

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar or using the CTRL+F search function from your keyboard. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

**Moda Texas Individual Formulary
Alphabetical Index
Last Updated 7/1/2023**

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Preferre d Specialty	ANTIVIRALS
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Preferre d Specialty	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Preferre d Specialty	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Preferre d Specialty	ANTIVIRALS
ABECMA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABILIFY MAINTENA	-	Preferre d Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE PACK (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Pref erred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Pref erred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 3 tabs/day)	PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRAXANE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABSORICA LD CAP (QL= 2 caps/day)	QL	Non-Pref erred	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Pref erred	ANALGESICS - OPIOID
ACAM2000 INJ	-	Preventi ve	VACCINES
acamprosate calcium DR tab (CAMPRAL equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	Select	ANTIDIABETICS
ACCRUFER CAP	-	EXC	HEMATOPOIETIC AGENTS
ACCURETIC TAB	-	Non-Pref erred	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	Select	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 10 tabs/day)	QL	Preferre d	ANALGESICS - OPIOID
ACETAMINOPHEN/CODEINE SOLN	-	Select	ANALGESICS - OPIOID

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QL	Quantity Limit	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				

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acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Select	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Preferred	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Select	MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	Select	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Select	DIURETICS
acetazolamide tab	-	Select	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	Select	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Select	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	Select	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	Select	COUGH/COLD/ALLERGY
ACIOXIA GEL	-	EXC	DERMATOLOGICALS
ACIPHEX SPRINKLE CAP (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
acitretin cap (SORIATANE equiv) (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Preferred	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	ACA-LD-PA-VAC	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTINEOPLASTICS
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Preferred	COUGH/COLD/ALLERGY
ACTINEL PEDIATRIC LIQUID (QL= 2400ml/30 days)	QL	Non-Preferred	COUGH/COLD/ALLERGY
ACTOPLUS MET XR TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	Select	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	Preferred	DERMATOLOGICALS
acyclovir oint (ZOVIRAX OINT equiv)	-	Preferred	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	Select	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	Select	ANTIVIRALS
ACZONE GEL 7.5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	VAC	Preventive	TOXOIDS

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adapalene cream (DIFFERIN equiv)	-	Select	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv)	-	Select	DERMATOLOGICALS
ADAPALENE SOLN (QL= 1 bottle/30 days; Step therapy requires trial of two preferred acne products)	QL-ST	Non-Pref erred	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	EXC	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	EXC	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE/NIACINAMIDE GEL	-	EXC	DERMATOLOGICALS
adapalene-benzoyl peroxide gel 0.3-2.5% (EPIDUO equiv)	-	EXC	DERMATOLOGICALS
ADAZIN CREAM	-	Non-Pref erred	DERMATOLOGICALS
ADBRY INJ (QL= 4 syringes/28 days)	PA-QL	Non-Pref erred Specialty	DERMATOLOGICALS
ADDYI TAB	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	QL	Preferre d Specialty	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty	CARDIOVASCULAR AGENTS - MISC.
ADENOCAINE INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
ADHANSIA XR CAP 25MG (QL= 120 caps/30 days; Step therapy requires trial of dextro/amphetamine, metadate ER, or methylphenidate ER)	QL-ST	Non-Pref erred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADHANSIA XR CAP 35MG (QL= 120 caps/30 days)	QL	Non-Pref erred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADHANSIA XR, JORNAY PM (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADIPEX-P CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADIPEX-P TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADLARITY PATCH (QL= 1 patch/7 days; Step therapy requires trial of donepezil tab OR donepezil ODT)	QL-ST	Non-Pref erred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADLYXIN INJ (QL= 6ml/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred	ANTIDIABETICS
ADLYXIN INJ (QL= 6ml/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred	ANTIDIABETICS
ADMELOG INJ, INSULIN LISPRO INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
ADRENACLICK INJ, EPINEPHRINE INJ	-	Non-Pref erred	VASOPRESSORS
ADRENALIN NASAL SOLN	-	Non-Pref erred	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADUHELM INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADULT BARRIER OINT	-	EXC	DERMATOLOGICALS
ADVAIR HFA INHALER (QL= 1 inhaler/30 days)	QL	Preferre d	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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ADVICOR TAB 1000-20MG (QL= 2 tabs/day)	QL	Non-Pref erred	ANTIHYPERLIPIDEMICS
ADVICOR TAB 500-20MG, 1000-40MG (QL= 1 tab/day)	QL	Non-Pref erred	ANTIHYPERLIPIDEMICS
ADVICOR TAB 750-20MG (QL= 2 tabs/day)	QL	Non-Pref erred	ANTIHYPERLIPIDEMICS
ADVIL COLD/SINUS CAP	-	EXC	COUGH/COLD/ALLERGY
ADVIL DUAL TAB ACTION	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
ADZENYS ER SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: dextromethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADZENYS XR TAB (QL= 1 tab/day; Step Therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Pref erred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AEMCOLO TAB (QL= 12 tabs/fill, 2 fills/month)	QL	Non-Pref erred	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	-	Non-Pref erred	MEDICAL DEVICES AND SUPPLIES
AFLURIA INJ	VAC	Preventi ve	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	Preventi ve	VACCINES
AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Preferre d Specialty	HEMATOLOGICAL AGENTS - MISC.
age shield lotion (CERAVE equiv)	-	EXC	DERMATOLOGICALS
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	Non-Pref erred Specialty	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela)	QL-ST	Non-Pref erred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela)	QL-ST	Non-Pref erred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Preferre d Specialty	MIGRAINE PRODUCTS
AKLIEF CREAM (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel, tretinoin cream, or tretinoin gel)	ST	Non-Pref erred	DERMATOLOGICALS
AKTEN OPHTH GEL	-	Non-Pref erred	OPHTHALMIC AGENTS
AKYNZEO CAP (QL= 1 cap/28 days; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of aprepitant, granisetron, or ondansetron)	QL-RS-ST	Non-Pref erred	ANTIEMETICS
ALAMAX CR TAB	-	EXC	ALTERNATIVE MEDICINES
ALA-SCALP LOTION	-	EXC	DERMATOLOGICALS
ALASKA WILD CAP FISH OIL	-	EXC	NUTRIENTS

