOO	-	B	DERMATOLOGICALS
salicyclic acid soln	-	NC	DERMATOLOGICALS
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	G	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	G	ANALGESICS - NONNARCOTIC
SANCUSO PATCH (QL= 4 patches/fill)	QL	B	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	B	ASSORTED CLASSES
SANDOSTATIN LAR INJ KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	B	DERMATOLOGICALS
sapropterin dihydrochloride powder packet (KUVAN equiv)	LMSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	LMSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	-	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCEMBLIX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	G	ANTIEMETICS
SECONAL CAP	-	B	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SECUADO PATCH	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLENTIS TAB	-	NC	ANALGESICS - OPIOID

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

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



SIMPONI INJ 100MG (QL=1 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv)	-	NC	ANTHYPERLIPIDEMICS
SINUVA NASAL IMPLANT	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
sirolimus soln (RAPAMUNE equiv)	-	G	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	G	ASSORTED CLASSES
SIRTURO TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	B	ANTI-INFECTIVE AGENTS - MISC.
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	B	ANTI-INFECTIVE AGENTS - MISC.
SKLICE LOTION	-	NC	DERMATOLOGICALS
SKYCLARYS CAP	-	NC	NEUROMUSCULAR AGENTS
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	LMSP-PA-QL	B	DERMATOLOGICALS
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	LMSP-PA-QL	B	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	LMSP-PA-QL	B	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	LMSP-PA-QL	B	DERMATOLOGICALS
SKYTROFA INJ	LMSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	NC	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB	-	NC	DIURETICS
sodium chloride neb soln (HYPER-SAL equiv)	-	G	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
SODIUM HYALU INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SODIUM IODIDE I-131 SOLN	-	NC	THYROID AGENTS
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
sodium phenylbutyrate powder (BUPHENYL equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	G	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	G	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE equiv)	-	NC	DERMATOLOGICALS

\*\* OTC drugs are not a covered benefit.

EXC	= Not Covered Plan Exclusion	INF	small letters Infertility	LD	= CAPITAL LETTERS Limited Distribution
LMSP	Tj [ ]13(T)75DIT07d1.054sD				

sodium sulfacetamide lotion (KLARON equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	G	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay)	QL	\$0	LAXATIVES
SOFOBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	B	ANTIVIRALS
SOGROYA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	G	URINARY ANTISPASMODICS
SOLQUA INJ (QL= 15ml/25 days)	QL	B	ANTIDIABETICS
SOLOSEC GRANULES PACKET	-	NC	AMEBICIDES
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	B	CORTICOSTEROIDS
SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)	QL	B	CORTICOSTEROIDS
SOLU-MEDROL INJ	-	NC	CORTICOSTEROIDS
SOLU-MEDROL INJ 2GM	-	B	CORTICOSTEROIDS
SOLU-MEDROL PF INJ	-	NC	CORTICOSTEROIDS
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ	MSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ	LD-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.





SYMTUZA TAB	-	B	ANTIVIRALS
SYNAREL NASAL SOLN	-	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNJARDY TAB (QL= 2 tabs/day)	QL	B	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	B	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	B	ANTIDIABETICS
SYNRIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	NC	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
TABLOID TAB	-	B	ANTINEOPLASTICS
TABRECTA TAB (QL= 4 tabs/day)	LMSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX SUSP	-	NC	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	G	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	G	DERMATOLOGICALS
tadalafil tab (CIALIS equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	B	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day)	QL	G	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (Members age 9 years or older require Prior Authorization)	MSP-PA	B	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP	LMSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv)	-	NC	OPHTHALMIC AGENTS
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	B	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	B	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
TALTZ INJ (QL= 1 inj/28 days)	LMSP-PA-QL	B	DERMATOLOGICALS
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TARCEVA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	-	NC	DERMATOLOGICALS
TARPEYO CAP	-	NC	CORTICOSTEROIDS
TASCENSO ODT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

\*\* OTC drugs are not a covered benefit.

= Not Covered = Not Covered, Third Party Reviewer		small letters		= CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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



TASIGNA CAP	LMSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tasimelteon cap (HETLIOZ equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole soln (KERYDIN equiv)	-	NC	DERMATOLOGICALS
TAVALISSE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	B	HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	NC	CONTRACEPTIVES
tazarotene cream 0.1% (TAZORAC equiv)	PA	G	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv)	-	NC	DERMATOLOGICALS
TAZORAC CREAM	-	NC	DERMATOLOGICALS
TAZORAC CREAM 0.05%	PA	B	DERMATOLOGICALS
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKTURNA HCT TAB (Step Therapy requires trial of valsartan/hctz)	ST	B	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	G	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB	-	NC	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TEMOVATE CREAM	-	NC	DERMATOLOGICALS
TEMOVATE OINT	-	NC	DERMATOLOGICALS
temozolomide cap (TEMODAR equiv)	LMSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temsirolimus inj (TORISEL equiv)	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	G	ANTIVIRALS
TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	G	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	G	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	G	VAGINAL PRODUCTS

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= Not Covered		small letters	= CAPITAL LETTERS
EXC	Plan Exclusion	INF	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
PA	Prior Authorization	QL	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Smoking Cessation
ST	Step Therapy	VAC	RxCENTS
			¢

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

TERCONAZOLE CREAM 0.8%	-	G	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	G	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO equiv)	LMSP-PA	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TERI	LMSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.

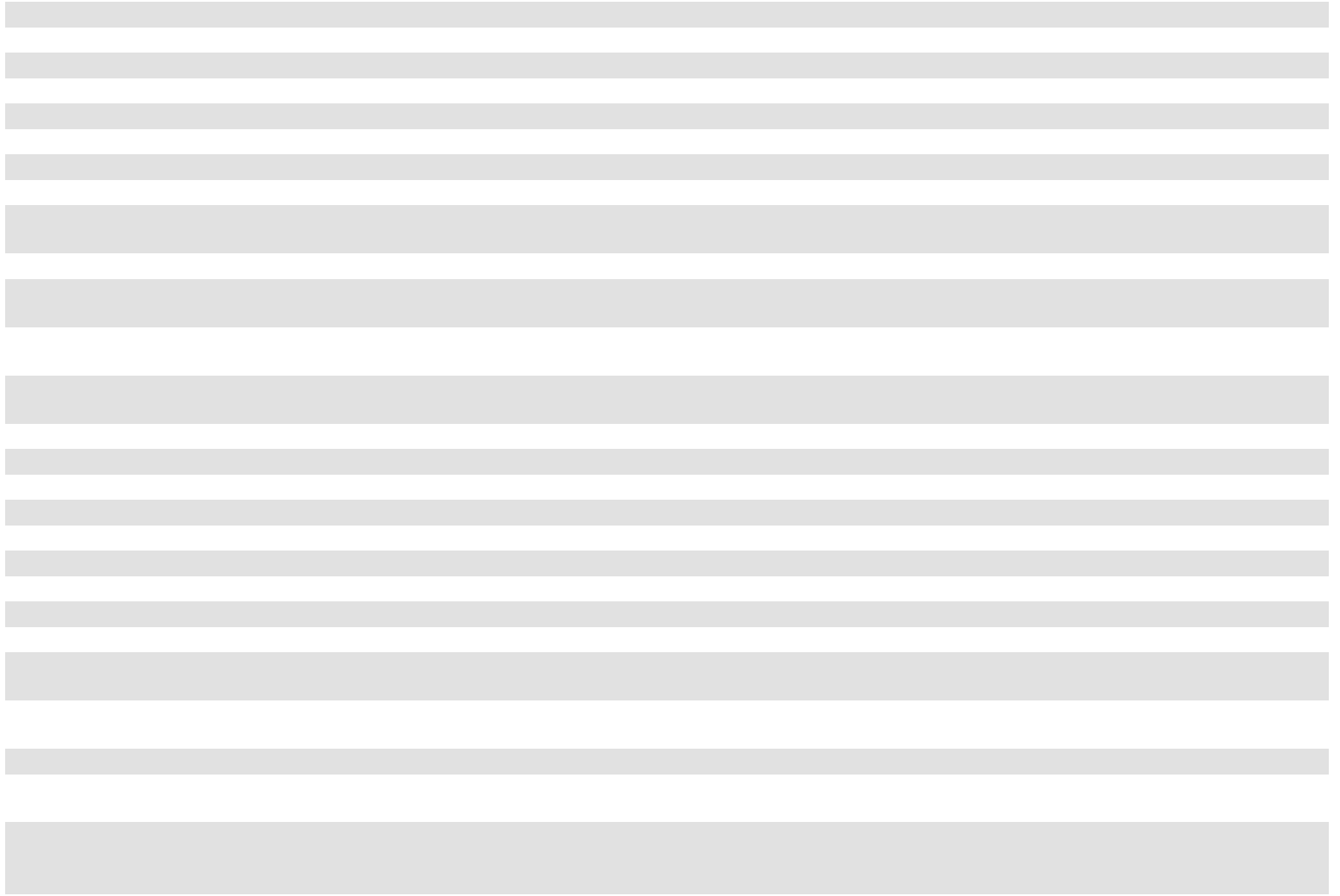


TOVET KIT	-	NC	DERMATOLOGICALS
TOVIAZ TAB	-	NC	URINARY ANTISPASMODICS
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	B	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP	-	NC	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv)	-	G	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB	-	G	ANALGESICS - OPIOID
tramadol hcl tab 100mg	-	NC	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	G	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	G	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	G	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	-	G	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	G	ANTIDEPRESSANTS
travoprost ophth soln (TR)	QL-ST	G	OPHTHALMIC AGENTS

triamcinolone cream	-	G	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	G	DERMATOLOGICALS
triamcinolone oint	-	G	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	NC	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv)	-	G	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	G	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	G	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC	DIAGNOSTIC PRODUCTS
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
TRICHOSOL SOLN	-	NC	PHARMACEUTICAL ADJUVANTS
tricitrates soln (POLYCITRA-LC equiv)	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	G	HEMATOPOIETIC AGENTS
trientine cap (SYPRINE equiv) (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	B	MISCELLANEOUS THERAPEUTIC CLASSE
trifluoperazine tab (STELAZINE equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	G	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	G	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN	-	G	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	G	ANTIPARKINSON AGENTS
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	B	ANTIDIABETICS
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	B	ANTIDIABETICS
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	B	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	B	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILIPIX CAP	-	NC	ANTIHYPERLIPIDEMICS
TRILOCICLO KIT	-	NC	DERMATOLOGICALS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trimethobenzamide cap (TIGAN equiv)	-	G	ANTIEMETICS
TRIMETHOPRIM TAB	-	G	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	G	ANTIDEPRESSANTS
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL-¢	B	ANTIDEPRESSANTS
TRIONEX PACK	-	NC	DERMATOLOGICALS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRIUMEQ PD TAB	-	B	ANTIVIRALS
TRIUMEQ TAB	-	B	ANTIVIRALS
TRIVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS

\*\* OTC drugs are not a covered benefit.

EXC	= Not Covered = Not Covered, Third Party Reviewer Plan Exclusion	INF	small letters Infertility	LD	= CAPITAL LETTERS Limited Dis3XC
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UMECTA PD EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UPNEEQ SOLN	-	EXC	OPHTHALMIC AGENTS
UPTRAVI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
urea emulsion	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	NC	DERMATOLOGICALS
KIT (URAMAXIN CREAM) Tj 408 -11.05 Td (DERM) Tj [A]75(T)19(OLOGICALS)TJ -40.5 0 Td (NC) NC-79.5 0 Td (DERM) Tj [A]75(T)19(OLOGICALS)TJ	-	NC	DERMATOLOGICALS
!A equiv) AND	-	NC	VALCHL KIT (U)TJ 64.9 0 Td ((QL= 4 tubes/30 days; Only available 3 ))TJ 100.25 0 Td (- MISC.) Tj -140.75 Tj55 Td (\$0) Tj -79.5 0 Td (QL-SMKG5 0 Td (-) Tj -[V]75(ARENICLINEU)(P)75(AK (Limited to 180 days/plan year))XIN 3 ))TJ 100.25 0 Td (- MISC.) Tj -140.75 Tj55 Td (\$0) Tj -79.5 0 Td (QL-SMKG5 0 Td (-) Tj -[V]75(ARENICLINE)( )13(T)75(AB (Limited to 180 days/plan year))X

= Not Covered

VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	B	ANTIEMETICS
VASCEPA CAP (QL= 4 caps/day)	PA-QL	G	ANTIHYPERLIPIDEMICS
vasolex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
VAXELIS INJ	VAC	\$0	TOXOIDS
VAXNEUVANCE INJ	VAC	\$0	VACCINES
v-c forte cap (V-C FORTE equiv)	-	G	MULTIVITAMINS
VECAMYL TAB	-	NC	ANTIHYPERTENSIVES
VELIVET PAK	-	\$0	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
VELPHORO CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	B	ASSORTED CLASSES
VEMLIDY TAB	PA	B	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy)	LD-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES



VIBRAMYCIN SYRUP	-	B	TETRACYCLINES
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	B	ANTIDIABETICS
VIDEX SOLN	-	B	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	B	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	B	ANTICONVULSANTS
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	B	ANTICONVULSANTS
VIGAMOX OPTH SOLN	-	NC	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIIBRYD TAB	-	NC	ANTIDEPRESSANTS
VIJOICE TAB (QL= 1 tab/day)	MSP-PA-QL	B	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB 250MG (QL= 2 tabs/day)	MSP-PA-QL	B	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv)	-	NC	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	NC	ANTICONVULSANTS
VIMPAT TAB	-	NC	ANTICONVULSANTS
VINATE II	-	G	MULTIVITAMINS
VINATE M	-	G	MULTIVITAMINS
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
VIRACEPT TAB	-	B	ANTIVIRALS
VIRAMUNE XR TAB	-	NC	ANTIVIRALS
VIREAD TAB	-	B	ANTIVIRALS
VISCO-3 INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL GUMMIES	-	NC	MULTIVITAMINS
VITAFOL OB	-	NC	MULTIVITAMINS
VITAFOL STRIPS	-	B	MULTIVITAMINS
VITAFOL ULTRA	-	NC	MULTIVITAMINS
VITAFOL-OB + DHA	-	NC	MULTIVITAMINS
VITAFOL-ONE, VITAFOL FE+	-	NC	MULTIVITAMINS
vitamin D cap (RX strength only)	-	G	VITAMINS
vitamin D cap 1000unit	OTC	NC	VITAMINS
vitamin D cap 400unit	OTC	NC	VITAMINS
VITAMIN D TAB 2000IU	OTC	NC	VITAMINS
VITAMIN D TAB 400UNIT	OTC	NC	VITAMINS
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRECYL IRON TAB	-	NC	MULTIVITAMINS
VITRECYL TAB	-	NC	MULTIVITAMINS
VIVELLE-DOT PATCH	-	NC	ESTROGENS
VIVITROL INJ	LMSP	B	ANTIDOTES
VIVJOA CAP	-	NC	ANTIFUNGALS

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= Not Covered		small letters	= CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	LD Limited Distribution	
LMSP Lumicera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis	
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS	

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VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOCABRIA TAB	-	NC	ANTIVIRALS
VOGELXO PUMP	-	NC	ANDROGENS-ANABOLIC
VOLTAREN GEL	OTC	EXC	DERMATOLOGICALS
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOPAC 5 CREAM	-	B	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
VOQUEZNA DUAL PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TRIP PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
voriconazole susp (VFEND equiv)	-	G	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	G	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	B	ANTIVIRALS
VOTRIENT TAB (QL= 4 tabs/day)	LMSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
VP-PNV-DHA CAP	-	G	MULTIVITAMINS
VPRIV INJ	MSP-PA	B	HEMATOPOIETIC AGENTS
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VTAMA CREAM	-	NC	DERMATOLOGICALS
VTOL SOLN	-	NC	ANALGESICS - NONNARCOTIC
VUITY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
VUMERITY CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYLEESI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
VYTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYQL	QL	B	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

WEGOVY INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 1.7MG/0.75ML	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 2.4MG/0.75ML	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WELCHOL PACK	-	NC	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	NC	ANTIHYPERLIPIDEMICS
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WELLBUTRIN SR TAB	-	NC	ANTIDEPRESSANTS
WELLBUTRIN XL TAB	-	NC	ANTIDEPRESSANTS
WESTCORT OINT	-	NC	DERMATOLOGICALS
WINLEVI CREAM	-	NC	DERMATOLOGICALS
WOUND-DRESSING GELS	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
WYNZORA CREAM	-	NC	DERMATOLOGICALS
XACIATO GEL	-	NC	VAGINAL AND RELATED PRODUCTS
XADAGO TAB (QL= 1 tab/day)	PA-QL	B	ANTIPARKINSON AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	B	ANTICOAGULANTS
XARELTO SUSP	-	B	ANTICOAGULANTS
XARELTO TAB	-	B	ANTICOAGULANTS
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID
XATMEP SOLN (Prior Authorization required for members age 9 or older)	PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	B	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	B	ANTICONVULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	B	ANTICONVULSANTS
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	B	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	B	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	B	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	B	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	B	ANTICONVULSANTS
XELJANZ SOLN (QL= 10ml/day)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPTH EMULSION	-	NC	OPHTHALMIC AGENTS
XELSTRYM PAD	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS PASSIVE IMMUNIZ TJCS - AN(P)75(A0 Td h I