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ALBUKED INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	Select	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	Select	DERMATOLOGICALS
ALCOHOL SWABS	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ALECENSA CAP (QL= 8 caps/day)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	Non-Preferred	DERMATOLOGICALS
ALFERON-N INJ	-	EXC	ANTINEOPLASTICS
alfuzosin SR tab (UROXATRAL equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
ALIMTA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALINIA SUSP (QL= 60ml/fill, 2 fills/month)	QL	Non-Preferred	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	Preferred	ANTIHYPERTENSIVES
ALIVE PREMIU CHW PRENATAL	-	EXC	MULTIVITAMINS
ALKA-SELTZER TAB	-	EXC	ANALGESICS - NONNARCOTIC
ALKINDI SPRINKLE CAP	-	Non-Preferred	CORTICOSTEROIDS
ALLEGRA-D 24-HOUR TAB	-	EXC	COUGH/COLD/ALLERGY
ALLEGRA-D TAB	-	EXC	COUGH/COLD/ALLERGY
ALLEGRA-D TAB 12 HOUR	-	EXC	COUGH/COLD/ALLERGY
ALLERGY CONGESTION TAB	-	EXC	COUGH/COLD/ALLERGY

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ALLERGY TRAY	-	Non-Pref erred	MEDICAL DEVICES AND SUPPLIES
ALLOPURINOL TAB (QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs)	QL-ST	Non-Pref erred	GOUT AGENTS
allopurinol tab (ZYLOPRIM equiv)	QL-ST	Select	GOUT AGENTS
ALLZITAL TAB (QL= 12 tabs/day)	QL	Non-Pref erred	ANALGESICS - NONNARCOTIC
almotriptan tab 12.5mg (AXERT equiv) (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, or sumatriptan)	QL-ST	Preferre d	MIGRAINE PRODUCTS
almotriptan tab 6.25mg (AXERT equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, or sumatriptan)	QL-ST	Preferre d	MIGRAINE PRODUCTS
ALOCANE SPRAY	-	EXC	DERMATOLOGICALS
ALOCRIL OPHTH SOLN	-	Preferre d	OPHTHALMIC AGENTS
ALOGLIPTIN TAB, NESINA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	Non-Pref erred	OPHTHALMIC AGENTS
ALOQUIN GEL	-	Non-Pref erred	DERMATOLOGICALS
ALORA PATCH (QL= 8 patches/28 days)	QL	Non-Pref erred	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
ALPHA LIPOIC ACID-BIOTIN-BERBERINE CAP	-	EXC	ALTERNATIVE MEDICINES
ALPHA LIPOIC TAB	-	EXC	ALTERNATIVE MEDICINES
ALPHAGAN P OPHTH SOLN 0.1% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Preferre d	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	Select	ANTIANKXIETY AGENTS
ALPRAZOLAM INTENSOL CONC	-	Non-Pref erred	ANTIANKXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	Preferre d	ANTIANKXIETY AGENTS
alprazolam tab (XANAX equiv)	-	Select	ANTIANKXIETY AGENTS
ALREX OPHTH SUSP	-	Preferre d	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ (QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred	MIGRAINE PRODUCTS
ALTABAX OINT	-	Non-Pref erred	DERMATOLOGICALS
ALTERNARIA ALTERNATA INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ALTOPREV TAB (QL= 1 tab/day)	QL	Non-Pref erred	ANTIHYPERLIPIDEMICS
ALTRENO LOTION (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred	DERMATOLOGICALS
ALUNBRIG PAK (QL= 1 pack/365 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER (QL= 12.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALYMSYS IV SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALZAIR NASAL SPRAY	-	Non-Preferred	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	Select	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	Select	ANTIPARKINSON AGENTS
amantadine tab	-	Select	ANTIPARKINSON AGENTS
AMBISOME INJ	-	EXC	ANTIFUNGALS
ambrisentan tab (LETAIRIS equiv)	PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	Select	DERMATOLOGICALS
AMCINONIDE LOTION	-	Preferred	DERMATOLOGICALS
AMCINONIDE OINT	-	Preferred	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	Preventive	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	Select	DIURETICS
AMILORIDE/HCTZ TAB	-	Select	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Select	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	Preferred Specialty	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	Preferred	HEMOSTATICS
AMIODARONE INJ	-	EXC	ANTIARRHYTHMICS
amiodarone tab (CORDARONE equiv)	-	Select	ANTIARRHYTHMICS
AMITIZA CAP (QL= 60 caps/30 days; Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC)	QL-ST	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	Value	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ 10MG/0.2ML (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA SYRINGE 20MG/0.4ML (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA SYRINGE 40MG/0.8ML (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
amlodipine tab (NORVASC equiv)	-	Value	CALCIUM CHANNEL BLOCKERS

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amlodipine/atorvastatin tab (CADUET equiv) (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin))	QL-ST	Preferred	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of olmesartan-amlodipine-HCTZ)	QL-ST	Preferred	ANTIHYPERTENSIVES
AMMONIA AROM INH	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
ammonium lactate cream (LAC-HYDRIN equiv)	-	Select	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Select	DERMATOLOGICALS
amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Select	DERMATOLOGICALS
AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	EXC	DERMATOLOGICALS
AMONDYS INJ	-	EXC	NEUROMUSCULAR AGENTS
AMOXAPINE TAB	-	Select	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	Select	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	Select	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	Select	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	Select	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	Select	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	Non-Preferred	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Select	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Select	PENICILLINS
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP (QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphotericin b liposome iv for susp (AMBISOME equiv)	-	EXC	ANTIFUNGALS
AMPICILLIN INJ	-	EXC	PENICILLINS
AMVUTTRA SOLN	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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AMZEEQ FOAM (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Pref erred	DERMATOLOGICALS
ANACAINE OINT	-	Non-Pref erred	DERMATOLOGICALS
ANACIN TAB	-	EXC	ANALGESICS - NONNARCOTIC
ANADROL TAB	PA	Non-Pref erred	ANDROGENS-ANABOLIC
anagrelide cap (AGRYLIN equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM ADVANCED KIT	-	Non-Pref erred	ANORECTAL AGENTS
ANALPRAM-E KIT	-	Non-Pref erred	ANORECTAL AGENTS
ANASTIA LOTION	-	Non-Pref erred	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	Non-Pref erred	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	Non-Pref erred	ESTROGENS
ANNOVERA RING	-	Preventive	CONTRACEPTIVES
ANORO ELLIPTA INHALER (QL= 60gm/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTACID CHEW	-	EXC	ANTACIDS
ANTARA CAP	-	Non-Pref erred	ANTIHYPERTENSIVES
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG (QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Preferred Specialty	ANTIHYPERTENSIVES
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG (QL= 1 cap/d; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Preferred Specialty	ANTIHYPERTENSIVES
ANTI-DIARRHEA LIQ	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Select	OTIC AGENTS
ANZEMET TAB (QL= 1 tab/30 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Pref erred	ANTIEMETICS
APADAZ TAB (QL= 12 tabs/day)	PA-QL	Non-Pref erred	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	Non-Pref erred	DERMATOLOGICALS
APIDRA INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
APLENZIN TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred	ANTIDEPRESSANTS
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS

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APONVIE INJ	-	EXC	ANTIEMETICS
APPLE CIDER VINEGAR-GINGER CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
APRACLONIDIN OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
apraclonidine ophth soln 0.5% (IOPIDINE equiv)	-	Preferred	OPHTHALMIC AGENTS
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
APRETUDE SUSP	-	EXC	ANTIVIRALS
APRIZIO PAK KIT	-	Non-Preferred	DERMATOLOGICALS
APTIOM TAB (QL= 1 tab/day)	QL	Preferred	ANTICONVULSANTS
APTIVUS CAP (QL= 4 caps/day)	QL	Preferred	ANTIVIRALS
APTIVUS SOLN (QL= 380ml/30 days)	QL	Preferred	ANTIVIRALS
ARAKODA TAB	-	Non-Preferred	ANTIMALARIALS
ARANESP INJ (QL= 4 syringes/30 days)	QL	Preferred	HEMATOPOIETIC AGENTS
ARANESP INJ (QL= 4 vials/30 days)	QL	Preferred	HEMATOPOIETIC AGENTS
ARAZLO LOTION (QL= 1 bottle/30 days; Step Therapy requires trial of tretinoin and adapalene)	QL-ST	Non-Preferred	DERMATOLOGICALS
ARCALYST INJ (QL= 4 vials/21 days)	PA-QL	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
ARCAPTA NEOHALER (Step Therapy requires trial of SEREVENT DISKUS, ANORO ELLIPTA or STIOLTO INHALER)	ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARGATROBAN INJ	-	EXC	ANTICOAGULANTS
argatroban iv soln	-	EXC	ANTICOAGULANTS
ARIKAYCE SUSP (QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Non-Preferred	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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ARISTADA INJ	-	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
armodafinil tab 250mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ARMONAIR DIGITAL INHALER 113 MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232 MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55 MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR RESPICLICK 113 MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR RESPICLICK 232 MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR RESPICLICK 55 MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	EXC	THYROID AGENTS
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARRANON INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARYMO ER TAB (QL= 3 tabs/day)	QL	Non-Preferred	ANALGESICS - OPIOID
ARZOL SILVER NITRATE APPLICATOR	-	Select	DERMATOLOGICALS
ASACOL HD TAB, MESALAMINE TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
ASCORBIC ACID INJ	-	EXC	VITAMINS
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventive	CONTRACEPTIVES
ASHWAGANDHA CAP 35	OTC	EXC	ALTERNATIVE MEDICINES
ASMANEX 14 AER 220MCG (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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aspirin chew tab 81mg	-	EXC	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg	OTC	EXC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg	-	EXC	ANALGESICS - NONNARCOTIC
aspirin effer tab (ALKA-SELTZER equiv)	-	EXC	ANALGESICS - NONNARCOTIC
aspirin tab	-	EXC	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	EXC	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	Select	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOX equiv)	-	Preferred	HEMATOLOGICAL AGENTS - MISC.
aspirin-caffeine powder packet (BC FAST PAIN RELIEF equiv)	-	EXC	ANALGESICS - NONNARCOTIC
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab)	QL-ST	Preferred	ANTIANGINAL AGENTS
ASTAGRAF XL CAP	-	Non-Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Preferred	ANTIVIRALS
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Preferred	ANTIVIRALS
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Preferred	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	Value	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Select	ANTIHYPERTENSIVES
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
atomoxetine cap 10mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ATORVALIQ SUSP (QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab)	QL-ST	Non-Preferred	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	Select	ANTIMALARIALS
ATRIX SYSTEM KIT	-	EXC	DERMATOLOGICALS
atropine ophth oint	-	Select	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	Select	OPHTHALMIC AGENTS
ATROPINE SUL INJ	-	EXC	ULCER DRUGS

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atropine sulfate inj	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
atropine sulfate iv soln	-	EXC	ULCER DRUGS
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AURYXIA TAB	-	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 12MG (QL= 90 tabs/30 days)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 6MG (QL= 210 tabs/30 days)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVELITY TAB (QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
AUVI-Q INJ	-	Non-Preferred	VASOPRESSORS
AVANDIA TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred	ANTIDIABETICS
AVAR AEROSOL FOAM	-	EXC	DERMATOLOGICALS
AVAR GEL	-	EXC	DERMATOLOGICALS
AVAR PAD	-	EXC	DERMATOLOGICALS
AVC VAGINAL CREAM	-	Preferred	VAGINAL PRODUCTS
AVEIDA GEL	-	EXC	DERMATOLOGICALS
AVONEX INJ (QL= 1 kit/28 days)	QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	Select	ASSORTED CLASSES