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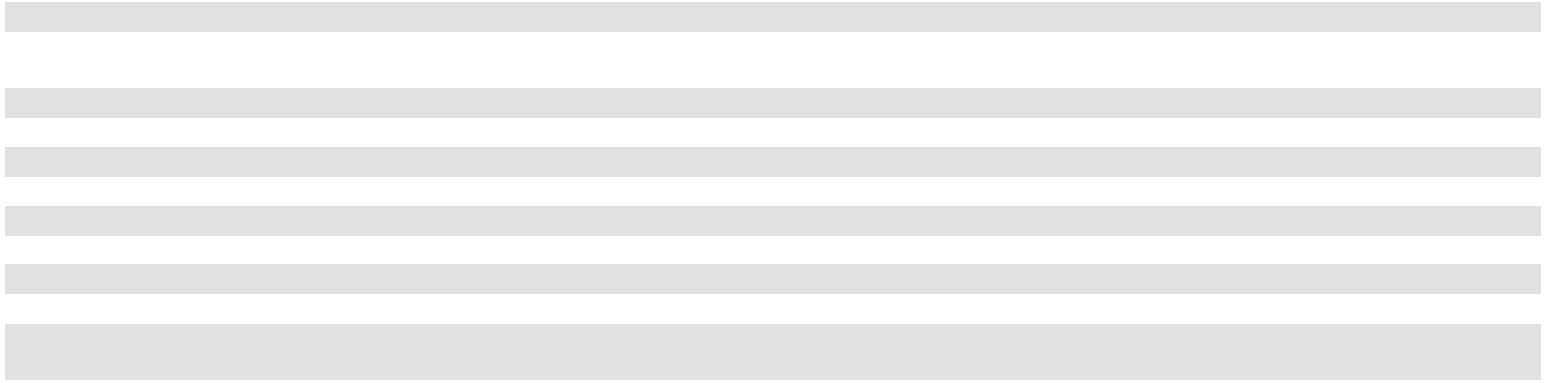
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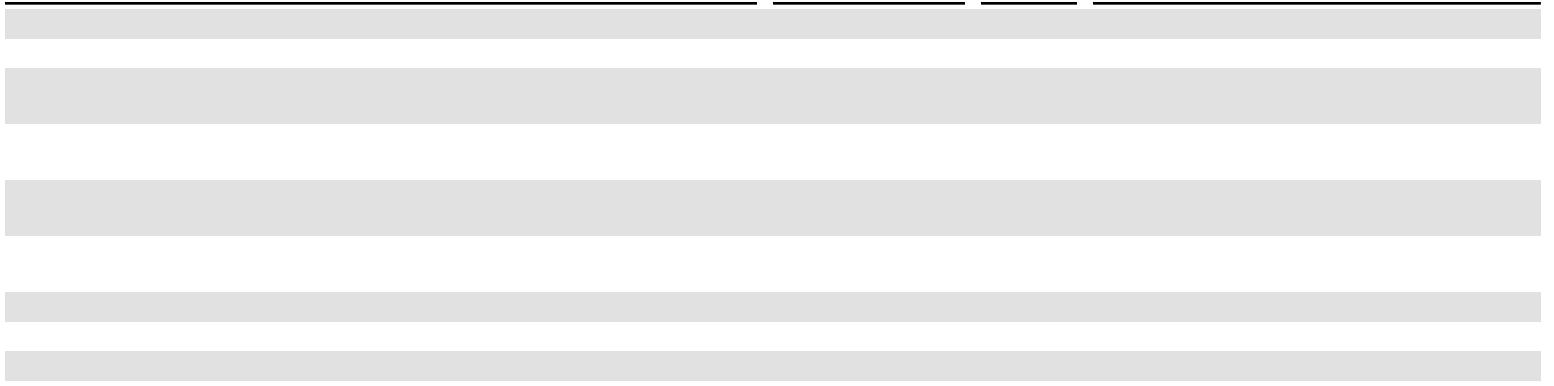
YONSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUFLYMA KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUPELRI SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YUSIMRY INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZADITOR OPHTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafemy patch (XULANE equiv)	-	\$0	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	G	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZANTAC EFFER TAB	-	NC	ULCER DRUGS
ZARXIO INJ	LMSP	B	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZAVZPRET SPRAY	-	NC	MIGRAINE PRODUCTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	B	ANTIDIABETICS
ZEGERID CAP OTC	OTC	EXC	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	NC	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELNORM TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ZENZEDI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZEPOSIA CAP (QL= 1 cap/day)	LMSP-PA-QL	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day)	LMSP-PA-QL	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERVIATE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ZETIA TAB	-	NC	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
zidovudine cap (RETROVIR equiv)	-	G	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	G	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	G	ANTIVIRALS
ZIEXTENZO INJ	LMSP	B	HEMATOPOIETIC AGENTS
ZILACAIN PAK	-	NC	DERMATOLOGICALS
zileuton ER tab (ZYFLO CR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	NC	DERMATOLOGICALS

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= Not Covered		small letters		= CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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VYVANSE CAP (QL= 1 cap/day)	QL	B
VYVANSE CHEW TAB (QL= 1 tab/day)	QL	B
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	G
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	G
dextroamphetamine ER cap (DEXEDRINE equiv)	-	G
dextroamphetamine soln (PROCENTRA equiv)	-	G
dextroamphetamine tab (DEXEDRINE equiv)	-	G
ADDERALL XR CAP	-	NC
ADZENYS ER SUSP	-	NC
ADZENYS XR TAB	-	NC
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC
DYANAVEL XR CHEW	-	NC
EVEKEO ODT	-	NC
methamphetamine tab (DESOXYN equiv)	-	NC
MYDAYIS CAP	-	NC
XELSTRYM PAD	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	G
CAFCIT INJ	-	NC

benzphetamine tab	-	EXC
	-	NC



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ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	B
TOBI PODHALER (Only available through Walgreens 888-347-3416)	LD-PA	B
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	B
neomycin tab	-	G
paromomycin cap (HUMATIN equiv)	-	G
HUMATIN CAP	-	NC
KITABIS PAK NEB SOLN	-	NC
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	B
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	B
XELJANZ SOLN (QL= 10ml/day)	LMSP-PA-QL	B
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	B
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	B
RHEUMATREX TAB	-	B
REDITREX INJ	-	NC
AMJEVITA AUTO-INJECTOR (1 PEN PACK) (QL= 2 pens/28 days)	LMSP-PA-QL	B
AMJEVITA AUTO-INJECTOR (2 PEN PACK) (QL= 2 pens/28 days)	LMSP-PA-QL	B
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	B
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	B
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	B
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	LMSP-PA-QL	B
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	B
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	B
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	B
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	B
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	B
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	LMSP-PA-QL	B
SIMPONI INJ 100MG (QL=1 inj/28 days)	LMSP-PA-QL	B
ADALIMUMAB-ADAZ INJ, HYRIMOZ INJ	-	NC
ADALIMUMAB-ADAZ INJ, HYRIMOZ PFS INJ	-	NC
ADALIMUMAB-FKJP INJ, HULIO INJ	-	NC
ADALIMUMAB-FKJP KIT, HULIO KIT	-	NC
AMJEVITA AUTO-INJECTOR	-	NC
AMJEVITA INJ	-	NC
CYLTEZO AUTO- INJECTOR, YUFLYMA KIT	-	NC
CYLTEZO INJ	-	NC
HADLIMA INJ	-	NC
HADLIMA PUSH INJ	-	NC
IDACIO INJ	-	NC
SIMPONI ARIA INJ	-	NC
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 50MG	-	NC
YUFLYMA KIT	-	NC

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ST	Step Therapy	VAC	Vaccineera MandaO AuthorizatiKIT		

YUSIMRY INJ	-	NC
RIDAURA CAP	-	B
ARCALYST INJ	-	NC
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B
ACTEMRA IV INJ	MSP-PA	B
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B
KETOPROFEN ER CAP	-	B
SPRIX NASAL SPRAY	PA	B
TOLMETIN TAB	-	B
celecoxib cap (CELEBREX equiv)	-	G
diclofenac potassium tab (CATAFLAM equiv)	-	G
diclofenac sodium EC tab (VOLTAREN equiv)	-	G
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	G
etodolac cap (LODINE equiv)	-	G
etodolac ER tab (LODINE XL equiv)	-	G
etodolac tab	-	G
FLURBIPROFEN TAB	-	G
flurbiprofen tab (ANSAID equiv)	-	G
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	G
ibuprofen tab	-	G
ibuprofen tab ((RX only))	-	G
indomethacin cap (INDOCIN equiv)	-	G
indomethacin CR cap (INDOCIN SR equiv)	-	G
ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	G
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	G
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	G
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	G
MECLOFENAMATE CAP (Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen)	ST	G
meloxicam tab (MOBIC equiv)	-	G
nabumetone tab (RELAFEN equiv)	-	G
naproxen tab (NAPROSYN equiv)	-	G
oxaprozin tab (DAYPRO equiv)	-	G
piroxicam cap (FELDENE equiv)	-	G
sulindac tab (CLINORIL equiv)	-	G
tolmetin cap (TOLECTIN DS equiv)	-	G
ANAPROX TAB	-	NC
ARTHROTEC TAB	-	NC
CELEBREX CAP	-	NC

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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DICLOFENAC CAP	-	NC
diclofenac potassium cap (ZIPSOR equiv)	-	NC
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	NC
fenoprofen calcium cap (NALFON equiv)	-	NC
fenoprofen calcium tab	-	NC
FENOPROFEN CAP	-	NC
FENOPROFEN TAB	-	NC
IBU 600-EZS KIT	-	NC
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC

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leflunomide tab (ARAVA equiv)	-	G
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	B
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	B
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	B
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	B
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	B
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	B
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	B
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	B
butalbital/acetaminophen cap	-	G
butalbital/acetaminophen tab 50-325mg (PHRENILIN equiv) (QL= 60 tabs/30 days)	PA-QL	G
butalbital/acetaminophen/caffeine tab (FIORICET equiv) (QL= 60 tabs/30 days)	PA-QL	G
butalbital/aspirin/caffeine cap (FIORINAL equiv) (QL= 60 tabs/30 days)	PA-QL	G
ALLZITAL TAB	-	NC
bupap tab	-	NC
butalbital/acetaminophen/caffeine cap (FIORICET equiv)	-	NC
butalbital/acetaminophen/caffeine soln	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
VTOL SOLN	-	NC
aspirin chew tab 81mg (Covered for females up to 60 years of age)	OTC	\$0
aspirin ec tab 81mg (Covered for females up to 60 years of age)	OTC	\$0
diflunisal tab (DOLOBID equiv)	-	G
salsalate tab (DISALCID equiv)	-	G
aspirin EC tab 325mg	OTC	NC
aspirin tab 325mg	OTC	NC
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	B
CODEINE SULFATE SOLN	-	B
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	B
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)	QL	B
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	B
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	B
NUCYNTA TAB	-	B
OXYCODONE ER TAB (QL= 2 tabs/day)	QL	B
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	B
CODEINE SULFATE TAB	-	G
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	G
fentanyl patch (DURAGESIC equiv)	-	G

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= Not Covered

small letters

hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)	QL	G
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	G
hydromorphone tab (DILAUDID equiv)	-	G
methadone soln	-	G
methadone tab (DOLOPHINE equiv)	-	G
methadose tab	-	G
morphine sulfate ER tab (MS CONTIN equiv)	-	G
morphine sulfate soln	-	G
MORPHINE SULFATE SUPP	-	G
MORPHINE SULFATE TAB	-	G
oxycodone cap (OXYIR equiv)	-	G
oxycodone conc (ROXICODONE equiv)	-	G
oxycodone soln (ROXICODONE equiv)	-	G
oxycodone tab (ROXICODONE equiv)	-	G
tramadol ER tab (ULTRAM ER equiv)	-	G
TRAMADOL HCL ER TAB	-	G
tramadol tab (ULTRAM equiv)	-	G
ARYMO ER TAB	-	NC
DSUVIA SL TAB	-	NC
EMBEDA CAP	-	NC
EXALGO TAB	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
hydromorphone ER tab (EXALGO TAB equiv)	-	NC
HYDROMORPHONE SUPP	-	NC
LEVORPHANOL TAB	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
MEPERIDINE TAB	-	NC
meperidine tab (DEMEROL equiv)	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ER BEAD CAP	-	NC
MORPHINE SULFATE ER CAP	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
OXYCONTIN CR TAB	-	NC
OXYMORPHONE ER TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
QDOLO SOLN, TRAMADOL SOLN	-	NC
ROXYBOND TAB	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
tramadol hcl tab 100mg	-	NC
ZOHYDRO ER CAP	-	NC
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	B

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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LORTAB ELIXIR	-	B
ACETAMINOPHEN/CODEINE SOLN	-	G
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	G
aspirin/codeine tab	-	G
hydrocodone/acetaminophen cap (LORCET equiv)	-	G
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	G
hydrocodone/acetaminophen tab (LORTAB equiv)	-	G
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	G
oxycodone/acetaminophen cap (TYLOX equiv)	-	G
OXYCODONE/ACETAMINOPHEN SOLN	-	G
oxycodone/acetaminophen tab (PERCOCET equiv)	-	G
OXYCODONE/ASPIRIN TAB	-	G
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	G
pentazocine/acetaminophen tab (TALACEN equiv)	-	G
tramadol/acetaminophen tab (ULTRACET equiv)	-	G
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
APADAZ TAB	-	NC
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	NC
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC
PRIMLEV TAB 10-300MG	-	NC
PRIMLEV TAB 5-300MG	-	NC
PROLATE TAB 7.5-300MG	-	NC
SEGLENTIS TAB	-	NC
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XARTEMIS XR TAB	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC

buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	G
buprenorphine SL tab (SUBUTEX equiv)	-	G
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	G
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	G
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	G
pentazocine/naloxone tab (TALWIN NX equiv)	-	G
BELBUCA FILM	-	NC
BRIXADI SOLN	-	NC
BUNAVAIL FILM	-	NC
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC
SUBOXONE SL FILM	-	NC
ZUBSOLV SL TAB	-	NC

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OXANDROLONE TAB	-	G
oxandrolone tab (OXANDRIN equiv)	-	G
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	B
METHITEST TAB (Step Therapy requires trial of ANDROGEL or ANDRODERM)	ST	B
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	B
danazol cap (DANOCRINE equiv)	-	G
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	G
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	G
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	G
ANDROGEL 1% 25MG	-	NC
ANDROGEL 1% 50MG, TESTIM GEL 1%	-	NC
ANDROGEL 1.62% 1.25GM	-	NC
ANDROGEL 1.62% 2.5GM	-	NC
ANDROGEL PUMP 1%	-	NC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC
methyltestosterone cap	-	NC
NATESTO NASAL GEL	-	NC
STRIANT FILM	-	NC
TESTOSTERONE GEL 1% 25MG	-	NC
testosterone gel 1% 25mg (ANDROGEL equiv)	-	NC
testosterone gel 1% 50mg (ANDROGEL equiv)	-	NC
testosterone gel 1% pump (ANDROGEL equiv)	-	NC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv)	-	NC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv)	-	NC
TESTOSTERONE GEL PUMP	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC
CORTIFOAM	-	B
hydrocortisone enema (CORTENEMA equiv)	-	G
ANALPRAM-E KIT	-	B
PROCTOFOAM HC FOAM	-	B
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	G
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	G
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC
hydrocortisone supp (ANUSOL HC equiv)	-	G
proctosol HC cream (ANUSOL HC equiv)	-	G
anusol-HC supp	-	NC
PROCTOCORT SUPP	-	NC

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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meprobamate tab (MILTOWN equiv)	-	NC
alprazolam ER tab (XANAX XR equiv)	-	G
alprazolam ODT (NIRAVAM equiv)	-	G
alprazolam tab (XANAX equiv)	-	G
chlordiazepoxide cap (LIBRIUM equiv)	-	G
clorazepate tab (TRANXENE-T equiv)	-	G
diazepam conc (VALIUM equiv)	-	G
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	G
diazepam tab (VALIUM equiv)	-	G
lorazepam conc (ATIVAN equiv)	-	G
lorazepam tab (ATIVAN equiv)	-	G
oxazepam cap (SERAX equiv)	-	G
LOREEV XR CAP	-	NC
NORPACE CR CAP	-	B
disopyramide cap (NORPACE equiv)	-	G
disopyramide ER cap (NORPACE CR equiv)	-	G
quinidine gluconate CR tab	-	G
quinidine sulfate tab	-	G
QUINIDINE SULFATE TAB	-	NC
mexiletine hcl cap	-	G
flecainide tab (TAMBOCOR equiv)	-	G
propafenone ER cap (RYTHMOL SR equiv)	-	G
propafenone tab (RYTHMOL equiv)	-	G
MULTAQ TAB	-	B
amiodarone tab (CORDARONE equiv)	-	G
dofetilide cap (TIKOSYN equiv)	-	G
FASENRA PEN INJ (QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	B
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	B
TEZSPIRE INJ (QL= 1 pen/28 days)	LMSP-PA-QL	B
XOLAIR INJ	LMSP-PA	B
XOLAIR SYRINGE	LMSP-PA	B
cromolyn neb soln (INTAL equiv)	-	NC
ATROVENT HFA INHALER	-	B
INCRUSE ELLIPTA INHALER	-	B

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SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL))	QL-ST	B
ipratropium neb soln (ATROVENT equiv)	-	G
LONHALA MAGNAIR SOLN	-	NC
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC
montelukast chew tab (SINGULAIR equiv)	-	G
montelukast granule pack (SINGULAIR equiv)	-	G
montelukast tab (SINGULAIR equiv)	-	G
zafirlukast tab (ACCOLATE equiv)	-	G
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO TAB	-	NC
DALIRESP TAB	-	B
roflumilast tab	PA	G
ARNUIITY ELLIPTA INHALER	-	G
ASMANEX HFA INHALER	-	G
ASMANEX INHALER	-	G
budesonide inh susp (PULMICORT equiv)	-	G
FLOVENT DISKUS INHALER	-	G
FLOVENT HFA INHALER	-	G
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
QVAR REDIHALER	-	NC
ADVAIR HFA INHALER	-	B
ALBUTEROL TAB ER	-	B
ANORO ELLIPTA INHALER	-	B
BREO ELLIPTA INHALER	-	B
BREZTRI AEROSPHERE INHALER	-	B
COMBIVENT RESPIMAT INHALER	-	B
DULERA INHALER	-	B
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	B
METAPROTERENOL TAB	-	B
SEREVENT DISKUS INHALER	-	B

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lacosamide tab (VIMPAT equiv)	-	G
lamotrigine chew tab (LAMICTAL equiv)	-	G
lamotrigine ER tab (LAMICTAL XR equiv)	-	G
lamotrigine ODT (LAMICTAL equiv)	-	G
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	G
lamotrigine tab (LAMICTAL equiv)	-	G
levetiracetam ER tab (KEPPRA XR equiv)	-	G
levetiracetam soln (KEPPRA equiv)	-	G
levetiracetam tab (KEPPRA equiv)	-	G
oxcarbazepine susp (TRILEPTAL equiv)	-	G
oxcarbazepine tab (TRILEPTAL equiv)	-	G
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	G
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	G
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	G
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	G
primidone tab (MYSOLINE equiv)	-	G
rufinamide susp (BANZEL equiv)	PA	G
rufinamide tab (BANZEL equiv)	PA	G
topiramate er cap (TROKENDI XR equiv)	PA	G
topiramate sprinkle cap (TOPAMAX equiv)	-	G
topiramate tab (TOPAMAX equiv)	-	G
zonisamide cap (ZONEGRAN equiv)	-	G
APTIOM TAB	-	NC
BANZEL TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
ELEPSIA XR TAB	-	NC
LYRICA CAP	-	NC
LYRICA CAP 225MG	-	NC
LYRICA CAP 300MG	-	NC
NEURONTIN SOLN	-	NC
NEURONTIN TAB 600MG	-	NC
NEURONTIN TAB 800MG	-	NC
OXTELLAR XR TAB	-	NC
PRIMIDONE TAB	-	NC
QUDEXY XR CAP	-	NC
SPRITAM TAB	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
VIMPAT SOLN	-	NC
VIMPAT TAB	-	NC
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XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	B
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	B
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	B
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	B