ACA	NC =Not Covered Affordable Care Act	EXC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS Limited Distribution
M	Medical Benefit	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
azathioprine tab 100mg (AZASAN equiv) (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (AZASAN equiv) (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv)	-	Preferred	DERMATOLOGICALS
azelastine nasal spray (ASTELIN equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	Select	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	-	Non-Preferred	DERMATOLOGICALS
AZENASE PAK	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	Non-Preferred	MULTIVITAMINS
AZESCO TAB	-	Non-Preferred	MULTIVITAMINS
azithromycin susp (ZITHROMAX equiv)	-	Select	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	Select	MACROLIDES
AZOPT OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
AZSTARYS CAP (QL= 30 caps/30 days)	QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
B-12 TAB ODT	OTC	EXC	HEMATOPOIETIC AGENTS
BABY CHEST CREAM RUB	-	EXC	DERMATOLOGICALS
BACITRACIN INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
BACITRACIN OPHTH OINT	-	Preferred	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Select	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Select	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Select	OPHTHALMIC AGENTS
baclofen intrathecal inj	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Preferred	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	Preferred	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN NASAL OINT	-	Non-Preferred	NASAL AGENTS - SYSTEMIC AND TOPICAL
BAFIERTAM CAP (QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	Preventive	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day)	PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day)	PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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BALVERSA TAB 5MG (QL= 1 tab/day)	PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAND-AID SPRAY ANTISEPTIC	-	EXC	DERMATOLOGICALS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Preferre d	ANTIDIABETICS
BARACLUDE SOLN (QL= 630ml/30 days)	PA-QL	Preferre d Specialty	ANTIVIRALS
BARRIGEL INJ	-	EXC	ANORECTAL AND RELATED PRODUCTS
BASAGLAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo and Levemir and Tresiba)	QL-ST	Non-Pref erred	ANTIDIABETICS
BASAGLAR KWIKPEN (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo and Levemir and Tresiba)	QL-ST	Non-Pref erred	ANTIDIABETICS
BASAGLAR TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days)	QL	Non-Pref erred	ANTIDIABETICS
BASE D PEG GRANULES	-	EXC	PHARMACEUTICAL ADJUVANTS
BAXDELA TAB (QL= 2 tabs/day)	PA-QL	Non-Pref erred	FLUOROQUINOLONES
BC FAST PAIN POW RLF MAX	OTC	EXC	ANALGESICS - NONNARCOTIC
BC FAST PAIN RELIEF POWDER	-	EXC	ANALGESICS - NONNARCOTIC
B-D INSULIN SYRINGE	--OTC	Select	MEDICAL DEVICES AND SUPPLIES
BD NEEDLES	OTC	Select	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	Preferre d	ULCER DRUGS
BEANO TAB	-	EXC	GASTROINTESTINAL AGENTS - MISC.
BEBTELOVIMAB IV SOLN	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BECONASE AQ NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM (QL= 2 films/day; Step therapy requires trial of buprenorphine patch)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	Preferre d	ULCER DRUGS
BELSOMRA TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Pref erred	HYPNOTICS
BENADRYL SOLN CHILD	OTC	EXC	COUGH/COLD/ALLERGY
benazepril tab (LOTENSIN equiv)	-	Select	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Select	ANTIHYPERTENSIVES
bendamustine hcl for iv soln (TREANDA equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	PA-QL	Non-Pref erred Specialty	MISCELLANEOUS THERAPEUTIC CLASSE
BENLYSTA INJ (QL= 4 inj/28 day)	PA-QL	Non-Pref erred Specialty	MISCELLANEOUS THERAPEUTIC CLASSE
BENTIVITE TAB	-	EXC	HEMATOPOIETIC AGENTS
BENZAC WASH	-	EXC	DERMATOLOGICALS
BENZACLIN GEL	-	EXC	DERMATOLOGICALS

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BENZAMYCIN GEL	-	EXC	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	EXC	DERMATOLOGICALS
BENZEPRO LIQUID CREAMY	OTC	EXC	DERMATOLOGICALS
BENZNIDAZOLE TAB	-	Preferred	ANTHELMINTICS
benzocaine dental cream	-	EXC	MOUTH/THROAT/DENTAL AGENTS
benzocaine-docusate sodium rectal enema	OTC	EXC	LAXATIVES
BENZOCAINE-LIDOCAINE-TETRACAINE CREAM	OTC	EXC	DERMATOLOGICALS
benzonatate cap (TESSALON equiv)	-	Select	COUGH/COLD/ALLERGY
benzoyl peroxide foam	-	EXC	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	EXC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	EXC	DERMATOLOGICALS
benzphetamine tab	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
benztropine tab	-	Select	ANTIPARKINSON AGENTS
BEOVU INJ	-	EXC	OPHTHALMIC AGENTS
bepotastine besilate ophth soln (BEPREVE equiv)	-	Preferred	OPHTHALMIC AGENTS
BEPREVE DROPS	-	EXC	OPHTHALMIC AGENTS
BERBERINE CAP	OTC	EXC	ALTERNATIVE MEDICINES
BERINERT INJ (QL= 20ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
BESIVANCE OPTH SUSP (Step Therapy requires trial of 2: ciprofloxacin ophth soln, levofloxacin ophth soln, ofloxacin ophth soln, or VIGAMOX OPTH SOLN)	ST	Non-Preferred	OPHTHALMIC AGENTS
BESREMI INJ (QL= 2 inj/28 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BETA CAROTENE CAP	-	EXC	VITAMINS
BETADINE OPTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
BETADINE SOLN	-	EXC	ANTISEPTICS & DISINFECTANTS
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	Select	DERMATOLOGICALS
betamethasone augmented gel	-	Select	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	Select	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Select	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	Select	DERMATOLOGICALS
betamethasone dipropionate lotion	-	Select	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	Select	DERMATOLOGICALS
betamethasone valerate cream	-	Select	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	Preferred	DERMATOLOGICALS
betamethasone valerate lotion	-	Select	DERMATOLOGICALS
betamethasone valerate oint	-	Select	DERMATOLOGICALS
BETASERON INJ (QL= 14 kits/28 days)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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BETAXOLOL OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
betaxolol ophth soln (BETOPTIC-S equiv)	-	Select	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	Select	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	Select	URINARY ANTISPASMODICS
BETIMOL OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER (QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP (QL= 43 caps/42 days)	PA-QL	Non-Preferred	ANTICOAGULANTS
bexarotene cap (TARGRETIN equiv)	PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv)	PA	Preferred Specialty	DERMATOLOGICALS
BEXSERO INJ	VAC	Preventive	VACCINES
BIAFINE EMULSION	-	Non-Preferred	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	Non-Preferred	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	Non-Preferred	ESTROGENS
BIKTARVY TAB (QL= 1 tab/day)	QL	Preferred Specialty	ANTIVIRALS
bilberry (vaccinium myrtillus) cap	-	EXC	ALTERNATIVE MEDICINES
bimatoprost ophth soln	-	EXC	DERMATOLOGICALS
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	--QL-ST	Preferred	OPHTHALMIC AGENTS
BINOSTO TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate)	QL-ST	Non-Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
BIOSTEP SHEET, INNOVAMATRIX SHEET	-	EXC	DERMATOLOGICALS
BIOTHRAX INJ	-	Preventive	VACCINES
BIOTIN CHEW TAB	OTC	EXC	VITAMINS
BIOTIN LIQUID	OTC	EXC	VITAMINS
BIOTIN TAB	-	EXC	VITAMINS
BIOTIN-KERAT CAP ALPHA	-	EXC	ALTERNATIVE MEDICINES
BISMUTH SUBSALICYLATE TAB	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
bismuth/metro/tetra cap (PYLERA equiv) (Step therapy requires trial of oral metronidazole and tetracycline)	ST	Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
bisoprolol tab (ZEBETA equiv)	-	Select	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value	ANTIHYPERTENSIVES

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BLACK COHOSH CAP	-	EXC	ALTERNATIVE MEDICINES
BLACK COHOSH TAB	OTC	EXC	ALTERNATIVE MEDICINES
BLACK ELDERBERRY SYRUP	-	EXC	ALTERNATIVE MEDICINES
BLACK WALNUT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
BLEPHAMIDE OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	Non-Preferred	OPHTHALMIC AGENTS
BLUDIGO INJ	-	EXC	DIAGNOSTIC PRODUCTS
BORTEZOMIB INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bortezomib inj (VELCADE equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bosentan tab (TRACLEER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTULISM IMMUNE GLOBULIN (HUMAN) IV FOR SOLN	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB (QL= 4 tabs/day, 2 fills/month; Step therapy requires trial of oral fluconazole)	QL-ST	Non-Preferred	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB (QL= 2 tabs/day)	QL	Non-Preferred	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Preferred	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Select	OPHTHALMIC AGENTS
brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step therapy requires trial of 2: brimonidine 0.2%, dorz-timolol, carteolol, levobunolol, betaxolol, timolol)	QL-ST	Preferred	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	Preferred	OPHTHALMIC AGENTS
BRIUMVI INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT SOLN 10MG/ML (QL= 600ml/30 days)	QL	Non-Preferred	ANTICONVULSANTS
BRIVIACT TAB (QL= 2 tabs/day)	QL	Non-Preferred	ANTICONVULSANTS
BROMFED DM SYRUP	-	EXC	COUGH/COLD/ALLERGY
bromfenac ophth soln (BROMDAY equiv)	-	Preferred	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	Select	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	Select	ANTIPARKINSON AGENTS

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BRONCHITOL CAP (QL= 560 caps/28 days)	PA-QL	Non-Pref erred Specialty	RESPIRATORY AGENTS - MISC.
BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION, ULTRAVATE LOTION (Step Therapy requires trial of 1 topical corticosteroid lotion)	ST	Non-Pref erred	DERMATOLOGICALS
budesonide ER tab (UCERIS equiv)	-	Preferre d	CORTICOSTEROIDS
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide inh susp 1mg/2ml (QL= 60 units/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema)	QL-ST	Preferre d	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	Select	CORTICOSTEROIDS
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER (QL= 10.2gm/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela)	QL-ST	Non-Pref erred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BUFFERED C POWDER	OTC	EXC	VITAMINS
bumetanide tab (BUMEX equiv)	-	Select	DIURETICS
BUNAVAIL FILM (QL= 1 film/day)	QL	Non-Pref erred	ANALGESICS - OPIOID
buprenorphine hcl buccal film (BELBUCA equiv) (QL= 2 films/day; Step therapy requires trial of buprenorphine patch)	QL-ST	Preferre d	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	Select	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv) (QL= 3 tabs/day)	QL	Select	ANALGESICS - OPIOID
buprenorphine/naloxone sl film 12-3mg (SUBOXONE SL FILM equiv) (QL= 2 films/day)	QL	Select	ANALGESICS - OPIOID
buprenorphine/naloxone sl film 2-0.5MG (SUBOXONE equiv) (QL= 4 films/day)	QL	Select	ANALGESICS - OPIOID
buprenorphine/naloxone sl film 4-1MG (SUBOXONE equiv) (QL= 4 films/day)	QL	Select	ANALGESICS - OPIOID
buprenorphine/naloxone sl film 8-2mg (SUBOXONE SL FILM equiv) (QL= 3 films/day)	QL	Select	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv) (QL= 90 tabs/30 days)	QL	Select	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	Select	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	Select	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	Select	ANTIDEPRESSANTS
BURN RELIEF GEL	-	EXC	DERMATOLOGICALS
bupirone tab (BUSPAR equiv)	-	Select	ANTIANKXIETY AGENTS
butalbital/acetaminophen cap	-	Preferre d	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Select	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	Select	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	Non-Pref erred	ANALGESICS - NONNARCOTIC
BUTISOL TAB	-	Non-Pref erred	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS

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butorphanol nasal spray (QL= 5ml/30 days)	QL	Select	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred	ANTIDIABETICS
BYLVAY CAP (Only available through Accredo 800-803-2523 or PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Pref erred Specialty	GASTROINTESTINAL AGENTS - MISC.
BYOOVIZ INJ	-	EXC	OPHTHALMIC AGENTS
BYVALSON TAB	-	Non-Pref erred	ANTIHYPERTENSIVES
cabergoline tab (DOSTINEX equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
caffeine citrate soln (CAFCIT equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
CALC CIT+D3 TAB	OTC	EXC	MINERALS & ELECTROLYTES
calcipotriene cream (DOVONEX CREAM equiv)	-	Select	DERMATOLOGICALS
CALCIPOTRIENE FOAM (QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln)	QL-ST	Non-Pref erred	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM (QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln)	QL-ST	Non-Pref erred	DERMATOLOGICALS
calcipotriene oint	-	Select	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	Select	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	Preferre d	DERMATOLOGICALS
calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/ BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	Preferre d	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	Preferre d	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	Non-Pref erred	DERMATOLOGICALS
calcitriol soln (CALCITRIOL equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCIUM 1200 CHEW	-	EXC	MINERALS & ELECTROLYTES
CALCIUM 600 TAB +D	-	EXC	MINERALS & ELECTROLYTES