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WELLBUTRIN SR TAB	-	NC
WELLBUTRIN XL TAB	-	NC
EMSAM PATCH	-	B
MARPLAN TAB	-	B
NARDIL TAB 15MG	-	B
PHENELZINE SULFATE TAB	-	G
phenelzine tab (NARDIL equiv)	-	G
tranylcypromine tab (PARNATE equiv)	-	G
SPRAVATO NASAL SOLN	-	NC
citalopram soln (CELEXA equiv)	-	G
citalopram tab (CELEXA equiv)	-	G
escitalopram soln (LEXAPRO equiv)	-	G
escitalopram tab (LEXAPRO equiv)	-	G
fluoxetine cap (PROZAC equiv)	-	G
fluoxetine soln (PROZAC equiv)	-	G
fluoxetine tab (PROZAC equiv)	-	G
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	G
fluvoxamine tab (LUVOX equiv)	-	G
paroxetine ER tab (PAXIL CR equiv)	-	G
paroxetine oral susp (PAXIL equiv)	-	G
paroxetine tab (PAXIL equiv)	-	G
sertraline conc (ZOLOFT equiv)	-	G
sertraline tab (ZOLOFT equiv)	-	G
CITALOPRAM CAP	-	NC
fluoxetine tab 60mg	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PEXEVA TAB	-	NC
PROZAC WEEKLY CAP	-	NC
SERTRALINE CAP	-	NC
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL- $\phi$	B
NEFAZODONE TAB	-	G
nefazodone tab 50mg, 250mg	-	G
trazodone tab (DESYREL equiv)	-	G
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC
VIIBRYD TAB	-	NC
vilazodone hcl tab (VIIBRYD equiv)	-	NC





ACTOPLUS MET TAB	-	NC
ACTOPLUS MET XR TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
DUETACT TAB	-	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
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
REPAGLINIDE TAB	-	NC
SEGLUROMET TAB	-	NC
STEGLUJAN TAB	-	NC
RIOMET ER SUSP	PA	B
metformin ER tab (GLUCOPHAGE XR equiv)	-	G
metformin soln (RIOMET equiv)	-	G
metformin tab (GLUCOPHAGE equiv)	-	G
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
metformin ER osmotic tab (GLUMETZA equiv)	-	NC
METFORMIN TAB	-	NC
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	B
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	B
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	B
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	B
GVOKE INJ (QL= 2 inj/fill)	QL	B
GVOKE INJ KIT (QL= 2 inj/fill)	QL	B
GVOKE PFS INJ (QL= 2 inj/fill)	QL	B
KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	B
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	B
diazoxide susp (PROGLYCEM equiv)	-	G
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)	QL	G
JANUVIA TAB (QL= 1 tab/day)	QL-¢	B
TRADJENTA TAB (QL= 1 tab/day)	QL	B
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
CYCLOSET TAB	-	B

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OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	B
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	B
BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	B
BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	B
BYETTA INJ (Step Therapy requires trial of VICTOZA or BYDUREON; Diagnosis Restricted – Type 2 Diabetes (E11))	RDX-ST	B
MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	B
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	B
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	B
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	B
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	B
ADLYXIN INJ	-	NC
TANZEUM INJ	-	NC
FIASP FLEXTOUCH INJ	-	B
FIASP INJ	-	B
FIASP PENFILL INJ	-	B
HUMULIN R INJ U-500	-	B
HUMULIN R U-500 KWIKPEN INJ	-	B
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	B
INSULIN ASPART INJ (NOVOLOG equiv)	-	B
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	B
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	B
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	B
LEVEMIR FLEXTOUCH INJ	-	B
LEVEMIR INJ	-	B
NOVOLIN 70/30 FLEXPEN INJ	OTC	B
NOVOLIN 70/30 INJ	OTC	B

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MYTESI TAB	-	NC
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
EVIVO LIQUID	-	NC
diphenoxylate/atropine tab (LOMOTIL equiv)	-	G
opium tincture	-	G
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC
VISTOGARD PAK	-	NC
CHEMET CAP	-	B
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	B
VIVITROL INJ	LMSP	B
naltrexone tab (REVIA equiv)	-	G
EVZIO INJ	-	NC
deferasirox granules packet (JADENU equiv)	LMSP	B
deferasirox tab (EXJADE equiv)	LMSP	B
deferasirox tab 90mg, 360mg (JADENU equiv)	LMSP	B
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	B
deferasirox tab 180mg (JADENU equiv)	-	NC
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC
JADENU SPRINKLE	-	NC
CETYLEV TAB	-	NC
KLOXXADO NASAL SPRAY	-	B
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	B
ZIMHI SOLN	-	B
naloxone hcl nasal spray (NARCAN equiv) (QL= 2 sprays/fill)	QL	G
naloxone inj	-	G
naloxone prefilled inj	-	G
EVZIO INJ	-	NC
ANZEMET TAB (QL= 9 tabs/fill)	QL	B

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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irbesartan tab (AVAPRO equiv)	-	G
losartan tab (COZAAR equiv)	-	G
olmesartan tab (BENICAR equiv)	-	G
telmisartan tab (MICARDIS equiv)	-	G
valsartan tab (DIOVAN equiv)	-	G
ATACAND TAB	-	NC
candesartan tab (ATACAND equiv)	-	NC
DIOVAN TAB	-	NC
EDARBI TAB	-	NC
VALSARTAN ORAL SOLN	-	NC
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CATAPRES-TTS PATCH	-	B
clonidine patch (CATAPRES-TTS equiv)	-	G
clonidine tab (CATAPRES equiv)	-	G
doxazosin tab (CARDURA equiv)	-	G
guanfacine IR tab (TENEX equiv)	-	G
METHYLDOPA TAB	-	G
methyldopa tab (ALDOMET equiv)	-	G
prazosin cap (MINIPRESS equiv)	-	G
terazosin cap (HYTRIN equiv)	-	G
NEXICLON XR TAB	-	NC
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ACCURETIC TAB	-	B
TEKTURNA HCT TAB (Step Therapy requires trial of valsartan/hctz)	ST	B
amlodipine/benazepril cap (LOTREL equiv)	-	G
amlodipine/valsartan tab (EXFORGE equiv)	-	G
atenolol/chlorthalidone tab (TENORETIC equiv)	-	G
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	G
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	G
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	G
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	G
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	G
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	G
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	G
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	G
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	G
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	G
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	G
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	G
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	G
QUINAPRIL/HCTZ TAB	-	G
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	G
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	G
amlodipine/olmesartan tab (AZOR equiv)	-	NC
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC
AZOR TAB	-	NC

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atovaquone susp (MEPRON equiv)	-	G
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	G
<b>FIRVANQ SOLN</b>	-	G
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	G
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN ORAL SOLN	-	NC
VANCOMYCIN SOLN	-	NC
<b>dapsone tab</b>	-	G
clindamycin cap (CLEOCIN equiv)	-	G
clindamycin soln (CLEOCIN equiv)	-	G
clindamycin cap 300mg (CLEOCIN equiv)	-	NC
<b>CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)</b>	LD-PA	B
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	B
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	B
linezolid susp (Restricted to Infectious Disease Specialist)	RS	G
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	G
<b>XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)</b>	QL-RS	B
<b>colistimethate inj (COLY-MYCIN M equiv)</b>	LMSP	B
<b>MONUROL GRANULE PACK</b>	-	B
fosfomycin tromethamine powder pack (MONUROL equiv)	-	G
methenamine hippurate tab (HIPREX equiv)	-	G
methenamine mandelate tab	-	G
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	G
nitrofurantoin monohydrate cap (MACROBID equiv)	-	G
nitrofurantoin susp (FURADANTIN equiv) (Covered for members age 9 or younger)	-	G
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
<b>atovaquone/proguanil tab (MALARONE equiv)</b>	-	G
<b>MALARONE TAB</b>	-	NC

mefloquine tab (LARIAM equiv)	-	G
primaquine tab (PRIMAQUINE equiv)	-	G
ARAKODA TAB	-	NC
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
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FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	B
pyridostigmine CR tab (MESTINON equiv)	-	G
pyridostigmine tab (MESTINON equiv)	-	G
pyridostigmine soln (MESTINON equiv)	-	G
PYRIDOSTIGMINE TAB 30MG	-	NC
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RIFAMATE CAP	-	B
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PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	B
PRIFTIN TAB	-	B
ethambutol tab (MYAMBUTOL equiv)	-	G
isoniazid syrup (ISONIAZID equiv)	-	G
isoniazid tab	-	G
pyrazinamide tab	-	G
rifabutin cap (MYCOBUTIN equiv)	-	G
rifampin cap (RIFADIN equiv)	-	G
cycloserine cap (CYCLOSERINE CAP equiv)	-	NC
SIRTURO TAB	-	NC
TRECATOR TAB	-	NC
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HEXALEN CAP	-	B
LEUKERAN TAB	-	B
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TABLOID TAB	-	B
mercaptapurine tab (PURINETHOL equiv)	-	G
methotrexate tab (Trexall equiv)	-	G
TREXALL TAB	-	NC
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ZOLINZA CAP	LMSP-PA-SF	B
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ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	B
ALFERON-N INJ	LMSP	B
INTRON-A INJ	MSP	B
MATULANE CAP	-	B
tretinoin cap (VESANOID equiv)	LMSP	B
hydroxyurea cap (HYDREA equiv)	-	G

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= Not Covered

smcTvus TN 03-2523 or T5 0 Td /c 6 Tf (smcTvus TN ) Tj 3ted h1ore W nf (035c /bgh) Tj F



TARCEVA TAB	-	NC
ERIVEDGE CAP	LMSP-PA-SF	B
ODOMZO CAP	LMSP-PA-SF	B
DAURISMO TAB	-	NC
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-QL	B
EMCYT CAP	-	B
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	B
ERLEADA TAB 240MG (QL= 1 tab/day)	LMSP-PA-QL	B
EULEXIN CAP	-	B
FIRMAGON INJ	MSP	B
FLUTAMIDE CAP	-	B
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	B
nilutamide tab (NILANDRON equiv)	LMSP	B
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	B
ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	B
ZOLADEX INJ	MSP	B
bicalutamide tab (CASODEX equiv)	-	G
flutamide cap (EULEXIN equiv)	-	G
letrozole tab (FEMARA equiv)	-	G
megestrol susp (MEGACE equiv)	-	G
megestrol tab (MEGACE equiv)	-	G
toremifene tab (FARESTON equiv)	-	G
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
ORSERDU TAB	-	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	B
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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INQOVI TAB (QL= 5 tabs/28 days)	MSP-PA-QL	B
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	B
LONSURF TAB	MSP-PA	B
HERCEPTIN HYLECTA INJ	-	NC
ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	B
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	B
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	B
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	B
BORTEZOMIB INJ	MSP-PA	B
bortezomib inj (VELCADE equiv)	MSP-PA	B
BOSULIF TAB	MSP-PA-SF	B
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	B
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	B
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	B
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	B
CALQUENCE TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	B
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	B
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	B
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	B
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	B
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL	B
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL-SF	B
FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	B
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	B
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	B
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	B
imatinib tab (GLEEVEC equiv)	LMSP	B
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	B
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	B
IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	B
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	B
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	B
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	B
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	B
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	B
KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
lapatinib ditosylate tab (TYKERB equiv)	LMSP-PA	B
LORBRENA TAB 25MG (QL= 1 tab/day)	MSP-PA-QL-SF	B
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	B
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	B

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MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	B
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	B
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	B
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	B
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	B
PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B
PIQRAY TAB	LMSP-PA-SF	B
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B
RETEVMO CAP (QL= 4 caps/day)	LMSP-PA-QL-SF	B
REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
ROZLYTREK CAP (QL= 3 caps/day)	LMSP-PA-QL	B
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	B
RYDAPT CAP (QL= 56 caps/28 days)	LMSP-PA-QL	B
sorafenib tosylate tab (NEXAVAR equiv)	LMSP-PA-SF	B
SPRYCEL TAB	LMSP-PA-SF	B
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	B
sunitinib malate cap (SUTENT equiv)	LMSP-PA-SF	B
TABRECTA TAB (QL= 4 tabs/day)	LMSP-PA-QL-SF	B
TAFINLAR CAP	LMSP-PA	B
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	B
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	B
TASIGNA CAP	LMSP-PA-SF	B
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	B
temsirolimus inj (TORISEL equiv)	MSP-PA	B
TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B
TORISEL INJ	MSP-PA	B
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL	B
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	B
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	B
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	B
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B
VOTRIENT TAB (QL= 4 tabs/day)	LMSP-PA-QL-SF	B
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	B
XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	B
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL	B
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	B
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	B
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	B
AFINITOR DISPERZ TAB	-	NC
AFINITOR TAB	-	NC
ALUNBRIG PAK	-	NC
IBRANCE CAP	-	NC
IBRANCE TAB	-	NC

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XADAGO TAB (QL= 1 tab/day)	PA-QL	B
rasagiline tab (AZILECT equiv)	¢	G
selegiline cap (ELDEPRYL equiv)	-	G
selegiline tab (ELDEPRYL equiv)	-	G
ZELAPAR ODT	-	NC
trihexyphenidyl elixir (ARTANE equiv)	-	G
TRIHEXYPHENIDYL SOLN	-	G
ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill)	PA-QL	B
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	B
CARBIDOPA/LEVODOPA ODT	-	G
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	G
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
DHIVY TAB	-	NC
KYNMOBI FILM	-	NC
KYNMOBI TITRATION KIT	-	NC
OSMOLEX ER TAB	-	NC
REQUIP XL TAB	-	NC
lithium carbonate cap (ESKALITH ER equiv)	-	G
lithium carbonate ER tab (LITHOBID equiv)	-	G
lithium carbonate tab	-	G
EQUETRO CAP	-	B
lurasidone hcl tab (LATUDA equiv)	-	G
ziprasidone cap (GEODON equiv)	-	G
CAPLYTA CAP	-	NC
LATUDA TAB	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
FANAPT TAB (QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER)	QL-ST	B
FANAPT TITRATION PACK (QL= 1 pack/plan year; Step Therapy requires trial of ABILIFY or quetiapine ER)	QL-ST	B
RISPERIDONE ODT	-	B
paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of ABILIFY or quetiapine ER)	ST	G
risperidone ODT (RISPERDAL M equiv)	-	G
risperidone soln (RISPERDAL equiv)	-	G

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

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risperidone tab (RISPERDAL equiv)	-	G
INVEGA HAFYERA INJ	-	NC
INVEGA INJ	-	NC
INVEGA TAB	-	NC
haloperidol lactate conc (HALDOL equiv)	-	G
haloperidol tab (HALDOL equiv)	-	G
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER)	QL-ST	G
clozapine tab (CLOZARIL equiv)	-	G
loxapine cap (LOXITANE equiv)	-	G
olanzapine ODT (ZYPREXA equiv)	-	G
olanzapine tab (ZYPREXA equiv)	-	G
quetiapine tab (SEROQUEL equiv)	-	G
quetiapine XR tab (SEROQUEL XR equiv)	-	G
ADASUVE INHALER	-	NC
CLOZAPINE ODT	-	NC
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	NC
CLOZAPINE ODT, FAZACLO ODT	-	NC
QUETIAPINE TAB	-	NC
SECUADO PATCH	-	NC
SEROQUEL XR TAB	-	NC
VERSACLOZ SUSP	-	NC
MOLINDONE TAB	-	NC
chlorpromazine tab (THORAZINE equiv)	-	G
fluphenazine tab (PROLIXIN equiv)	-	G
perphenazine tab (TRILAFON equiv)	-	G
prochlorperazine supp (COMPAZINE equiv)	-	G
prochlorperazine tab (COMPAZINE equiv)	-	G
thioridazine tab (MELLARIL equiv)	-	G
trifluoperazine tab (STELAZINE equiv)	-	G
CHLORPROMAZINE CONC	-	NC
aripiprazole soln (ABILIFY equiv)	-	G
aripiprazole tab (ABILIFY equiv)	-	G
ABILIFY MYCITE PACK	-	NC
ABILIFY MYCITE TAB	-	NC
aripiprazole ODT (ABILIFY equiv)	-	NC
REXULTI TAB	-	NC
thiothixene cap (NAVANE equiv)	-	G

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HYLAMEND GEL FIRST AID	-	NC
IODOFLEX PAD	-	NC
DESCOVY TAB	PA	\$0
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0
APTIVUS CAP	-	B
APTIVUS SOLN	-	B
BIKTARVY TAB	-	B
CIMDUO TAB	-	B
COMPLERA TAB	-	B
CRIXIVAN CAP	-	B
DELSTRIGO TAB	-	B
DOVATO TAB	-	B
EDURANT TAB	-	B
EMTRIVA CAP	-	B
EMTRIVA SOLN	-	B
EVOTAZ TAB	-	B
FUZEON INJ	LMSP	B
GENVOYA TAB	-	B
INTELENCE TAB	-	B
INVIRASE CAP	-	B
INVIRASE TAB	-	B
ISENTRESS (HD) TAB	-	B
ISENTRESS CHEW TAB	-	B
ISENTRESS POWDER PACK	-	B
JULUCA TAB	-	B
KALETRA TAB	-	B
LEXIVA SUSP	-	B
NORVIR CAP	-	B
NORVIR POWDER PACK	-	B
NORVIR SOLN	-	B
ODEFSEY TAB	-	B
PIFELTRO TAB	-	B
PREZCOBIX TAB	-	B
PREZISTA SUSP	-	B
PREZISTA TAB	-	B
RESCRIPTOR TAB	-	B
REYATAZ POWDER PACK	-	B
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	B
SELZENTRY SOLN	-	B
SELZENTRY TAB	-	B
STRIBILD TAB	-	B
SUSTIVA TAB	-	B
SYMFI (LO) TAB	-	B

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small letters

= B

SYMTUZA TAB	-	B
TIVICAY PD TAB	-	B
TIVICAY TAB	-	B
TRIUMEQ PD TAB	-	B
TRIUMEQ TAB	-	B
TRIZIVIR TAB	-	B
VIDEX SOLN	-	B
VIRACEPT TAB	-	B
VIREAD TAB	-	B
abacavir soln (ZIAGEN equiv)	-	G
abacavir tab (ZIAGEN equiv)	-	G
abacavir/lamivudine tab (EPZICOM equiv)	-	G
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	G
atazanavir cap (REYATAZ equiv)	-	G
darunavir tab (PREZISTA equiv)	-	G
didanosine DR cap (VIDEX EC equiv)	-	G
DIDANOSINE DR CAP, VIDEX EC CAP	-	G
EFAVIRENZ CAP	-	G
efavirenz tab (SUSTIVA equiv)	-	G
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	G
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	G
emtricitabine cap (EMTRIVA equiv)	-	G
etravirine tab (INTELENCE equiv)	-	G
fosamprenavir tab (LEXIVA equiv)	-	G
lamivudine soln (EPIVIR equiv)	-	G
lamivudine tab (EPIVIR equiv)	-	G
lamivudine/zidovudine tab (COMBIVIR equiv)	-	G
lopinavir/ritonavir soln (KALETRA equiv)	-	G
lopinavir/ritonavir tab (KALETRA equiv)	-	G
maraviroc tab (SELZENTRY equiv)	-	G
NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine)	ST	G
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	G
NEVIRAPINE SUSP	-	G
nevirapine tab (VIRAMUNE equiv)	-	G
ritonavir tab (NORVIR equiv)	-	G
STAVUDINE CAP	-	G
stavudine cap (ZERIT equiv)	-	G
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	G
zidovudine cap (RETROVIR equiv)	-	G
zidovudine syrup (RETROVIR equiv)	-	G
zidovudine tab (RETROVIR equiv)	-	G
ATRIPLA TAB	-	NC
CABENUVA IM SUSP	-	NC
SUNLENCA TAB	-	NC
TYBOST TAB	-	NC
VIRAMUNE XR TAB	-	NC
VOCABRIA TAB	-	NC