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Drug Name	Special Code	Tier	Category
calcium acetate cap (PHOSLO equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
CALCIUM ALGINATE-SILVER ROPE 1/4"X12"	OTC	EXC	DERMATOLOGICALS
CALCIUM CHEW	-	EXC	MINERALS & ELECTROLYTES
CALCIUM D-CAP GLUCARAT	OTC	EXC	ALTERNATIVE MEDICINES
CALCIUM GLUCONATE INJ	-	EXC	MINERALS & ELECTROLYTES
calcium gluconate inj (CALCIUM GLUCONATE equiv)	-	EXC	MINERALS & ELECTROLYTES
CALCIUM W/ MAGNESIUM POWDER	OTC	EXC	MINERALS & ELECTROLYTES
CALCIUM/MAGNESIUM CARBONATES TAB	OTC	EXC	ANTACIDS
CALIBRATION LIQUID	OTC	Preferred	MEDICAL DEVICES AND SUPPLIES
CALCIUM GLUCONATE/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
CALOMIST NASAL SPRAY	-	Non-Preferred	HEMATOPOIETIC AGENTS
CALQUENCE CAP (QL= 2 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALQUENCE TAB (QL= 2 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER (QL= 9 packets/30 days)	QL	Non-Preferred	MIGRAINE PRODUCTS
CAMCEVI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMPHOR-MENTHOL-METHYL SALICYLATE PATCH	-	EXC	DERMATOLOGICALS
CAMZYOS CAP (QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv) (Step Therapy requires trial of 2: irbesartan, losartan, or valsartan)	ST	Select	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Select	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	-	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	Non-Preferred	DERMATOLOGICALS
CAPLYTA CAP (QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine)	QL-ST	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Preferred	COUGH/COLD/ALLERGY
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin cream	-	EXC	DERMATOLOGICALS
capsaicin/menthol topical patch (SINELEE equiv)	-	Preferred	DERMATOLOGICALS
captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors)	ST	Preferred	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	Preferred	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	ST--	Select	ANTIHYPERTENSIVES

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CARAC CREAM	-	Non-Pref erred	DERMATOLOGICALS
CARAWAY SEED-LEVOMENTHOL CAP DELAYED RELEASE ER	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
carbamazepine chew tab (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	Select	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	Select	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	Select	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Select	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA ODT	-	Non-Pref erred	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	Select	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	Select	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	Non-Pref erred	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN	-	Select	ANTIHISTAMINES
CARBINOXAMINE TAB (QL= 240 tabs/30 days)	QL	Select	ANTIHISTAMINES
CARDIOCHEK MIS PLUS	-	EXC	MEDICAL DEVICES AND SUPPLIES
CARDURA XL TAB	-	Non-Pref erred	GENITOURINARY AGENTS - MISCELLANEOUS
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Select	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	Select	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Select	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	EXC	DERMATOLOGICALS
CARMUSTINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARNITEX CAP	OTC	EXC	NUTRIENTS
CAROSPIR SUSP	PA	Non-Pref erred	DIURETICS
CARTEOLOL OPHTH SOLN	-	Select	OPHTHALMIC AGENTS

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carteolol ophth soln (OCUPRESS equiv)	-	Select	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	Preferred	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	Value	BETA BLOCKERS
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CASTOR OIL POLY 40	-	EXC	CHEMICALS
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.
CEFACLOR CAP	-	Non-Preferred	CEPHALOSPORINS
CEFACLOR ER TAB	-	Non-Preferred	CEPHALOSPORINS
CEFACLOR SUSP	-	Non-Preferred	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	Select	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	Select	CEPHALOSPORINS
CEFADROXIL TAB	-	Non-Preferred	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	Select	CEPHALOSPORINS
CEFAZOLIN INJ	-	EXC	CEPHALOSPORINS
CEFAZOLIN SODIUM IV SOLN PREF SYRINGE	-	EXC	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	Select	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	Select	CEPHALOSPORINS
CEFDITOREN TAB	-	Non-Preferred	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	Select	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	Select	CEPHALOSPORINS
CEFOTETAN INJ	-	EXC	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	Select	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	Select	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	Select	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	Select	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	Select	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	Non-Preferred	ANTICONVULSANTS
CENTANY OINT	-	Non-Preferred	DERMATOLOGICALS
CEPHALEXIN CAP (QL= 5 caps/day, Step therapy requires trial of cephalexin 250mg cap or cephalexin 500mg cap)	QL-ST	Non-Preferred	CEPHALOSPORINS
cephalexin cap (KEFLEX equiv)	QL-ST	Select	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	Select	CEPHALOSPORINS
CEPHALEXIN TAB	-	Select	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN (Step Therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	ST	Non-Preferred	OPHTHALMIC AGENTS
CERDELGA CAP	PA	Preferred Specialty	HEMATOPOIETIC AGENTS

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CERVARIX INJ	VAC	Preventive	VACCINES
CERVICAL CAP	-	Preventive	MEDICAL DEVICES AND SUPPLIES
CERVIDIL INSERTS	-	Non-Preferred	OXYTOCICS
CESAMET CAP (Step Therapy requires trial of ondansetron)	ST	Non-Preferred	ANTIEMETICS
cetirizine hcl orally disintegrating tab (ZYRTEC equiv)	OTC	EXC	ANTIHISTAMINES
cetirizine/pseudoephedrine tab 5-120mg	-	EXC	COUGH/COLD/ALLERGY
cetorelix acetate for inj kit (CETROTIDE equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	Non-Preferred	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	Non-Preferred	ANTIDOTES
CHENODAL TAB	PA	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
chlordiazepoxide cap (LIBRIUM equiv)	-	Select	ANTI-ANXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Select	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	Select	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	Select	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	Select	DIURETICS
CHLORPROMAZINE CONC (QL= 800ml/30 days)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine hcl inj	-	EXC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	Value	DIURETICS
chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Preferred	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab (QL= 4 tabs/day)	QL-ST	Select	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Preferred	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
CHOLECALCIFEROL CHEW TAB	OTC	EXC	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Select	ANTIHYPERLIPIDEMICS

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cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	Select	ANTIHYPERLIPIDEMICS
CHOLINE-SILICON LIQUID\	-	EXC	ALTERNATIVE MEDICINES
CHORION MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	EXC	DERMATOLOGICALS
CIBINQO TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Specialty	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	Preferre d	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	Select	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	Select	DERMATOLOGICALS
ciclopirox nail soln (PENLAC SOLN equiv)	-	Select	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Select	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	Select	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	Non-Pref erred	OPHTHALMIC AGENTS
CIMDUO TAB	-	Preferre d Specialty	ANTIVIRALS
CIMERLI INJ	-	EXC	OPHTHALMIC AGENTS
CIMETIDINE SOLN	-	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
cimetidine soln (CIMETIDINE equiv)	-	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
cimetidine tab (TAGAMET equiv)	-	Select	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	PA-QL	Non-Pref erred Specialty	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	PA-QL	Non-Pref erred Specialty	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINQAIR INJ (QL= 4 vials/28 days; Only available through Walgreens 888-347-3416)	LD-M-PA-QL	Non-Pref erred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty	HEMATOLOGICAL AGENTS - MISC.
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Select	OTIC AGENTS
CIPRO HC OTIC SUSP	-	Non-Pref erred	OTIC AGENTS
CIPRO SUSP	-	Select	FLUOROQUINOLONES

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CIPROFLOXACIN 100MG TAB	-	Non-Pref erred	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	Select	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	Preferre d	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	Select	FLUOROQUINOLONES
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Select	FLUOROQUINOLONES
CIRCATA CREAM	-	EXC	DERMATOLOGICALS
CISPLATIN INJ 50MG/50ML	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CITALOPRAM CAP (QL= 1 cap/day; Step therapy requires trial of citalopram tab)	QL-ST	Non-Pref erred	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	Select	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	Value	ANTIDEPRESSANTS
CITRULLINE EASY TAB	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARIFOAM EF FOAM	-	EXC	DERMATOLOGICALS
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
CLARINEX-D TAB 12 HOUR	-	EXC	COUGH/COLD/ALLERGY
CLARISCAN INJ, DOTAREM INJ	-	EXC	DIAGNOSTIC PRODUCTS
CLARITHROMYC SUSP	-	Preferre d	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	Select	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	Select	MACROLIDES
CLARITIN CAP	OTC	EXC	ANTIHISTAMINES
CLARITIN CHEW TAB	-	EXC	ANTIHISTAMINES
CLARITIN-D TAB 10-240MG	-	EXC	COUGH/COLD/ALLERGY
CLARITIN-D TAB 5-120MG	-	EXC	COUGH/COLD/ALLERGY
CLEAR EYES DROPS	-	EXC	OPHTHALMIC AGENTS
CLEAR EYES SOLN	-	EXC	OPHTHALMIC AGENTS
clemastine tab	OTC	Select	ANTIHISTAMINES
CLENIA PLUS SUSP	-	EXC	DERMATOLOGICALS
CLENPIQ SOLN	-	Preferre d	LAXATIVES
CLEOCIN VAGINAL SUPP	-	Non-Pref erred	VAGINAL PRODUCTS
CLEVER CHOIC MIS HEAR AID	-	EXC	MEDICAL DEVICES AND SUPPLIES
CLIMARA PRO PATCH	-	Non-Pref erred	ESTROGENS
CLINDACIN KIT	-	EXC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	Preferre d	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	Select	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	Select	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	Select	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	Select	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	Select	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	EXC	DERMATOLOGICALS

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QL	Quantity Limit	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				

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clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	Select	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	Preferred	DERMATOLOGICALS
CLINDAVIX KIT	-	EXC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	Non-Preferred	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Select	ANTICONVULSANTS
clobazam tab (ONFI equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	Preferred	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	Select	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	Select	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	Select	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	Select	DERMATOLOGICALS
clocortolone pivalate cream (CLOCORTOLONE equiv)	-	Preferred	DERMATOLOGICALS
CLODERM CREAM	-	Non-Preferred	DERMATOLOGICALS
CLOMID TAB	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	Select	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	Select	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	Select	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	Preferred	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	Select	ANTIHYPERTENSIVES
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Select	HEMATOLOGICAL AGENTS - MISC.
clopidogrel tab 75mg (PLAVIX equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	Select	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	Select	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Select	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv)	-	Select	DERMATOLOGICALS
CLOZAPINE ODT (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT (QL= 3 tabs/day)	QL	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CNJ-016 INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CO Q-10 CAP	-	EXC	ALTERNATIVE MEDICINES
coal tar shampoo (IONIL-T equiv)	-	EXC	DERMATOLOGICALS

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COARTEM TAB	-	Non-Pref erred	ANTIMALARIALS
CODEINE SULFATE SOLN	-	Non-Pref erred	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	Preferre d	ANALGESICS - OPIOID
codeine sulfate tab	-	Select	ANALGESICS - OPIOID
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Preferre d	COUGH/COLD/ALLERGY
COFFEE BEAN CAP	-	EXC	ALTERNATIVE MEDICINES
COLCHICINE CAP (QL= 2 caps/day)	QL	Preferre d	GOUT AGENTS
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Select	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	Select	GOUT AGENTS
cold/allergy elx children (QL= 2400ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	Preferre d	ANTIHYPERTENSIVES
colesevelam tab (WELCHOL equiv)	-	Select	ANTIHYPERTENSIVES
colestipol granule (COLESTID equiv)	-	Select	ANTIHYPERTENSIVES
colestipol powder packet (COLESTID equiv)	-	Select	ANTIHYPERTENSIVES
colestipol tab (COLESTID equiv)	-	Select	ANTIHYPERTENSIVES
COLLAGEN-VITAMIN C TAB	OTC	EXC	ALTERNATIVE MEDICINES
COLY-MYCIN S OTIC SUSP	-	Non-Pref erred	OTIC AGENTS
COLY-MYCIN-S SUSP OTIC	-	Non-Pref erred	OTIC AGENTS
COMBIPATCH	-	Non-Pref erred	ESTROGENS
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	Preferre d	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ (QL= 1 dose/17 days)	QL	Preventi ve	VACCINES
COMPLERA TAB (QL= 1 tab/day)	QL	Preferre d Specialty	ANTIVIRALS
COMPLEX B-100 TAB	-	EXC	MULTIVITAMINS
COMPOUND W AER NITROFRE	-	EXC	DERMATOLOGICALS
CONCEPT DHA CAP	-	Preferre d	MULTIVITAMINS
CONDYLOX GEL	-	Non-Pref erred	DERMATOLOGICALS
CONJUPRI TAB, LEVAMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine)	QL-ST	Non-Pref erred	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB (QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib)	QL-ST	Non-Pref erred	CALCIUM CHANNEL BLOCKERS
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Preferre d	DIAGNOSTIC PRODUCTS
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferre d	DIAGNOSTIC PRODUCTS