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PAXLOVID TAB (QL= 20 tabs/fill)	QL	\$0
PAXLOVID TAB (QL= 30 tabs/fill)	QL	\$0
GANCICLOVIR INJ	MSP	B
ganciclovir inj (CYTOVENE equiv)	MSP	B
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B
PREVMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months)	LMSP-PA-QL	B
valganciclovir soln (VALCYTE equiv)	-	G
valganciclovir tab (VALCYTE equiv)	-	G
BARACLUDE SOLN (Members age 9 or older require Prior Authorization)	PA	B
\$0		
YREQL= 1 tab/day; Limit 100 tabs/6 months)	LMSP-PAM0 tabs/A monVYRE	QL= 1 tab/day; Limit 100 tabs

valacyclovir tab (VALTREX equiv)	-	G
SITAVIG TAB	-	NC
RELENZA DISKHALER (QL= 1 inhaler/calendar year)	QL	B
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill, 1 fill/calendar year)	QL	G
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill, 1 fill/calendar year)	QL	G
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill, 1 fill per calendar year)	QL	G
RIMANTADINE TAB	-	NC
XOFLUZA TAB	-	NC
XOFLUZA TAB THERAPY PACK 40MG	-	NC
XOFLUZA TAB THERAPY PACK 80MG	-	NC
LAGEVRIO CAP (QL= 40 caps/fill)	QL	\$0
ribavirin inh soln (VIRAZOLE equiv)	-	NC
D-PENAMINE TAB	-	B
XIAFLEX INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	B
THALOMID CAP	MSP-PA	B
SANDIMMUNE SOLN 100MG/ML	-	B
azathioprine tab (IMURAN equiv)	-	G
cyclosporine cap (SANDIMMUNE equiv)	-	G
cyclosporine modified cap (NEORAL equiv)	-	G
cyclosporine modified soln (NEORAL equiv)	-	G
mycophenolate DR tab (MYFORTIC equiv)	-	G
mycophenolate mofetil cap (CELLCEPT equiv)	-	G
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	G
mycophenolate mofetil tab (CELLCEPT equiv)	-	G
sirolimus tab (RAPAMUNE equiv)	-	G
tacrolimus cap (PROGRAF equiv)	-	G
ENVARUSUS XR TAB	-	NC
VELTASSA POWDER	PA	B
sodium polystyrene powder (KAYEXALATE equiv)	-	G
sodium polystyrene susp (SPS equiv)	-	G
carvedilol tab (COREG equiv)	-	G
labetalol tab (NORMODYNE equiv)	-	G
carvedilol phosphate ER cap (COREG CR equiv)	-	NC

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small letters

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diltiazem tab (CARDIZEM equiv)	-	G
felodipine ER tab (PLENDIL equiv)	-	G
isradipine cap (DYNACIRC equiv)	-	G
nicardipine cap (CARDENE equiv)	-	G
nifedipine cap (PROCARDIA equiv)	-	G
nifedipine ER tab (ADALAT CC equiv)	-	G
nimodipine cap (NIMOTOP equiv)	-	G
nisoldipine ER tab (SULAR equiv)	-	G
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	G
verapamil SR cap (VERELAN equiv)	-	G
VERAPAMIL SR CAP 360mg	-	G
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	G
verapamil tab (CALAN equiv)	-	G
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC
NYMALIZE SOLN	-	NC
VERAPAMIL ER CAP 100MG	-	NC
VERAPAMIL ER CAP 200MG	-	NC
VERAPAMIL ER CAP 300MG	-	NC

DIGOXIN SOLN	-	G
digoxin soln (LANOXIN equiv)	-	G
digoxin tab (LANOXIN equiv)	-	G
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
LANOXIN INJ	-	NC
LANOXIN TAB 62.5MCG	-	NC

CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	B
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ENTRESTO TAB (QL= 2 tabs/day)	QL	B
	-	NC





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vardenafil ODT (STAXYN equiv)	-	NC
vardenafil tab (LEVITRA equiv)	-	NC

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norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
TYBLUME TAB	-	\$0
VELIVET PAK	-	\$0
velivet tab (CYCLESSA equiv)	-	\$0
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0
BALCOLTRA TAB	-	NC
drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	NC
FALESSA KIT	-	NC
LO LOESTRIN TAB	-	NC
loestrin 21 tab	-	NC
loestrin tab	-	NC
NATAZIA TAB	-	NC
NEXTSTELLIS TAB	-	NC
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	NC
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	NC
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	NC
SAFYRAL TAB	-	NC
TAYTULLA CAP	-	NC
YAZ TAB, YASMIN 28 TAB	-	NC
zafemy patch (XULANE equiv)	-	\$0
TWIRLA PATCH	-	NC
NUVARING	-	\$0
ANNOVERA RING	-	NC

MIRENA IUD	-	\$0
norethindrone tab (NORA-QD equiv)	-	\$0
SLYND TAB	-	NC
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	B
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	B
CORTISONE ACETATE TAB	-	B
PREDNISOLONE ODT TAB	-	B
PREDNISOLONE SOLN	-	B
PREDNISONE SOLN	-	B
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	B
SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)	QL	B
SOLU-MEDROL INJ 2GM	-	B
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	G
budesonide SR cap (ENTOCORT EC equiv)	-	G
DEXAMETHASONE CONC	-	G
dexamethasone elixir	-	G
dexamethasone sodium phosphate inj	-	G
DEXAMETHASONE SOLN	-	G
dexamethasone tab (DECADRON equiv)	-	G
hydrocortisone tab (CORTEF equiv)	-	G
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	G
methylprednisolone dose pack (MEDROL equiv)	-	G
methylprednisolone tab (MEDROL equiv)	-	G
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	G
prednisolone ODT (ORAPRED equiv)	-	G
PREDNISOLONE SOLN	-	G
prednisolone soln (PEDIAPRED equiv)	-	G
prednisone tab (DELTASONE equiv)	-	G
triamcinolone acetonide inj (KENALOG equiv)	-	G
ALKINDI SPRINKLE CAP	-	NC
CORTEF TAB	-	NC
DEPO-MEDROL INJ	-	NC
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
FLO-PRED SUSP	-	NC
HEMADY TAB	-	NC
KENALOG INJ	-	NC
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	NC
LIDOLOG KIT	-	NC

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MEDROL TAB	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC
prednisolone tab (MILLIPRED equiv)	-	NC
prednisone pack	-	NC
PREDNISON/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
SOLU-MEDROL INJ	-	NC
SOLU-MEDROL PF INJ	-	NC
TARPEYO CAP	-	NC
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fludrocortisone tab (FLORINEF equiv)	-	G
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HYCODAN SYRUP	-	B
benzonatate cap (TESSALON equiv)	-	G
hydrocodone/homatropine syrup (HYCODAN equiv)	-	G
tussigon tab (HYCODAN equiv)	-	G
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC
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CLARINEX-D TAB	-	EXC
SEMPREX-D CAP	-	EXC
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	G
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	G
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	G
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	G
promethazine DM syrup	-	G
PROMETHAZINE VC SYRUP	-	G
promethazine VC syrup (PHENERGAN VC equiv)	-	G
PROMETHAZINE VC/CODEINE SYRUP	-	G
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	G
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	G
DURAVENT PE TAB	-	NC
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC
HYCOFENIX SOLN	-	NC
INTENSE COUGH LIQUID	-	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
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SSKI ORAL SOLN	-	B
potassium iodide oral soln (SSKI equiv)	-	G

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GUAIFENESEN SYRUP	-	NC
MUCINEX TAB	-	NC
NEBUSAL NEB SOLN	-	B
sodium chloride neb soln (HYPER-SAL equiv)	-	G
acetylcysteine soln (MUCOMYST equiv)	-	G
dapsone gel 5% (ACZONE equiv)	-	B
PRASCION RA CREAM	-	B
DIFFERIN OTC GEL 0.1%	OTC	EXC
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	G
amneesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACUTANE equiv)	-	G
clindamycin gel (CLEOCIN GEL equiv)	-	G
clindamycin lotion (CLEOCIN- T equiv)	-	G
clindamycin pad (CLEOCIN-T equiv)	-	G
clindamycin topical soln (CLEOCIN-T equiv)	-	G
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	G
erythromycin gel	-	G
erythromycin pad	-	G
erythromycin soln	-	G
erythromycin/benzoyl peroxide gel	-	G
sodium sulfacetamide lotion (KLARON equiv)	-	G
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	G
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	G
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	G
tretinoin cream (QL= 20gm/fill; Acne Only – members age 35 or older require Prior Authorization)	PA-QL	G
tretinoin gel (QL= 20gm/fill)	PA-QL	G
tretinoin gel (RETIN-A GEL equiv) (QL= 15gm/fill. Acne Only – members age 35 or older require Prior Authorization)	PA-QL	G
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ADAPALENE SOLN	-	NC
adapalene cream (DIFFERIN equiv)	-	NC
adapalene gel (DIFFERIN equiv)	-	NC
ADAPALENE LOTION (DIFFERIN equiv)	-	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
ATRALIN GEL	-	NC
AVAR AEROSOL FOAM	-	NC
AVAR GEL	-	NC
AVAR PAD	-	NC

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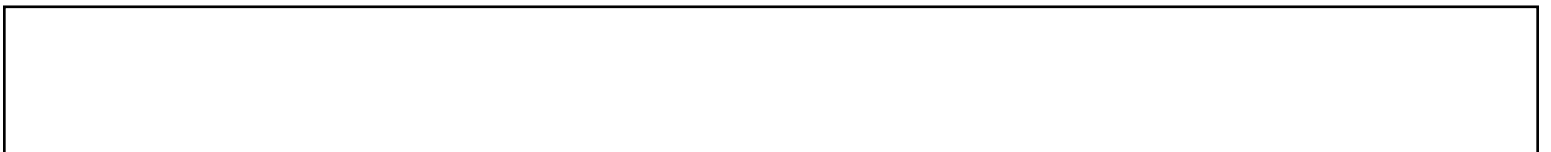


ERTACZO CREAM	-	NC
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC
EXELDERM SOLN	-	NC
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC
HIXDEFRIMA SOLN	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LOTRISONE CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
MENTAX CREAM	-	NC
NAFTIFINE CREAM	-	NC
naftifine cream (NAFTIN equiv)	-	NC
naftifine gel (NAFTIN equiv)	-	NC
NAFTIN CREAM	-	NC
NAFTIN GEL	-	NC
NAFTIN GEL 2%	-	NC
nystatin/triamcinolone cream	-	NC
nystatin/triamcinolone oint	-	NC
ONYCHO-MED KIT	-	NC
oxiconazole nitrate cream (OXISTAT equiv)	-	NC
OXISTAT CREAM	-	NC
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
tavaborole soln (KERYDIN equiv)	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ZOLPAK KIT	-	NC

DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill; Step Therapy requires trial of celecoxib)	QL-ST	B
VOPAC 5 CREAM	-	B
VOLTAREN GEL	OTC	EXC
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	G
diclofenac soln 1.5% (PENNSAID equiv)	-	G
diclofenac sodium gel kit (VENNGEL equiv)	-	NC
diclofenac sodium soln (XRYLIX equiv)	-	NC
diclofenac sodium soln 2% (PENNSAID SOLN equiv)	-	NC
DICLONA GEL	-	NC
DICLOTREX PAK	-	NC
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
LICART PATCH	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC

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REXAPHENAC CREAM	-	NC
VENNGEL ONE KIT	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
XRYLIX PAK	-	NC
<hr/>		
bexarotene gel (TARGRETIN equiv)	LMSP-PA	B
FLUOROURACIL SOLN	-	B
PICATO GEL (QL= 1 box/fill)	QL	B
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874)	LD-PA-QL	B
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	G
fluorouracil cream (EFUDEX CREAM equiv)	-	G
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
FLUOROPLEX CREAM	-	NC
FLUOROURACIL CREAM 0.5%	-	NC
KLISYRI OINT	-	NC
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
TARGRETIN GEL	-	NC
<hr/>		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	-	NC
DOXEPIN HCL CREAM	-	NC
<hr/>		
METHOXSALEN CAP	-	B
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	LMSP-PA-QL	B
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	LMSP-PA-QL	B
STELARA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	B
TALTZ INJ (QL= 1 inj/28 days)	LMSP-PA-QL	B
TAZORAC CREAM 0.05%	PA	B
TREMFYA INJ (QL= 1 inj/56 days)	LMSP-PA-QL	B
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	B
acitretin cap (SORIATANE equiv)	-	G
calcipotriene cream (DOVONEX CREAM equiv)	-	G
calcipotriene oint	-	G
calcipotriene soln (DOVONEX SOLN equiv)	-	G
methoxsalen cap (OXSORALEN ULTRA equiv)	-	G
tazarotene cream 0.1% (TAZORAC equiv)	PA	G
CALCIPOTRIENE FOAM	-	NC
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC
CALCITRIOL OINT	-	NC
COSENTYX INJ (1-PACK)	-	NC
COSENTYX INJ (2-PACK)	-	NC
SILIQ INJ	-	NC
SOTYKTU TAB	-	NC
tazarotene gel (TAZORAC equiv)	-	NC

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

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clobetasol foam (OLUX equiv)	PA	G
clobetasol lotion (CLOBEX equiv)	PA	G
clobetasol propionate cream (TEMOVATE equiv)	-	G
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	G
clobetasol propionate gel (TEMOVATE GEL equiv)	-	G
clobetasol propionate oint (TEMOVATE equiv)	-	G
clobetasol propionate soln (TEMOVATE equiv)	-	G
clobetasol shampoo (CLOBEX equiv)	-	G
clobetasol spray (CLOBEX equiv)	-	G
desonide cream (DESOWEN equiv)	-	G
desonide oint (DESOWEN equiv)	-	G
desoximetasone oint 0.25% (TOPICORT equiv)	-	G
fluocinolone acetonide cream	-	G
fluocinolone acetonide oil	-	G
fluocinolone acetonide oint	-	G
fluocinolone acetonide soln	-	G
fluocinonide cream 0.05% (LIDEX equiv)	-	G
fluocinonide emollient cream	-	G
fluocinonide gel	-	G
fluocinonide oint	-	G
fluocinonide soln	-	G
fluticasone propionate cream (CUTIVATE equiv)	-	G
fluticasone propionate oint (CUTIVATE equiv)	-	G
halobetasol propionate cream (ULTRAVATE equiv)	-	G
halobetasol propionate oint (ULTRAVATE equiv)	-	G
hydrocortisone cream (PROCTOCORT equiv)	-	G
hydrocortisone lotion (HYTONE equiv)	-	G
hydrocortisone oint	-	G
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	G
mometasone cream (ELOCON equiv)	-	G
mometasone oint (ELOCON equiv)	-	G
mometasone soln (ELOCON equiv)	-	G
triamcinolone cream	-	G
triamcinolone lotion	-	G
triamcinolone oint	-	G
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone valerate foam (LUXIQ equiv)	-	NC
BRYHALI LOTION	-	NC
calcipotriene/betamethasone dipropionate susp (TACLONEX equiv)	-	NC
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC
CAPEX SHAMPOO	-	NC
clobetasol E foam (OLUX E equiv)	-	NC

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CLOBETAVIX KIT

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NC



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hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC
hydrocortisone valerate cream (WESTCORT equiv)	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
HYDROXYM GEL	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
LEXETTE FOAM	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC



WYNZORA CREAM	-	NC
ADBRY INJ (QL= 4 inj/28 days)	LMSP-PA-QL	B
CIBINQO TAB (QL= 1 tab/day)	LMSP-PA-QL	B
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B
OPZELURA CREAM (QL= 4 tubes/30 days for the first two months; then QL= 12 tubes/year thereafter)	PA-QL	B
DERMASORB XM KIT	-	B
CARMOL LOTION	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA PD EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
urea emulsion	-	NC
urea gel (URAMAXIN equiv)	-	NC
urea lotion (KERALAC LOTION equiv)	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	EXC
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	EXC
LACTIC ACID LOTION	-	G
HYLINATE LOTION	-	NC
SANTYL OINT (QL= 90gm/30 days)	QL	B
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
bimatoprost ophth soln	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
LATISSE SOLN	-	NC
LITFULO CAP	-	NC
VANIQA CREAM	-	EXC
imiquimod cream (ALDARA equiv)	-	G
IMIQUIMOD CREAM 3.75%	-	NC
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
ZYCLARA CREAM	-	NC

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HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	B
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	G
tacrolimus oint (PROTOPIC OINT equiv)	-	G
OXIANUJO CREAM	-	NC
CONDYLOX GEL	-	B
PODOCON SOLN	-	B
SALEX SHAMPOO	-	B
PODOFILOX SOLN	-	G
podofilox soln (CONDYLOX equiv)	-	G
salicylic acid shampoo (SALEX equiv)	-	G
ATRIX SYSTEM KIT	-	NC
GEAMETDRAY GEL	-	NC
METDRAY GEL	-	NC
SALEX LOTION KIT	-	NC
salicylic acid soln	-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC
UREA/SALICYLIC CREAM	-	NC
XALIX SOL	-	NC
LIDOCAINE GEL	-	B
lidocaine cream 3% (LIDAMANTLE equiv)	-	G
lidocaine gel (GLYDO equiv)	-	G
lidocaine gel (XYLOCAINE equiv)	-	G
lidocaine oint (QL= 36gm/fill)	QL	G
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	PA-QL	G
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	G
lidocaine soln (XYLOCAINE equiv)	-	G
lidocaine/prilocaine cream (EMLA equiv)	-	G
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
DERMALID PAK	-	NC
GEN7T LOTION	-	NC
GEN7T PLUS LOTION	-	NC
GEN7T PLUS PAD	-	NC
L.E.T. GEL	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC
lidocaine lotion	-	NC
lidocaine oint/transparent dressing kit	-	NC
lidocaine patch 4% (LIDODERM equiv)	-	NC
LIDOCIN GEL	-	NC

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LIDODERM PATCH 4%	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC
LIDOTREX GEL	-	NC
LIDOVEX CREAM	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC
NENDRUX GEL	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
NEOSALUS FOAM	-	NC
NEOSALUS LOTION	-	NC
DRYSOL SOLN	-	G
DERMACINRX CREAM	-	NC
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC

metronidazole gel 1% (METROGEL equiv) (Step Therapy requires trial of metronidazole gel 0.75%)	ST	G
metronidazole lotion (METROLOTION equiv)	-	G
DAZOMON GEL	-	NC
DOXYCYCLINE CAP, ORACEA CAP	-	NC
IVERMECTIN CREAM	-	NC
ivermectin cream (SOOLANTRA equiv)	-	NC
NORITATE CREAM	-	NC
ROSADAN KIT	-	NC
SOOLANTRA CREAM	-	NC
ZILXI FOAM	-	NC
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CROTAN LOTION	-	B
NATROBA SUSP (QL= 1 bottle/fill)	QL	B
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	B
LINDANE SHAMPOO	-	G
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	G
permethrin cream (ELIMITE CREAM equiv)	-	G
IVERMECTIN LOTION	-	NC
SKLICE LOTION	-	NC
<hr/>		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
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REGRANEX GEL (QL= 30gm/fill)	QL	B
ALEVICYN SOLN DERMAL	-	NC
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
COLLANEX EXTERNAL POWDER	-	NC
KERAMATRIX	-	NC
KERASTAT CREAM	-	NC
KERASTAT GEL	-	NC
WOUND-DRESSING GELS	-	NC
<hr/>		
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
<hr/>		
GLUCAGEN INJ	-	B
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
<hr/>		
FREESTYLE LITE TEST STRIP	OTC	NC
<hr/>		
CUE HEALTH MONITOR (QL= 1 kit/year)	OTC-QL	\$0

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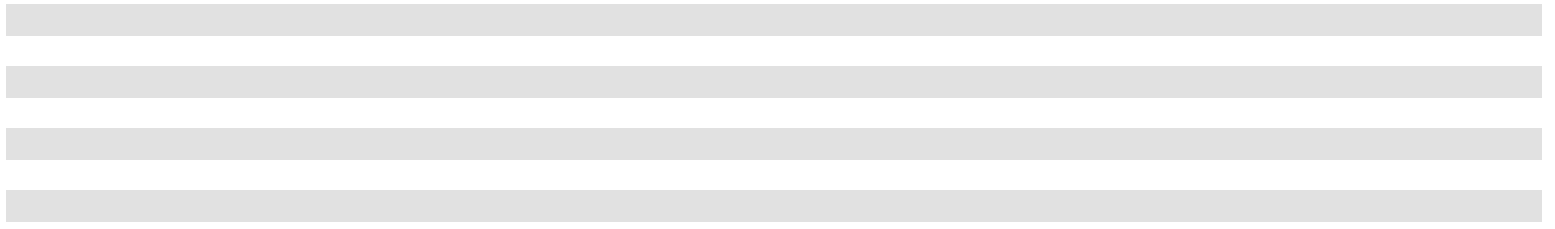
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC-PA	B
ACCU-CHEK GUIDE TEST STRIP	OTC-PA	B
ACCU-CHEK SMARTVIEW TEST STRIP	OTC-PA	B
ACCU-CHEK TEST STRIP	OTC-PA	B
TEST STRIP (all other test strips)	OTC-PA	B
COVID-19 TEST	OTC	EXC
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC
CLINISTIX TEST STRIP	OTC	G
KETO-DIASTIX TEST STRIP	OTC	G
KETOSTIX	OTC	G
ONETOUCH TEST STRIP	OTC	G
ONETOUCH VERIO TEST STRIP	OTC	G
ACCU-CHEK GUIDE TEST STRIP	OTC	NC
FREESTYLE INSULINX TEST STRIP	OTC	NC
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC
FREESTYLE TEST STRIP	OTC	NC
PRECISION XTRA KETONE TEST STRIP	OTC	NC
PRECISION XTRA TEST STRIP	--OTC	NC
OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC
ASTAMED MYO CAP	-	EXC
DEPLIN CAP	-	EXC
ELIGEN B12 TAB	-	EXC
FALESSA TAB	-	EXC
FOLTANX TAB	-	EXC
GLYGEST PAK	-	EXC
L-METHYLFOLATE TAB	-	EXC
LUVIRA CAP	-	EXC
METANX CAP	-	EXC
OLLIZAC POWDER	-	EXC
PODIAPN CAP	-	EXC
XAQUIL XR TAB	-	EXC
XYZBAC TAB	-	EXC
CREON CAP	-	B
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC
SUCRAID SOLN	-	NC
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	G
acetazolamide tab	-	G

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LUPRON DEPOT-PED INJ  
SUPPRELIN LA INJ  
SYNAREL NASAL SOLN  
FENSOLVI INJ

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MSP  
MSP-PA  
-  
-

B  
B  
B  
NC

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KERENDIA TAB (QL= 1 tab/day)	PA-QL	B
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B
DDAVP NASAL SOLN	-	B
STIMATE NASAL SOLN	-	B
desmopressin acetate inj (DDAVP equiv)	-	G
desmopressin acetate nasal spray (DDAVP equiv)	-	G
desmopressin acetate tab (DDAVP equiv)	-	G
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
mifepristone tab (MIFIPREX equiv)	-	G
cabergoline tab (DOSTINEX equiv)	-	G
octreotide inj (SANDOSTATIN equiv)	LMSP	B
OCTREOTIDE INJ 100MCG	LMSP	B
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	B
SOMATULINE INJ	MSP-PA	B
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
SANDOSTATIN LAR INJ KIT	-	NC
SIGNIFOR LAR INJ	-	NC
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	B
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	B
TOLVAPTAN TAB	-	NC
tolvaptan tab (SAMSCA equiv)	-	NC
DUAVEE TAB	-	B
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	B
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	B
PREFEST TAB	-	B
PREMPHASE TAB, PREMPRO TAB	-	B
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	G
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	G
jinteli tab (FEMHRT equiv)	-	G
ANGELIQ TAB	-	NC
BIJUVA CAP	-	NC
CLIMARA PRO PATCH	-	NC
COMBIPATCH	-	NC
FEMHRT TAB	-	NC

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cromolyn conc (GASTROCROM equiv)	-	G
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	PA-QL	G
AMITIZA CAP	-	NC
metoclopramide soln (REGLAN equiv)	-	G
metoclopramide tab (REGLAN equiv)	-	G
GIMOTI NASAL SPRAY	-	NC
METZOZOLV ODT	-	NC
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	B
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	B
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	B
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	B
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	B
AVSOLA INJ	MSP-PA	B
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	B
DIPENTUM CAP	-	B
RENFLXIS INJ	MSP-PA	B
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	LMSP-PA-QL	B
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	LMSP-PA-QL	B
balsalazide cap (COLAZAL equiv)	-	G
mesalamine DR tab (LIALDA equiv)	-	G
mesalamine enema (ROWASA equiv)	-	G
mesalamine enema kit (ROWASA equiv)	-	G
mesalamine ER cap (APRISO equiv)	-	G
mesalamine supp (CANASA equiv)	-	G
sulfasalazine EC tab (AZULFIDINE equiv)	-	G
sulfasalazine tab (AZULFIDINE equiv)	-	G
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
LIALDA TAB	-	NC
mesalamine DR cap (DELZICOL equiv)	-	NC
mesalamine ER cap (PENTASA CR equiv)	-	NC
mesalamine tab (ASACOL equiv)	-	NC
MESALAMINE TAB DR	-	NC
PENTASA CAP	-	NC
PENTASA CR CAP	-	NC
REMICADE INJ	-	NC
ROWASA KIT	-	NC

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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lactulose soln	-	G
LINZESS CAP (QL= 1 cap/day)	PA-QL	B
alosetron tab (LOTRONEX equiv)	-	G
IBSRELA TAB	-	NC
VIBERZI TAB	-	NC
ZELNORM TAB	-	NC
VOWST CAP	-	NC
MOVANTIK TAB	PA	B
SYMPROIC TAB	PA	B
alvimopan cap (ENTEREG equiv)	-	NC
ENTEREG CAP	-	NC
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
AURYXIA TAB (Step Therapy requires trial of RENVELA and FOSRENOL)	ST	B
FOSRENOL CHEW TAB	-	B
FOSRENOL POWDER PACK	-	B
PHOSLYRA SOLN	-	B
REVELA TAB	-	B
calcium acetate cap (PHOSLO equiv)	-	G
lanthanum carbonate chew tab (FOSRENOL equiv)	-	G
sevelamer powder pak (REVELA equiv)	-	G
sevelamer tab (REVELA TAB equiv)	-	G
RENAGEL TAB	-	NC
RENAGEL TAB 800MG	-	NC
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC
VELPHORO CHEW TAB	-	NC
GATTEX KIT	-	NC
XERMELO TAB	-	NC
KETAMINE HCL TROCHES	-	NC
CYTRA K CRYSTALS	-	G
CYTRA-3 SYRUP	-	G
ORACIT SOLN	-	G

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potassium citrate CR tab (UROKIT-K TAB equiv)	-	G
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	G
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	G
sodium citrate/citric acid soln (BICITRA equiv)	-	G
tricitrates soln (POLYCITRA-LC equiv)	-	G
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	B
PROCYSBI CAP	-	NC
PROCYSBI GRANULES PACKET	-	NC
FILSPARI TAB	-	NC
ELMIRON CAP	-	B
PENTOSAN CAP	-	NC
alfuzosin SR tab (UROXATRAL equiv)	-	G
dutasteride cap (AVODART equiv)	-	G
finasteride tab (PROSCAR equiv)	-	G
silodosin cap (RAPAFLO equiv)	-	G
tamsulosin cap (FLOMAX equiv)	-	G
CARDURA XL TAB	-	NC
dutasteride/tamsulosin cap (JALYN equiv)	-	NC
ENTADFI CAP	-	NC
phenazopyridine tab 95mg (AZO equiv)	OTC	EXC
phenazopyridine tab 97.5mg (AZO equiv)	OTC	EXC
phenazopyridine tab 99.5mg (AZO equiv)	OTC	EXC
phenazopyridine tab (PYRIDIUM equiv)	-	NC
PYRIDIUM TAB	-	NC
LITHOSTAT TAB	-	B
tiopronin tab (THIOLA equiv)	LMSP-PA	B
THIOLA EC TAB	-	NC
colchicine/probenecid tab (COL-BENEMID equiv)	-	G
DUZALLO TAB	-	NC
GLOPERBA SOLN (Prior Authorization required for members age 9 or older)	PA	B
allopurinol tab (ZYLOPRIM equiv)	-	G
colchicine tab (COLCRYS equiv)	-	G
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-¢	G
ALLOPURINOL TAB	-	NC
COLCRYS TAB	-	NC
MITIGARE CAP, COLCHICINE CAP	-	NC

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j 90 0 Td rd Part Tj 150 0mihe fD thribut150 0 Td6 T 578 0 0				

ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC
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probenecid tab (BENEMID equiv)	-	G
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ADVATE INJ	MSP-PA	B
ALPHANATE/HEMOPIL/KOATE INJ	MSP-PA	B
ALPHANINE SD/MONONINE INJ	MSP-PA	B
BEBULIN/PROFILNINE INJ	MSP-PA	B
BENEFIX INJ	MSP-PA	B
BENEFIX/RIXUBIS INJ	MSP-PA	B
FEIBA INJ	MSP-PA	B
HELIXATE/KOGENATE INJ	MSP-PA	B
HEMLIBRA INJ	LMSP-PA	B
HUMATE-P/WILATE INJ	MSP-PA	B
MONOCLATE-P INJ	MSP-PA	B
NOVOSEVEN INJ	MSP-PA	B
RECOMBINATE INJ	MSP-PA	B
RIASTAP INJ	MSP-PA	B
XYNTHA INJ	MSP-PA	B
AFSTYLA KIT	-	NC
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icatibant inj (FIRAZYR equiv)	LMSP-PA	B
FIRAZYR INJ	-	NC
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BERINERT INJ (Only available through Accredo 800-803-2523)	LD-PA	B
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	B
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	B
HAEGARDA INJ (Only available through Accredo 800-803-2523)	LD-PA	B
RUCONEST INJ (Only available through Accredo 800-803-2523)	LD-PA	B
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	B
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TAVALISSE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
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pentoxifylline ER tab (TRENTAL equiv)	-	G
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TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	B
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	B
ORLADEYO CAP	-	NC
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BRILINTA TAB	-	B
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	B
anagrelide cap (AGRYLIN equiv)	-	G

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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aspirin/dipyridamole cap (AGGRENOX equiv)	-	G
cilostazol tab (PLETAL equiv)	-	G
clopidogrel tab 75mg (PLAVIX equiv)	-	G
dipyridamole tab (PERSANTINE equiv)	-	G
prasugrel tab (EFFIENT equiv)	-	G
AGGRENOX CAP	-	NC
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
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PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	B
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CEREZYME INJ	MSP-PA	B
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	B
VPRIV INJ	MSP-PA	B
CERDELGA CAP	-	NC
ZAVESCA CAP	-	NC
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DROXIA CAP	-	B
SIKLOS TAB	-	NC
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ENDARI POWDER PACK (QL= 6 packets/day)	LMSP-PA-QL	B
OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	B
OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	B
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cyanocobalamin inj	-	G
CALOMIST NASAL SPRAY	-	NC
NASCOBAL NASAL SPRAY	-	NC
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folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
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DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	B
FULPHILA INJ	LMSP	B
NIVESTYM INJ	LMSP	B
NPLATE INJ	MSP-PA	B
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ARANESP INJ	-	NC
EPOGEN INJ	-	NC
FYLNETRA INJ	-	NC
GRANIX INJ	-	NC
LEUKINE INJ	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
NYVEPRIA INJ	-	NC
PROCRIT INJ	-	NC
REBLOZYL INJ	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
STIMUFEND INJ	-	NC
UDENYCA INJ	-	NC
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NEPHRON FA TAB	-	B
ferrex 150 forte cap	-	G
folbee tab	-	G
MULTIGEN FOLIC TAB	-	G
MULTIGEN PLUS TAB	-	G
MULTIGEN TAB	-	G
tricon cap (TRINSICON equiv)	-	G
BENTIVITE TAB	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
FERRO-PLEX TAB	-	NC
FOLITE TAB	-	NC
folvite-d tab (GENICIN VITA-D equiv)	-	NC
FOLVITE-FE TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC
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ACCRUFER CAP	-	NC
ferrous sulfate elixir	OTC	NC
FERROUS SULFATE LIQUID	OTC	NC
ferrous sulfate liquid (FERROUS SULF LIQUID equiv)	OTC	NC
ferrous sulfate soln	OTC	NC
ferrous sulfate syrup (FERROUS SULFATE equiv)	OTC	NC
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MOZOBIL INJ	MSP-PA	B
plerixafor subcutaneous inj (MOZOBIL INJ equiv)	MSP-PA	B

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	PA-QL	G
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC
ROZEREM TAB	-	NC
tasimelteon cap (HETLIOZ equiv)	-	NC

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GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
NULYTELY SOLN		

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CLARITHROMYC SUSP	-	B
clarithromycin tab (BIAXIN equiv)	-	G
clarithromycin ER tab (BIAXIN XL equiv)	-	NC
ERYTHROMYCIN EC CAP (Step Therapy requires trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg)	ST	B
erythromycin DR cap (Step Therapy requires trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg)	ST	G
erythromycin ethylsuccinate susp (ERYPED equiv) (Step Therapy requires trial of azithromycin or clarithromycin)	ST	G
erythromycin tab (ERY-TAB equiv) (Step Therapy requires trial of azithromycin, clarithromycin or doxycycline hyclate 100mg)	ST	G
erythromycin tab (ERYTHROMYCIN equiv) (Step Therapy require trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg)	ST	G
ERYPED SUSP	-	NC
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	NC
DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	B
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	B
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
ONETOUCH KIT	OTC	\$0
ONETOUCH METER	OTC	\$0
ONETOUCH VERIO FLEX METER	OTC	\$0
ONETOUCH VERIO METER	OTC	\$0
ONETOUCH VERIO REFLECT METER	OTC	\$0
ACCU-CHEK AVIVA PLUS METER	OTC-PA	B
ACCU-CHEK GUIDE CARE METER	OTC-PA	B
ACCU-CHEK GUIDE ME KIT	OTC-PA	B
ACCU-CHEK NANO METER	OTC-PA	B
DIABETIC METER (all other diabetic meters)	OTC-PA	B
OMNIPOD 5 INTRO KIT (QL= 1 kit/year)	QL	B
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	B
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	B
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	B
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	B
V-GO INJ KIT (QL= 1 kit/day)	QL	B
CALIBRATION LIQUID	OTC	G
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step Therapy requires trial of Insulin)	QL-ST	G
DEXCOM G6 SENSOR (QL= 3 sensors/28 days; Step Therapy requires trial of Insulin)	QL-ST	G
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step Therapy requires trial of Insulin)	QL-ST	G

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DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step Therapy requires trial of Insulin)	QL-ST	G
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step Therapy requires trial of Insulin)	QL-ST	G
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step Therapy requires trial of Insulin)	QL-ST	G
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step Therapy requires trial of Insulin)	QL-ST	G
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step Therapy requires trial of Insulin)	QL-ST	G
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step Therapy requires trial of Insulin)	QL-ST	G
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step Therapy requires trial of Insulin)	QL-ST	G
LANCET KIT	OTC	G
LANCETS	OTC	G
ONETOUCH DELICA LANCETS	OTC	G
ONETOUCH DELICA PLUS LANCETS	OTC	G
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	G
FREESTYLE FREEDOM LITE METER	OTC	NC
FREESTYLE INSULINX METER	OTC	NC
FREESTYLE LITE METER	OTC	NC
FREESTYLE PRECISION NEO METER	OTC	NC
OMNIPOD GO KIT	-	NC
PRECISION XTRA METER	-	NC
ALCOHOL SWABS	OTC	NC
HURRISEAL MIS SNAP	-	NC
NOVOPEN ECHO	-	B
B-D INSULIN SYRINGE	--OTC	G
B-D PEN NEEDLE	OTC	G
CARETOUCH MIS	OTC	G
NOVOFINE PEN NEEDLE	OTC	G
NOVOTWIST PEN NEEDLE	OTC	G
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	G
CEQR SIMPLICITY	-	NC
INPEN INSULIN INJECTION DEVICE	-	NC
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
AEROCHAMBER	OTC	B
PEAK FLOW METER	OTC	G
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	B
NURTEC ODT	-	NC
QULIPTA TAB	-	NC
ZAVZPRET SPRAY	-	NC
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	B

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FROVA TAB	-	NC
frovatriptan tab (FROVA equiv)	-	NC
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	-	NC
IMITREX TAB	-	NC
MAXALT MLT TAB	-	NC
MAXALT TAB	-	NC
ONZETRA XSAIL	-	NC
RELPAX TAB	-	NC
SUMAVEL DOSEPRO INJ	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC
ZOMIG TAB	-	NC
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FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
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K-PHOS TAB	-	B
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	G
potassium phosphate monobasic tab (K-PHOS equiv)	-	G
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K-TAB	-	G
POT/CHLORIDE EFFER TAB	-	G
potassium bicarbonate effer tab (K-LYTE equiv)	-	G
potassium chloride effer tab (K-LYTE/CL equiv)	-	G
potassium chloride ER cap (MICRO-K equiv)	-	G
potassium chloride ER tab (K-TAB equiv)	-	G
potassium chloride micro tab (K-DUR equiv)	-	G
potassium chloride powder packet (KLOR-CON equiv)	-	G
potassium chloride soln	-	G
POTASSIUM CHLORIDE TAB ER	-	G
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GALZIN CAP	-	B
zinc sulfate cap	-	G
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trientine cap (SYPRINE equiv) (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	B
penicillamine tab (DEPEN TITRATAB equiv)	-	G
CUVRIOR TAB	-	NC
penicillamine cap (CUPRIMINE equiv)	-	NC

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PA	Prior				

lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	B
REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist)	LD-QL-RS	B
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	B
JOENJA TAB	-	NC
ENSPRYNG INJ (QL= 1 inj/28 days)	LMSP-PA-QL	B
LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	B
everolimus tab (ZORTRESS equiv)	PA	G
sirolimus soln (RAPAMUNE equiv)	-	G
ASTAGRAF XL CAP	-	NC
azathioprine tab 100mg (AZASAN equiv)	-	NC
azathioprine tab 75mg (AZASAN equiv)	-	NC
PROGRAF PACKET	-	NC
VIJOICE TAB (QL= 1 tab/day)	MSP-PA-QL	B
VIJOICE TAB 250MG (QL= 2 tabs/day)	MSP-PA-QL	B
LOKELMA PAK	PA	B
SPS SUSP	-	G
ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	B
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	B
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	B
FIRST MOUTHWASH BLM	-	B
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	G
LIDOCAINE ORAL SOLN 4%	-	NC
ORAVIG TAB	-	B
clotrimazole troches (MYCELEX TROCHES equiv)	-	G
nystatin susp	-	G
chlorhexidine gluconate soln (PERIDEX equiv)	-	G
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
PREVIDENT PASTE	-	B
PREVIDENT SOLN	-	B

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

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





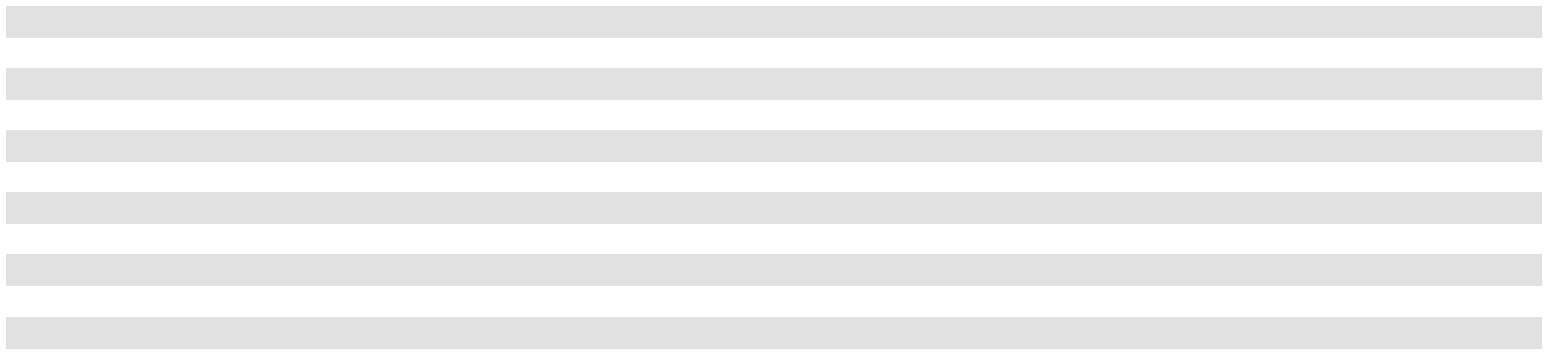
pediatric multiple vitamins/fluoride soln	-	G
POLY-VI-FLOR CHEW 0.25MG	-	NC
POLY-VI-FLOR CHEW 0.5MG	-	NC
POLY-VI-FLOR CHEW 1MG	-	NC
POLY-VI-FLOR SUSP	-	NC
FLORIVA CHEW TAB	-	NC
NEONATAL 19 TAB	-	B
NEONATAL FE TAB	-	B
PRENATAL VITAMINS (NON-PREFERRED)	-	B
VITAFOL STRIPS	-	B
COMPLETE NATAL DHA	-	G
CONCEPT DHA CAP	-	G
PRENATA	-	G
PRENATABS RX TAB	-	G
PRENATAL 19 CHEW TAB	-	G
PRENATAL 19 TAB	-	G
PRENATAL FORMULA, PRENATAL MULTI + DHA	-	G
PRENATAL MULTIVITAMIN + D	-	G
PRENATAL PLUS IRON	-	G
VINATE II	-	G
VINATE M	-	G
VP-PNV-DHA CAP	-	G
ACTIVE OB	-	NC
AZESCHEW TAB	-	NC
AZESCO TAB	-	NC
CITRANATAL 90 DHA, CITRANATAL ASSURE	-	NC
CITRANATAL B CALM	-	NC
CITRANATAL BLOOM	-	NC
CITRANATAL CAP MEDLEY	-	NC
CITRANATAL HARMONY	-	NC
CITRANATAL RX	-	NC
DUET	-	NC
DUET DHA 400, DUET DHA BALANCED	-	NC
ENBRACE HR	-	NC
FOLET ONE	-	NC
JENLIVA CAP	-	NC
MYNATAL-Z TAB	-	NC
NATACHEW	-	NC
NEEVO DHA	-	NC
NESTABS ABC	-	NC
NESTABS DHA	-	NC
NESTABS ONE	-	NC
NEXA PLUS	-	NC
OB COMPLETE ONE	-	NC

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CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	NC
metaxalone tab (SKELAXIN equiv)	-	NC
METAXALONE TAB 400MG	-	NC
METHOCARBAMOL TAB	-	NC
SOMA TAB 250MG	-	NC
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dantrolene cap (DANTRIUM equiv)	-	G
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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
TIZANIDINE COMFORT KIT	-	NC
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DUROLANE INJ	MSP-PA	B
GENVISC 850 INJ	-	NC
HYALGAN INJ	-	NC
HYMOVIS INJ	-	NC
ORTHOVISC/MONOVISC INJ	-	NC
SODIUM HYALU INJ	-	NC
TRIVISC INJ	-	NC
VISCO-3 INJ	-	NC
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azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
RYALTRIS SPRAXeN (4V1TastC6.5 ND )(T)18(OPICAL)JTJ ET Q q 20.85 -431.7.15(A)C5 -79.95 Tm /b 11 Tf (MUSCU50d (-)OVICOH)13(T)75(AB 40S)(WAB 4		

ipratropium nasal spray (ATROVENT equiv)	-	G
BACTROBAN NASAL OINT (QL= 10 tubes/fill)	QL	B
BECONASE AQ NASAL SPRAY	-	EXC
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC
flunisolide nasal soln	-	EXC
fluticasone nasal spray (FLONASE equiv)	-	EXC
mometasone nasal spray (NASONEX equiv)	-	EXC
OMNARIS NASAL SPRAY	-	EXC
QNASL NASAL SPRAY	-	EXC
SINUVA NASAL IMPLANT	-	EXC
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	EXC
XHANCE NASAL EXHALER	-	EXC
ZETONNA NASAL SPRAY	-	EXC
ADRENALIN NASAL SOLN	-	NC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC
RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)	LD-PA-QL	B
RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	B
RELYVRIO PAK (QL= 2 packets/day; Only available through Accredo 800-803-2523)	LD-PA-QL	B
riluzole tab (RILUTEK equiv)	-	G
EXSERVAN FILM	-	NC
TIGLUTIK SUSP	-	NC
SKYCLARYS CAP	-	NC
BOTOX INJ	MSP-PA	B
DYSPOIN INJ	MSP-PA	B
XEOMIN INJ	MSP-PA	B
DAYBUE SOLN	-	NC
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	B
DOJOLVI ORAL LIQUID	-	NC
LACRISERT OPHTH INSERT	-	NC

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brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	G
brimonidine ophth soln 0.2%	-	G
ALPHAGAN P OPHTH SOLN 0.15%	-	NC
LUMIFY OPHTH SOLN 0.25%	-	NC
AZASITE SOLN	-	B
BACITRACIN OPHTH OINT	-	B
CILOXAN OPHTH OINT	-	B
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	B
TOBREX OPHTH OINT	-	B
ZIRGAN OPHTH GEL	-	B
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	G
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	G
ciprofloxacin ophth soln (CILOXAN equiv)	-	G
erythromycin ophth oint	-	G
gatifloxacin ophth soln (ZYMAXID equiv)	-	G
GENTAK OPHTH OINT	-	G
gentamicin ophth soln (GARAMYCIN equiv)	-	G
levofloxacin ophth soln (QUIXIN equiv)	-	G
LEVOFLOXACIN OPHTH SOLN 0.5%	-	G
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	G
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	G
ofloxacin ophth soln (OCUFLOX equiv)	-	G
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	G
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	G
tobramycin ophth soln (TOBREX equiv)	-	G
TRIFLURIDINE OPHTH SOLN	-	G
BESIVANCE OPHTH SUSP	-	NC
LEVOFLOXACIN OPHTH SOLN	-	NC
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC
MOXIFLOXACIN SOLN	-	NC
VANCOMYCIN SOLN	-	NC
VIGAMOX OPHTH SOLN	-	NC
cyclosporine ophth emulsion (RESTASIS equiv)	PA	G
CEQUA (PF) OPHTH SOLN	-	NC
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC
RESTASIS MULTI-DOSE	-	NC
RESTASIS OPHTH EMULSION	-	NC
XIIDRA OPHTH SOLN	-	NC
RHOPRESSA OPHTH SOLN	-	NC
ROCKLATAN OPHTH SOLN	-	NC
proparacaine ophth soln (ALCAINE equiv)	-	G

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IHEEZO GEL	-	NC
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	B
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
ALREX OPHTH SUSP	-	B
BLEPHAMIDE OPHTH SOLN	-	B
BLEPHAMIDE S.O.P. OPHTH OINT	-	B
FLAREX OPHTH SUSP	-	B
FML FORTE OPHTH SUSP	-	B
FML S.O.P. OPHTH OINT	-	B
LOTEMAX OPHTH GEL	-	B
LOTEMAX OPHTH OINT	-	B
MAXIDEX OPHTH SOLN	-	B
PRED FORTE OPHTH SUSP	-	B
PRED MILD OPHTH SOLN	-	B
PRED-G OPHTH SOLN	-	B
TOBRADEX OPHTH OINT	-	B
TOBRADEX ST OPHTH SUSP	-	B
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	B
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	G
difluprednate ophth emulsion (DUREZOL equiv)	-	G
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	G
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	G
loteprednol ophth susp (LOTEMAX equiv)	-	G
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	G
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	G
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	G
PREDNISOLONE OPHTH SUSP	-	G
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	G
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	G
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	G
DEXTENZA OPHTH INSERT	-	NC
EYSUVIS OPHTH SUSP	-	NC
INVELTYS OPHTH SUSP	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX SM GEL 0.38%	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC

PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC
DUOVISC KIT	-	NC
ACUVAIL OPHTH SOLN	-	B
ALOCRIAL OPHTH SOLN	-	B
ALOMIDE OPHTH SOLN	-	B
AZOPT OPHTH SUSP	-	B
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	B
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	B
ILEVRO OPHTH SUSP	-	B
NEVANAC OPHTH SUSP	-	B
PROLENSA OPHTH SOLN	-	B
ketotifen ophth soln (ZADITOR equiv)	OTC	EXC
UPNEEQ SOLN	-	EXC
azelastine ophth soln (OPTIVAR equiv)	-	G
brinzolamide ophth susp (AZOPT equiv)	-	G
bromfenac ophth soln (BROMDAY equiv)	-	G
cromolyn ophth soln (CROLOM equiv)	-	G
CROMOLYN SODIUM OPHTH SOLN	-	G
diclofenac sodium ophth soln (VOLTAREN equiv)	-	G
dorzolamide ophth soln (TRUSOPT equiv)	-	G
epinastine ophth soln (ELESTAT equiv)	-	G



acetic acid otic soln (VOSOL equiv)	-	G
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	G
CIPROFLOXACIN OTIC SOLN	-	B
ofloxacin otic soln (FLOXIN equiv)	-	G
CIPRO HC OTIC SUSP (Step Therapy requires trial of CIPRODEX)	ST	B
COLY-MYCIN S OTIC SUSP	-	B
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	G
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	G
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	G
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CORTANE-B OTIC SOLN	-	NC
CORTIC-ND DROPS	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
ACETASOL HC OTIC SOLN	-	G
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	G
fluocinolone otic oil (DERMOTIC equiv)	-	G
MPM PAK	-	NC
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	G
CARIMUNE INJ	MSP-PA	B
FLEBOGAMMA/GAMMAPLEX/OCTAGAM/PRIVIGEN INJ	MSP-PA	B
GAMASTAN S/D INJ	MSP-PA	B
GAMUNEX INJ	MSP-PA	B
HIZENTRA INJ	MSP-PA	B
CUVITRU INJ	-	NC
HYQVIA INJ	MSP-PA	B
HIZENTRA INJ	MSP-PA	B
XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	B
CUTAQUIG INJ	-	NC
amoxicillin cap (TRIMOX equiv)	-	G

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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AMOXICILLIN CHEW TAB	-	G
amoxicillin susp (TRIMOX equiv)	-	G
amoxicillin tab (AMOXIL equiv)	-	G
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
penicillin vk tab (VEETIDS equiv)	-	G
AMOXICILLIN/CLAVULANATE ER TAB	-	B
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	G
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	G
dicloxacillin cap (DYNAPEN equiv)	-	G
TRICHOSOL SOLN	-	NC
POLYETHYLENE GLYCOL 8000 GRANULES	-	B
medroxyprogesterone tab (PROVERA equiv)	-	G
megestrol ES susp (MEGACE ES equiv)	-	G
norethindrone tab (AYGESTIN equiv)	-	G
progesterone cap (PROMETRIUM equiv)	-	G
progesterone oil inj	-	G
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	B
acamprosate calcium DR tab (CAMPRAL equiv)	-	G
disulfiram tab (ANTABUSE equiv)	-	G
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	B
LUMRYZ PACK	-	NC
XYWAV SOLN	-	NC
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	G
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	G
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	G
galantamine ER cap (RAZADYNE ER equiv)	-	G
GALANTAMINE SOLN	-	G
galantamine tab (RAZADYNE equiv)	-	G
memantine soln (NAMENDA equiv)	-	G
memantine tab (NAMENDA equiv)	-	G
rivastigmine cap (EXELON equiv)	-	G

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AUBAGIO TAB	-	NC
BAFIERTAM CAP	-	NC
BETASERON INJ	-	NC
GILENYA CAP 0.25MG	-	NC
GILENYA CAP 0.5MG	-	NC
MAVENCLAD PAK	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TASCENSO ODT TAB	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
GRALISE TAB	-	NC
GRALISE STARTER PACK	-	NC
LIDOTIN PAK	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	B
PIMOZIDE TAB	-	B
ERGOLOID MESYLATES TAB	-	NC
HORIZANT TAB	-	NC
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0
VARENICLINE PAK (Limited to 180 days/plan year)	QL-SMKG	\$0
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
TEGSEDI INJ (QL= 4 inj/28 days; Only available through		

ARALAST/PROLASTIN/ZEMAIRA INJ  
GLASSIA INJ

MSP-PA  
MSP-PA

B  
B

GLASSIA INJ PAK (QL= 2 packets/day; Only available in 9.75 L1f (CYSTIC F8ts/day; Only available in 38(algreens 888-347-341605.6 Tm ))JTJ 90 0 TLDBGLASSIA IN



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oxybutynin ER tab (DITROPAN XL equiv)	-	G
oxybutynin syrup	-	G
oxybutynin tab (DITROPAN equiv)	-	G
solifenacin tab (VESICARE equiv)	-	G
tolterodine SR cap (DETROL LA equiv)	-	G
tolterodine tab (DETROL equiv)	-	G
tropium tab (SANCTURA equiv)	-	G
darifenacin SR tab (ENABLEX equiv)	-	NC
DETROL LA CAP	-	NC
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	NC
GELNIQUE	-	NC
OXYBUTYNIN SOLN	-	NC
OXYBUTYNIN TAB	-	NC
TOVIAZ TAB	-	NC
VESICARE LS SUSP	-	NC
VESICARE TAB	-	NC
GEMTESA TAB	-	NC
MYRBETRIQ SUSP	-	NC
MYRBETRIQ TAB	-	NC
bethanechol tab (URECHOLINE equiv)	-	G
flavoxate tab (URISPAS equiv)	-	G

ACTHIB INJ, HIBERIX INJ	VAC	\$0
BEXSERO INJ	VAC	\$0
MENACTRA INJ	VAC	\$0
MENQUADFI INJ	VAC	\$0
MENVEO INJ	VAC	\$0
PEDVAXHIB INJ	VAC	\$0
PNEUMOVAX INJ	VAC	\$0
PREVNAR 13 INJ	VAC	\$0
PREVNAR 20 INJ (Covered for members age 19 years or older)	VAC	\$0
TRUMENBA INJ	VAC	\$0
VAXNEUVANCE INJ	VAC	\$0
AFLURIA INJ (QL= 1 inj/28 days)	QL-VAC	\$0
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0

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

\*\* OTC drugs are not a covered benefit.

= Not Covered = Not Covered, Third Party Reviewer		small letters		= CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL-VAC	\$0
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL-VAC	\$0
DENG VAXIA SUSP	VAC	\$0
ENGERIX-B/RECOMBIVAX-HB INJ	VAC	\$0
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUAD QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUCELVAX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE HD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
GARDASIL 9 INJ	VAC	\$0
HAVRIX INJ, VAQTA INJ	VAC	\$0
HEPLISAV-B INJ	VAC	\$0
IPOL INJ	VAC	\$0
M-M-R II INJ	VAC	\$0
PREHEVBRIO SUSP	VAC	\$0
PRIORIX INJ	VAC	\$0
PROQUAD INJ	VAC	\$0
ROTARIX SUSP	VAC	\$0
ROTATEQ INJ	VAC	\$0
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	\$0
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	\$0
TWINRIX INJ	VAC	\$0
VARIVAX INJ	VAC	\$0
ABRYSVO INJ	VAC	EXC
AREXVY INJ	VAC	EXC

CLINDESSE



NIACIN TR TAB	OTC	EXC
niacinamide tab	OTC	EXC
pyridoxine inj	-	G

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	= Not Covered = Not Covered, Third Party Reviewer		small letters		= CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program		

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ABSTRAL SL TAB	B
ACCU-CHEK AVIVA PLUS METER	B
ACCU-CHEK AVIVA PLUS TEST STRIP	B
ACCU-CHEK GUIDE CARE METER	B
ACCU-CHEK GUIDE ME KIT	B
ACCU-CHEK GUIDE TEST STRIP	B
ACCU-CHEK NANO METER	B
ACCU-CHEK SMARTVIEW TEST STRIP	B
ACCU-CHEK TEST STRIP	B
ACTEMRA ACTPEN INJ	B
ACTEMRA IV INJ	B
ACTEMRA SC INJ	B
ACTHAR GEL INJ	B
ACTIMMUNE INJ	B
ADAGEN INJ	B
ADBRY INJ	B
ADEMPAS TAB	B
ADVATE INJ	B
AIMOVIG INJ	B
AJOVY INJ	B
ALDURAZYME INJ	B
ALECENSA CAP	B
ALINIA SUSP	B
ALKINDI SPRINKLE CAP 0.5MG	B
ALKINDI SPRINKLE CAP 1MG	B
ALPHANATE/HEMOFIL/KOATE INJ	B
ALPHANINE SD/MONONINE INJ	B
ALUNBRIG TAB 30MG	B
ALUNBRIG TAB 90MG, 180MG	B
ambrisentan tab	B
AMJEVITA AUTO-INJECTOR (1 PEN PACK)	B
AMJEVITA AUTO-INJECTOR (2 PEN PACK)	B
ANDRODERM PATCH	B
ARALAST/PROLASTIN/ZEMAIRA INJ	B
ARIKAYCE SUSP	B
armodafanil tab	G
ARZERRA INJ	B
ATORVALIQ SUSP	B
AUSTEDO TAB	B
AVASTIN INJ	B
AVONEX INJ	B
AVSOLA INJ	B

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AYVAKIT TAB	B
BACLOFEN SUSP	B
BALVERSA TAB 3MG	B
BALVERSA TAB 4MG	B
BALVERSA TAB 5MG	B
BANZEL SUSP	B
BARACLUDE SOLN	B
BEBULIN/PROFILNINE INJ	B
BENEFIX INJ	B
BENEFIX/RIXUBIS INJ	B
BENLYSTA AUTO-INJECTOR	B
BENLYSTA INJ	B
BERINERT INJ	B
bexarotene cap	B
bexarotene gel	B
BORTEZOMIB INJ	B
bosentan tab	B
BOSULIF TAB	B
BOTOX INJ	B
BRAFTOVI CAP 75MG	B
BRUKINSA CAP	B
budesonide ER tab	G
butalbital/acetaminophen tab 50-325mg	G
butalbital/acetaminophen/caffeine tab	G
butalbital/aspirin/caffeine cap	G
BYLVAY CAP 1200MCG	B
BYLVAY CAP 400MCG	B
BYLVAY SPRINKLE CAP 200MCG	B
BYLVAY SPRINKLE CAP 600MCG	B
CABLIVI INJ KIT	B
CABOMETYX TAB	B
CALQUENCE CAP	B
CALQUENCE TAB	B
CAMZYOS CAP	B
CAPRELSA TAB	B
carglumic acid tab	B
CARIMUNE INJ	B
CAROSPIR SUSP	B
CAYSTON INH SOLN	B
CEREZYME INJ	B
CHOLBAM CAP	B
CIBINQO TAB	B

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CIMZIA INJ	B
CIMZIA STARTER INJ KIT	B
CINRYZE INJ	B
clobazam susp	G
clobazam tab	G
clobetasol foam	G
clobetasol lotion	G
COMETRIQ KIT	B
COPIKTRA CAP	B
CORLANOR SOLN	B
CORLANOR TAB	B
COTELLIC TAB	B
CRINONE GEL	B
cyclosporine ophth emulsion	G
CYSTADANE POWDER	B
dalfampridine ER tab	B
deferiprone tab	B
DESCOVY TAB	\$0
DIABETIC METER	B
DIACOMIT CAP	B
DIACOMIT POWDER PACK	B
diclofenac gel	G
dihydroergotamine mesylate nasal spray	G
dimethyl fumarate DR cap	G
dimethyl fumarate DR starter pack	G
DOPTELET TAB	B
dronabinol cap	G
DUPIXENT INJ	B
DUPIXENT PEN INJ	B
DUROLANE INJ	B
DYSPORT INJ	B
ELAPRASE INJ	B
EMGALITY INJ	B
EMGALITY INJ 100MG/ML	B
EMPAVELI INJ	B
enalapril maleate oral soln	G
ENBREL INJ 25MG	B
ENBREL INJ 50MG	B
ENBREL MINI INJ	B
ENBREL SURECLICK INJ 50MG	B
ENDARI POWDER PACK	B
ENDOMETRIN INSERT	B

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HUMATE-P/WILATE INJ	B
HUMIRA INJ 10MG	B
HUMIRA INJ 20MG	B
HUMIRA INJ 40MG	B
HUMIRA INJ 80MG	B
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	B
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	B
HUMIRA INJ PEDIATRIC UC STARTER PACK	B
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	B
HUMIRA PEN INJ 40MG	B
HYCANTIN CAP	B
HYFTOR GEL	B
HYQVIA INJ	B
icatibant inj	B
ICLUSIG TAB	B
IDHIFA TAB	B
IMBRUVICA CAP 140MG	B
IMBRUVICA CAP 70MG	B
IMBRUVICA SUSP	B
IMBRUVICA TAB 420MG, 560MG	B
IMCIVREE INJ	B
INBRIJA INH POWDER	B
INGREZZA CAP	B
INLYTA TAB	B
INQOVI TAB	B
IRESSA TAB	B
ISTURISA TAB 10MG	B
ISTURISA TAB 1MG	B
ISTURISA TAB 5MG	B
itraconazole soln	G
ivermectin tab	G
JAKAFI TAB	B
JYNARQUE PAK	B
JYNARQUE TAB	B
KALYDECO PAK	B
KALYDECO TAB	B
KATERZIA SUSP	B
KERENDIA TAB	B
KESIMPTA INJ	B
KEVZARA INJ	B
KINERET INJ	B
KISQALI PAK	B

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KISQALI TAB	B
KORLYM TAB	B
KOSELUGO CAP	B
KOSELUGO CAP 10MG	B
KRAZATI TAB	B
LAMPIT TAB	B
LANSOPRAZOLE SUSP	B
lapatinib ditosylate tab	B
LAZANDA NASAL SPRAY	B
LEDIPASVIR/SOFOSBUVIR TAB	B
LENVIMA CAP	B
lidocaine patch	G
LINZESS CAP	B
LIVMARLI SOLN	B
LIVTENCITY TAB	B
LOKELMA PAK	B
LONSURF TAB	B
LORBRENA TAB 25MG	B
lubiprostone cap	G
LUCEMYRA TAB	B
LUCENTIS INJ	B
LUMAKRAS TAB	B
LUMAKRAS TAB 320MG	B
LUMIZYME/MYOZYME INJ	B
LUPKYNIS CAP	B
LYNPARZA TAB	B
LYTGOBI THERAPY PACK	B
LYVISPAH GRANULE PACKET	B
MACUGEN INJ	B
MAVYRET PAK	B
MAVYRET TAB	B
MAYZENT TAB	B
MAYZENT TAB STARTER PACK	B
MEKINIST TAB 0.5MG	B
MEKINIST TAB 2MG	B
MEKTOVI TAB	B
miglustat cap	B
modafinil tab	G
MONOCLATE-P INJ	B
MOTEGRITY TAB	B
MOVANTIK TAB	B
MOZOBIL INJ	B

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PEMAZYRE TAB	B
PIQRAY TAB	B
pirfenidone cap	B
pirfenidone tab 267mg	B
pirfenidone tab 801mg	B
PLEGRIDY INJ	B
PLEGRIDY PEN INJ	B
plerixafor subcutaneous inj	B
POMALYST CAP	B
posaconazole DR tab	G
posaconazole susp	G
PREVYMIS TAB	B
PROGESTERONE SUPP	B
PROMACTA POWDER	B
PROMACTA TAB	B
PURIXAN SUSP	B
pyrimethamine tab	B
PYRUKYND TAB	B
PYRUKYND TAPER PACK	B
QBRELIS SOLN	B
QINLOCK TAB	B
rabeprazole EC tab	G
RADICAVA ORS STARTER KIT	B
RADICAVA ORS SUSP	B
ramelteon tab	G
REBIF INJ	B
RECOMBINATE INJ	B
RELYVRIO PAK	B
RENFLEXIS INJ	B
REPATHA INJ	B
REPATHA PUSHTRONEX INJ	B
RETEVMO CAP	B
REYVOW TAB	B
REZLIDHIA CAP	B
REZUROCK TAB	B
RIASTAP INJ	B
RINVOQ ER TAB	B
RIOMET ER SUSP	B
RITUXAN INJ	B
roflumilast tab	G
ROZLYTREK CAP	B
RUBRACA TAB	B

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RUCONEST INJ	B
rufinamide susp	G
rufinamide tab	G
RYDAPT CAP	B
sapropterin dihydrochloride powder packet	B
sapropterin dihydrochloride soluble tab	B
SIGNIFOR INJ	B
sildenafil susp	G
sildenafil tab 20mg	G
SIMPONI AUTO-INJECTOR 100MG	B
SIMPONI INJ 100MG	B
SKYRIZI INJ 150MG/ML	B
SKYRIZI INJ 180 MG/1.2ML	B
SKYRIZI INJ 360MG/2.4ML	B
SKYRIZI INJ 75MG/0.83ML	B
SKYTROFA INJ	B
SODIUM OXYBATE SOLN	B
SOFOBUVIR/VELPATASVIR TAB	B
SOMATULINE INJ	B
SOMAVERT INJ	B
sorafenib tosylate tab	B
SOTYLIZE SOLN 5MG/ML	B
SPORANOX SOLN	B
SPRIX NASAL SPRAY	B
SPRYCEL TAB	B
STELARA INJ	B
STI	

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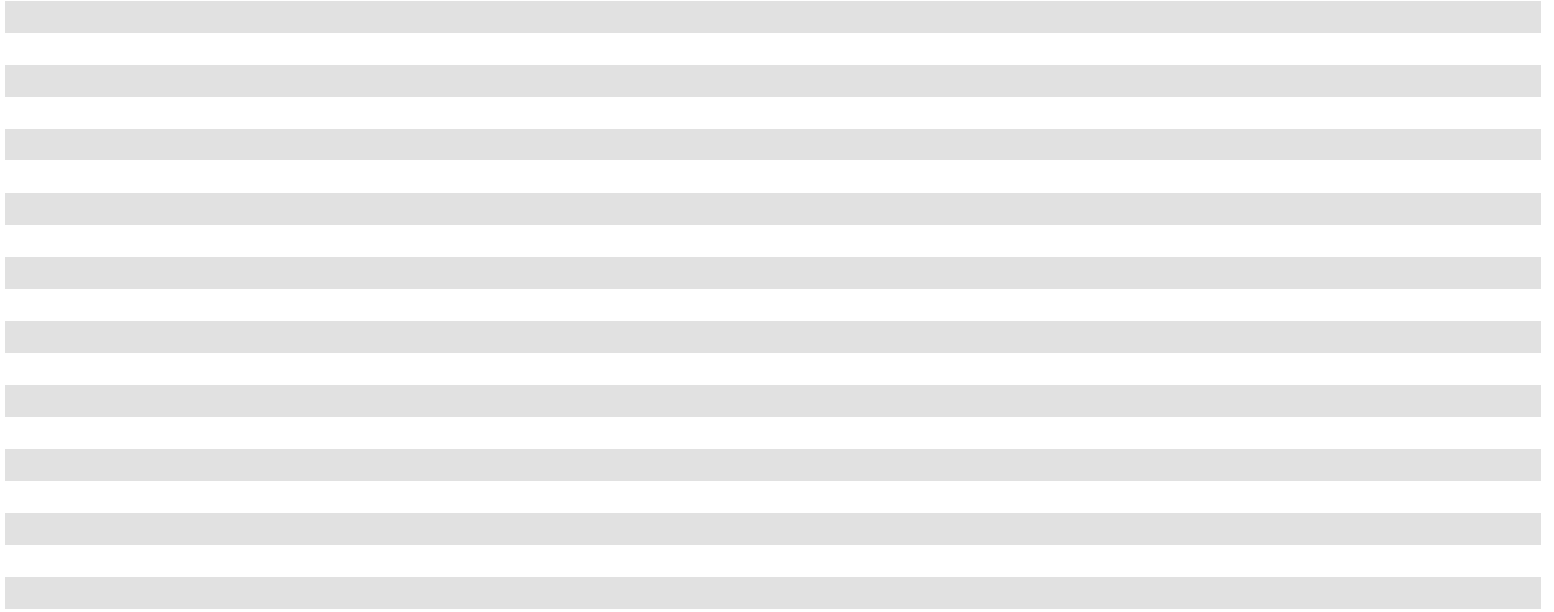
TALTZ INJ	B
TALZENNA CAP 0.25MG	B
TALZENNA CAP 0.5MG, 0.75MG, 1MG	B
TASIGNA CAP	B
TAVALISSE TAB	B
TAVNEOS CAP	B
tazarotene cream 0.1%	G
TAZORAC CREAM 0.05%	B
TAZVERIK TAB	B
TEGSEDI INJ	B
temsirolimus inj	B
TEPMETKO TAB	B
teriflunomide tab	G
TEST STRIP (all other test strips)	B
testosterone gel pump 1.62%	G
testosterone soln	G
tetrabenazine tab	B
TEZSPIRE INJ	B
THALOMID CAP	B
TIBSOVO TAB	B
tiopronin tab	B
TOBI PODHALER	B
topiramate er cap	G
TORISEL INJ	B
TRACLEER TAB 32MG	B
TREMFYA INJ	B
treprostinil inj 10mg/ml	B
treprostinil inj 1mg/ml	B
treprostinil inj 2.5mg/ml	B
treprostinil inj 5mg/ml	B
tretinoin cream	G
tretinoin gel	G
trientine cap	B
TRIKAFTA TAB	B
TRIKAFTA THERAPY PACK	B
TRINTELLIX TAB	B
TROKENDI XR CAP	B
TRULANCE TAB	B
TUKYSA TAB	B
TURALIO CAP	B
TYSABRI INJ	B
TYVASO DPI POWDER	B

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Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The

The table area consists of 12 horizontal grey bars stacked vertically, indicating that the content has been redacted. The bars are uniform in height and width, spanning the full width of the page.



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

febuxostat tab  
rasagiline tab

JANUVIA TAB  
TRINTELLIX TAB

nebivolol hcl tab

OCALIVA TAB

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

- 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.

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abiraterone tab 250mg	ACTEMRA ACTPEN INJ	ACTEMRA IV INJ	ACTEMRA SC INJ
ACTHAR GEL INJ	ACTIMMUNE INJ	ADAGEN INJ	ADBRY INJ
ADEMPAS TAB	ADVATE INJ	ALDURAZYME INJ	ALECENSA CAP
ALFERON-N INJ	ALPHANATE/HEMOFIL/KOATE INJ	ALPHANINE SD/MONONINE INJ	ALUNBRIG TAB 30MG
ALUNBRIG TAB 90MG, 180MG	ambrisentan tab	AMJEVITA AUTO-INJECTOF (1 PEN PACK)	AMJEVITA AUTO-INJECTOF (2 PEN PACK)
ARALAST/PROLASTIN/ZEMAIRA INJ	ARIKAYCE SUSP	ARZERRA INJ	AUSTEDO TAB
AVASTIN INJ	AVONEX INJ	AVSOLA INJ	AYVAKIT TAB
azacitidine inj	BALVERSA TAB 3MG	BALVERSA TAB 4MG	BALVERSA TAB 5MG
BEBULIN/PROFILNINE INJ	BENEFIX INJ	BENEFIX/RIXUBIS INJ	BENLYSTA AUTO-INJECTOF
BENLYSTA INJ	BERINERT INJ	betaine powder for oral solution	bexarotene cap
bexarotene gel	bortezomib inj	bosentan tab	BOSULIF TAB
BOTOX INJ	BRAFTOVI CAP 75MG	BRUKINSA CAP	BYLVAY CAP 1200MCG
BYLVAY CAP 400MCG	BYLVAY SPRINKLE CAP 200MCG	BYLVAY SPRINKLE CAP 600MCG	CABLIVI INJ KIT
CABOMETYX TAB	CALCITRIOL INJ	CALQUENCE CAP	CALQUENCE TAB
CAMZYOS CAP	capecitabine tab	CAPRELSA TAB	carglumic acid tab
CARIMUNE INJ	CAYSTON INH SOLN	CEREZYME INJ	cetorelix acetate for inj kit
CETROTIDE KIT	CHOLBAM CAP	CIBINQO TAB	CIMZIA INJ
CIMZIA STARTER INJ KIT	CINRYZE INJ	colistimethate inj	COMETRIQ KIT
COPIKTRA CAP	COTELLIC TAB	CYSTADANE POWDER	CYSTADROPS SOLN
CYTAGON CAP	CYSTARAN OPHTH SOLN	dalfampridine ER tab	deferasirox granules packet
deferasirox tab	deferasirox tab 90mg, 360mg	deferiprone tab	DIACOMIT CAP
DIACOMIT POWDER PACK	dimethyl fumarate DR cap	dimethyl fumarate DR starter pack	DOPTELET TAB
DUPIXENT INJ	DUPIXENT PEN INJ	DUROLANE INJ	DYSPORT INJ
ELAPRASE INJ	EMPAVELI INJ	ENBREL INJ 25MG	ENBREL INJ 50MG
ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	ENDARI POWDER PACK	ENSPRYNG INJ
EPIDIOLEX SOLN	ERIVEDGE CAP	ERLEADA TAB	ERLEADA TAB 240MG
erlotinib tab	ETOPOSIDE CAP	everolimus tab	everolimus tab for oral susp
EVRYSDI SOLN	EXKIVITY CAP	EXTAVIA INJ	FABRAZYME INJ
FASENRA PEN INJ	FEIBA INJ	FERRIPROX SOLN	fingolimod hcl cap 0.5mg
FINTEPLA SOLN	FIRDAPSE TAB	FIRMAGON INJ	

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FLEBOGAMMA/GAMMAPL EX/OCTAGAM/PRIVIGEN INJ	FOTIVDA CAP	FULPHILA INJ	FUROSCIX KIT
FUZEON INJ	GALAFOLD CAP	GAMASTAN S/D INJ	GAMUNEX INJ
GANCICLOVIR INJ	ganirelix ac inj	GAVRETO CAP	gefitinib tab
GENOTROPIN INJ	GILOTRIF TAB	GLASSIA INJ	glatiramer inj
HAEGARDA INJ	HELIXATE/KOGENATE INJ	HEMLIBRA INJ	HERCEPTIN INJ
HIZENTRA INJ	HUMATE-P/WILATE INJ	HUMIRA INJ 10MG	HUMIRA INJ 20MG
HUMIRA INJ 40MG	HUMIRA INJ 80MG	HUMIRA INJ	HUMIRA INJ PEDIATRIC
		CROHNS/UC/HIDRADENITI STARTER PACK	CROHNS STARTER PACK
HUMIRA INJ PEDIATRIC UC STARTER PACK	HUMIRA INJ	HUMIRA PEN INJ 40MG	HYCANTIN CAP
	PSORIASIS/UVEITIS STARTER PACK		
HYFTOR GEL	HYQVIA INJ	icatibant inj	ICLUSIG TAB
IDHIFA TAB	imatinib tab	IMBRUVICA CAP 140MG	IMBRUVICA CAP 70MG
IMBRUVICA SUSP	IMBRUVICA TAB 420MG, 560MG	IMCIVREE INJ	INCRELEX INJ
INGREZZA CAP	INLYTA TAB	INQOVI TAB	INTRON-A INJ
IRESSA TAB	ISTURISA TAB 10MG	ISTURISA TAB 1MG	ISTURISA TAB 5MG
JAKAFI TAB	JYNARQUE PAK	JYNARQUE TAB	KALYDECO PAK
KALYDECO TAB	KESIMPTA INJ	KEVZARA INJ	KINERET INJ
KISQALI PAK	KISQALI TAB	KORLYM TAB	KOSELUGO CAP
KOSELUGO CAP 10MG	KRAZATI TAB	lapatinib ditosylate tab	LEDIPASVIR/SOFOSBUVIR TAB
lenalidomide cap	LENVIMA CAP	LIVMARLI SOLN	LIVTENCITY TAB
LONSURF TAB	LORBRENA TAB 25MG	LUCENTIS INJ	LUMAKRAS TAB
LUMAKRAS TAB 320MG	LUMIZYME/MYOZYME INJ	LUPKYNIS CAP	LUPRON DEPOT PED INJ
LUPRON DEPOT-PED INJ	LYNPARZA TAB	LYSODREN TAB	LYTGOBI THERAPY PACK
MACUGEN INJ	MAVYRET PAK	MAVYRET TAB	MAYZENT TAB
MAYZENT TAB STARTER PACK	MEKINIST TAB 0.5MG	MEKINIST TAB 2MG	MEKTOVI TAB
MESNEX TAB	miglustat cap	MONOCLATE-P INJ	MOZOBIL INJ
MYLERAN TAB	NAGLAZYME INJ	NATPARA INJ	NERLYNX TAB
nilutamide tab	NINLARO CAP	NIVESTYM INJ	NOVOSEVEN INJ
NPLATE INJ	NUBEQA TAB	NUCALA INJ	NUZYRA TAB
OICALIVA TAB	octreotide inj	OCTREOTIDE INJ 100MCG	ODOMZO CAP
OFEV CAP	OLUMIANT TAB	OPSUMIT TAB	ORENCIA CLICK INJ
ORENCIA SC INJ 125MG/MI	ORENCIA SC INJ 50MG/0.4ML	ORENCIA SC INJ 87.5MG/0.7ML	ORGOVYX TAB
ORKAMBI GRANULES PACKET	ORKAMBI TAB	OTEZLA STARTER PACK	OTEZLA TAB
OVIDREL INJ	OXBRYTA TAB	OXBRYTA TAB FOR ORAL SUSP	OXERVATE OPHTH SOLN
PALFORZIA POWDER PACK	PALFORZIA SPRINKLE CAF	PALYNZIQ INJ	PEGASYS INJ
PEG-INTRON INJ	PEMAZYRE TAB	PHEBURANE ORAL PELLETS	PIQRAY TAB
pirfenidone cap	pirfenidone tab 267mg	pirfenidone tab 801mg	PLEGRIDY INJ
PLEGRIDY PEN INJ	plerixafor subcutaneous inj	POMALYST CAP	PREVYMIS TAB
PROLIA INJ	PROMACTA POWDER	PROMACTA TAB	PULMOZYME INH SOLN

\*\* OTC drugs are not a covered benefit.

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



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

arformoterol tartrate neb soln	Step Therapy requires trial of PERFOROMIST
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER
ASTEPRO NASAL SPRAY	Step therapy requires trial of azelastine nasal spray 0.1%
AURYXIA TAB	Step Therapy requires trial of RENVELA and FOSRENOL
azelastine nasal spray 0.15%	Step therapy requires trial of azelastine nasal spray 0.1%
BYETTA INJ	Step Therapy requires trial of VICTOZA or BYDUREON; Diagnosis Restricted – Type 2 Diabetes (E11)
CAVERJECT INJ	QL= 6 inj/30 days; Step therapy requires trial of sildenafil
ciclopirox shampoo	Step Therapy requires trial of ketoconazole shampoo
CIPRO HC OTIC SUSP	Step Therapy requires trial of CIPRODEX
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step Therapy requires trial of Insulin
DEXCOM G6 SENSOR	QL= 3 sensors/28 days; Step Therapy requires trial of Insulin
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step Therapy requires trial of Insulin
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Step Therapy requires trial of Insulin
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Step Therapy requires trial of Insulin
DICLOFENAC PATCH, FLECTOR PATCH	QL= 30 patches/fill; Step Therapy requires trial of celecoxib
DIFICID SUSP	QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN
EDEX INJ	QL= 6 inj/30 days; Step therapy requires trial of sildenafil
erythromycin DR cap	Step Therapy requires trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg
ERYTHROMYCIN EC CAP	Step Therapy requires trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg
erythromycin ethylsuccinate susp	Step Therapy requires trial of azithromycin or clarithromycin
erythromycin tab	Step Therapy requires trial of azithromycin, clarithromycin or doxycycline hyclate 100mg
FANAPT TAB	QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER
FANAPT TITRATION PACK	QL= 1 pack/plan year; Step Therapy requires trial of ABILIFY or quetiapine ER
febuxostat tab	Step Therapy requires trial of allopurinol
flvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, flvoxamine or paroxetine
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Step Therapy requires trial of Insulin
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Step Therapy requires trial of Insulin
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Step Therapy requires trial of Insulin
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Step Therapy requires trial of Insulin
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Step Therapy requires trial of Insulin

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

LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
MECLOFENAMATE CAP	Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen
METHITEST TAB	Step Therapy requires trial of ANDROGEL or ANDRODERM
metronidazole gel 1%	Step Therapy requires trial of metronidazole gel 0.75%
minocycline tab	Step therapy requires trial of minocycline caps
MOVIPREP SOLN	Step Therapy requires trial of CLENPIQ
MUSE SUPP	QL= 6 supp/30 days; Step therapy requires trial of sildenafil
nevirapine ER tab	Step Therapy requires trial of nevirapine
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days; Step therapy requires trial of olopatadine ophth soln 0.1%
paliperidone ER tab	Step Therapy requires trial of ABILIFY or quetiapine ER
risedronate DR tab	Step Therapy requires trial of alendronate
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
TEKTURNA HCT TAB	Step Therapy requires trial of valsartan/hctz
travoprost ophth soln	QL= 5ml/30 days; Step Therapy requires trial of latanoprost
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray
ZOLMITRIPTAN SPRAY	QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray

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bupropion SR tab( Limited to 180 days/plan year)	\$0
nicotine gum( Limited to 180 days/plan year)	\$0
NICOTINE KIT	\$0
nicotine lozenge( Limited to 180 days/plan year)	\$0
nicotine patch( Limited to 180 days/plan year)	\$0
NICOTROL INHALER( Limited to 180 days/plan year)	\$0
NICOTROL NASAL SPRAY( Limited to 180 days/plan year)	\$0
VARENICLINE PAK( Limited to 180 days/plan year)	\$0
VARENICLINE TAB( Limited to 180 days/plan year)	\$0
varenicline tartrate tab( Limited to 180 days/plan year)	\$0

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cetorelix acetate for inj kit	B
CETROTIDE KIT	B
CLOMID TAB	B
CLOMIPHENE TAB	B
ganirelix ac inj	B
OVIDREL INJ	B

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

budesonide ER tab	QL=1 tab/day
buprenorphine patch	QL= 4 patches/28 days
bupropion SR tab	Limited to 180 days/plan year
butalbital/acetaminophen tab 50-325mg	QL= 60 tabs/30 days
butalbital/acetaminophen/caffeine tab	QL= 60 tabs/30 days
butalbital/aspirin/caffeine cap	QL= 60 tabs/30 days
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYLVAY CAP 1200MCG	QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG	QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG	QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG	QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
CABLIVI INJ KIT	QL= 1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CALQUENCE TAB	QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
CAMZYOS CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
carisoprodol tab	QL= 90 tabs/90 days
CAVERJECT INJ	QL= 6 inj/30 days; Step therapy requires trial of sildenafil
CIBINQO TAB	QL= 1 tab/day
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
CINRYZE INJ	QL= 16 vials/28 days; Only available through Accredo 800-803-2523
CLINDESSE VAGINAL CREAM	QL= 1 applicator (5 grams)/fill
COMIRNATY INJ	QL= 1 dose/17 days
COPIKTRA CAP118	

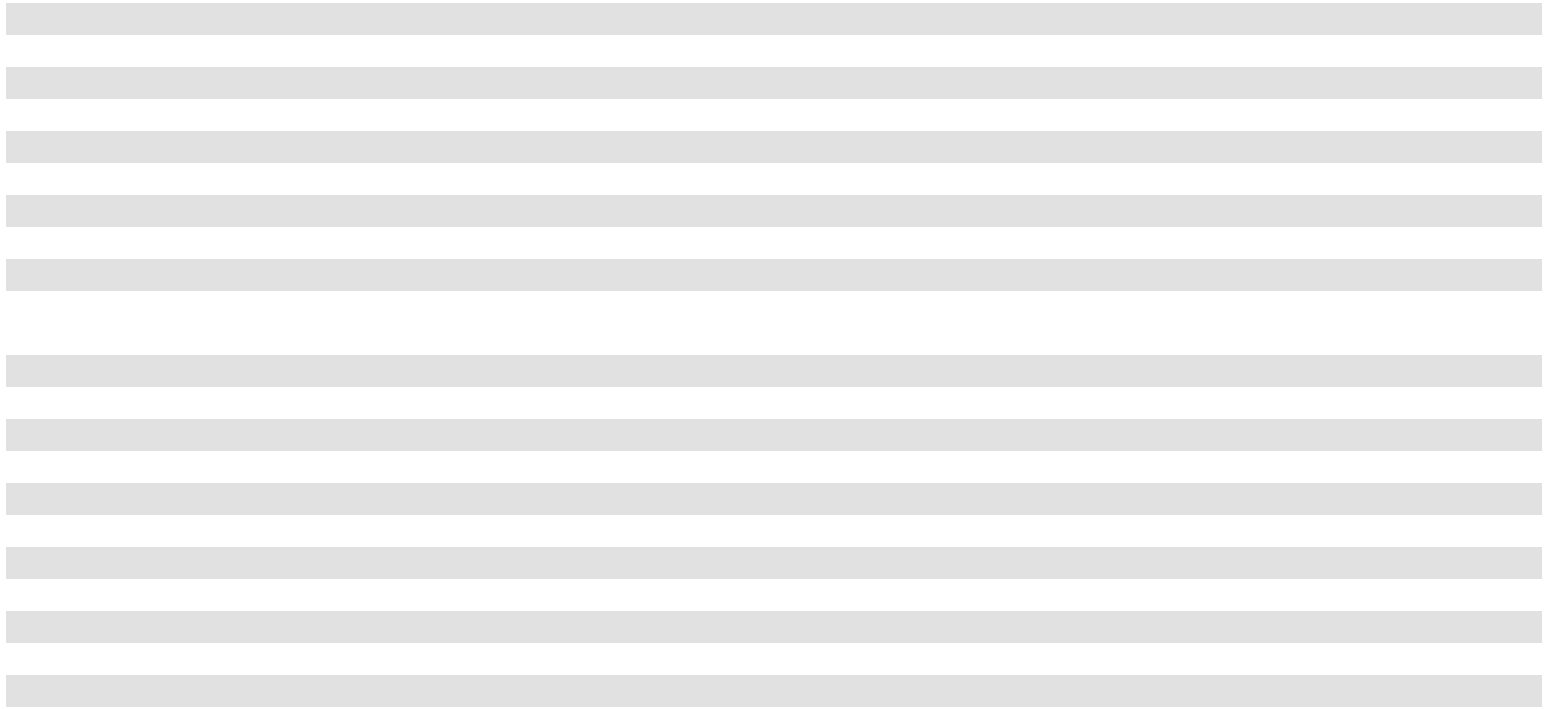
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- The following drugs are covered on the formulary with a Quantity Limit.

CYSTADROPS SOLN	QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
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
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step Therapy requires trial of Insulin
DEXCOM G6 SENSOR	QL= 3 sensors/28 days; Step Therapy requires trial of Insulin
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step Therapy requires trial of Insulin
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Step Therapy requires trial of Insulin
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Step Therapy requires trial of Insulin
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 2 packs/fill
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH	QL= 30 patches/fill; Step Therapy requires trial of celecoxib
DIFICID SUSP	QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
dihydroergotamine mesylate nasal spray	QL= 8 sprays/fill, 2 fills/30 days
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day
DOPTELET TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
econazole cream	QL= 30gm/30 days
EDEX INJ	QL= 6 inj/30 days; Step therapy requires trial of sildenafil
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
ENDARI POWDER PACK	QL= 6 packets/day
ENSPRYNG INJ	QL= 1 inj/28 days
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day

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

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GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill
glucagon (rdna) for inj kit	QL= 2 inj/fill
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day
GOLYTELY SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
granisetron tab	QL= 9 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
GUAIFENESIN/CODEINE SYRUP	QL= 240ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill

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

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INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INLYTA TAB	QL= 8 tabs/day
INQOVI TAB	QL= 5 tabs/28 days
ISTURISA TAB 10MG	QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 1MG	QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 5MG	QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JENTADUETO TAB	QL= 1 tab/day
JENTADUETO XR TAB	QL= 2 tabs/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
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 inj 15mg/ml	QL= 20ml/5 days
ketorolac inj 30mg/ml	QL= 20ml/5 days
ketorolac inj 60mg/2ml	QL= 20ml/5 days
ketorolac tab	QL= 20 tabs/5 days
KEQas	





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

NUEDEXTA CAP	QL= 2 caps/day
NULYTELY SOLN	Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
NUZYRA TAB	QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416
OCALIVA TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
OFEV CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days; Step therapy requires trial of olopatadine ophth soln 0.1%
OLUMIANT TAB	QL= 1 tab/day
OMNIPOD 5 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH INTRO KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 10 pods/month
OMNIPOD STARTER KIT	QL= 1 kit/year
ONGENTYS CAP	QL= 1 tab/day, 30 tabs per fill
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
OPZELURA CREAM	QL= 4 tubes/30 days for the first two months; then QL= 12 tubes/year thereafter
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
ORKAMBI GRANULES PACKET	QL= 2 packets/day; Only available through Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
oseltamivir cap	QL= 10 caps/fill, 1 fill/calendar year
oseltamivir cap 30mg	QL= 20 caps/fill, 1 fill/calendar year
oseltamivir susp	QL= 250ml/fill, 1 fill per calendar year
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OXBRYTA TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
OXBRYTA TAB FOR ORAL SUSP	QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767
OXERVATE sid5sQ-198 -12 Td (OXI75(A)55 (120(T)16(A)1)5 NJZ08 ,d (Qy 800-237-2767) TjITJ 198 0 Td (QL=awj [R]15(Y)(T)75(	

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

peg 3350/electrolytes soln	Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
PEMAZYRE TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
PHEXXI GEL	QL= 1 box/fill
PICATO GEL	QL= 1 box/fill
pirfenidone cap	QL= 9 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day
POMALYST CAP	QL= 21 caps/28 days
posaconazole DR tab	QL= 93 tabs/30 days
posaconazole susp	QL= 525ml/26 days
POTIGA TAB	QL= 3 tabs/day
pregabalin cap	QL= 3 caps/day
pregabalin cap 225mg	QL= 2 caps/day
pregabalin cap 300mg	QL= 2 caps/day
pregabalin soln	QL= 30ml/day
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
PREVYMIS TAB	QL= 1 tab/day; Limit 100 tabs/6 months
PROLIA INJ	QL= 1 fill/6 months
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
PYRUKYND TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND TAPER PACK	QL= 1 tab/day; Only available through Biologics 800-850-4306
QINLOCK TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
RADICAVA ORS STARTER KIT	QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP	QL= 50mL/28 days; Only available through Accredo 800-803-2523
ramelteon tab	QL= 1 tab/day
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/calendar year
RELYVRIO PAK	QL= 2 packets/day; Only available through Accredo 800-803-2523
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RETEVMO CAP	QL= 4 caps/day
REVLIMID CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist
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
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
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; Diagnosis Restricted –

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

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RYDAPT CAP	QL= 56 caps/28 days
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days
SAVELLA TAB	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
sildenafil tab	QL=6 tabs/30 days
SIMPONI AUTO-INJECTOR 100MG	QL=1 inj/28 days
SIMPONI INJ 100MG	QL=1 inj/28 days
SIVEXTRO TAB	

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

TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TALTZ INJ	QL= 1 inj/28 days
TALZENNA CAP 0.25MG	QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG	QL= 1 cap/day
TAVALISSE TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
TAVNEOS CAP	QL= 6 caps/day; Only available through PantheRx 855-726-8479
TAZVERIK TAB	QL= 8 tabs/day; Only available through Onco360 877-662-6633
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 ENANTHATE INJ 200MG/ML	QL= 5ml/fill
testosterone gel pump 1.62%	QL= 2 bottles/30 days
testosterone soln	QL= 2 bottles/30 days
TEZSPIRE INJ	QL= 1 pen/28 days
TIBSOVO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
TRACLEER TAB 32MG	QL= 4 tabs/day; Only available through Accredo 800-803-2523
TRADJENTA TAB	QL= 1 tab/day
travoprost ophth soln	QL= 5ml/30 days; Step Therapy requires trial of latanoprost
TREMFYA INJ	QL= 1 inj/56 days
tretinoin cream	QL= 20gm/fill; Acne Only – members age 35 or older require Prior Authorization
tretinoin gel	QL= 20gm/fill
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG	QL= 1 tab/day
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG	QL= 2 tabs/day
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416
TRIKAFTA THERAPY PACK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
TRINTELLIX TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days; Diagnosis Restricted –