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Drug Name	Special Code	Tier	Category
CONTRACEPTIVE FILM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	Preventive	VAGINAL PRODUCTS
COPIKTRA CAP (QL= 2 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferrred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COQMAX OMEGA CAP	OTC	EXC	ALTERNATIVE MEDICINES
CORDRAN CREAM 0.025%	-	Non-Preferrred	DERMATOLOGICALS
CORDRAN OINTMENT	-	Non-Preferrred	DERMATOLOGICALS
CORDRAN TAPE	-	Non-Preferrred	DERMATOLOGICALS
CORLANOR SOLN	PA	Non-Preferrred	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	PA	Non-Preferrred	CARDIOVASCULAR AGENTS - MISC.
CORTIC-ND DROPS	-	EXC	OTIC AGENTS
CORTIFOAM	-	Non-Preferrred	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	Preferred	CORTICOSTEROIDS
CORTISPORIN CREAM	-	Non-Preferrred	DERMATOLOGICALS
CORTISPORIN OINT	-	Non-Preferrred	DERMATOLOGICALS
CORTROPHIN GEL 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	ACA-LD-PA-VAC	Non-Preferrred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORVITE TAB	-	EXC	HEMATOPOIETIC AGENTS
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	PA-QL	Preferred Specialty	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	PA-QL	Preferred Specialty	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT 17.3MG (QL= 1 tab/day)	QL	Non-Preferrred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
COTEMPLA XR ODT 25.9MG (QL= 2 tabs/day)	QL	Non-Preferrred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
COTEMPLA XR ODT 8.6MG (QL= 1 tab/day)	QL	Non-Preferrred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	Preventive	DIAGNOSTIC PRODUCTS

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M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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Drug Name	Special Code	Tier	Category
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (PFIZER 5-11 YEARS) (QL= 1 dose/17 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days)	QL	Preventive	VACCINES
CPB WC LIQUID	-	EXC	COUGH/COLD/ALLERGY
CRANBERRY CAP 240MG	-	EXC	ALTERNATIVE MEDICINES
CRANBERRY CAP URIN COM	-	EXC	MULTIVITAMINS
CRANRX CHW	-	EXC	ALTERNATIVE MEDICINES
CREON CAP	-	Preferred	DIGESTIVE AIDS
CRESEMBA CAP (QL= 34 caps/30 days)	QL	Non-Preferred	ANTIFUNGALS
CRINONE GEL	-	Non-Preferred	VAGINAL PRODUCTS
CRIXIVAN CAP	-	Preferred Specialty	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	Select	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
CROTAN LOTION	-	Preferred	DERMATOLOGICALS
cryselle tab	-	Preventive	CONTRACEPTIVES
CUE COVID-19 INJ TEST CARTRIDGE (QL= 8 cartridges/30 days)	QL	Preventive	DIAGNOSTIC PRODUCTS
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive	DIAGNOSTIC PRODUCTS

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Drug Name	Special Code	Tier	Category
CUTAQUIG INJ (QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Pref erred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUVITRU INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferre d Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUVRIOR TAB (QL= 10 tabs/day)	PA-QL	Non-Pref erred	MISCELLANEOUS THERAPEUTIC CLASSES
CVS B12 CHEW	-	EXC	HEMATOPOIETIC AGENTS
cyanocobalamin inj	-	Select	HEMATOPOIETIC AGENTS
cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Preferre d	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine)	ST	Preferre d	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	Non-Pref erred	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	Non-Pref erred	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Select	OPHTHALMIC AGENTS
cyclophosphamide cap	-	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE IV SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	Non-Pref erred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	Select	ANTINEOPLASTICS
cycloserine cap (CYCLOSERINE equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	Preferre d Specialty	ASSORTED CLASSES
CYCLOSPORINE EMULSION 0.1% OPHTH	-	EXC	OPHTHALMIC AGENTS
cyclosporine modified cap (NEORAL equiv)	-	Select	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	Select	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Select	OPHTHALMIC AGENTS
cyproheptadine syrup	-	Select	ANTIHISTAMINES
cyproheptadine tab	-	Select	ANTIHISTAMINES
CYSTADANE POWDER	PA	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADROPS SOLN (Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Pref erred Specialty	OPHTHALMIC AGENTS

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CYSTAGON CAP (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	OPHTHALMIC AGENTS
CYTARABINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYTRA K CRYSTALS	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
D2.5W/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
D5W/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Select	ANTICOAGULANTS
DAKLINZA TAB	PA	Non-Preferred Specialty	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv)	PA	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
danazol cap (DANOCRINE equiv)	-	Select	ANDROGENS-ANABOLIC
DANDELION (TARAXACUM OFFICINALE) CAP	-	EXC	ALTERNATIVE MEDICINES
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Preferred	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv) (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Preferred	DERMATOLOGICALS
DAPSONE GEL 7.5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred	DERMATOLOGICALS
DAPSONE GEL 7.5% (QL= 90 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred	DERMATOLOGICALS
dapsone tab	-	Select	ANTI-INFECTIVE AGENTS - MISC.
darifenacin SR tab (ENABLEX equiv) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Preferred	URINARY ANTISPASMODICS
DARTISLA ODT TAB (QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution)	QL-ST	Non-Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
DARZALEX FASPRO SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB 25MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAYVIGO TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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DAZAVEIDAOXI GEL	-	EXC	DERMATOLOGICALS
DAZOMON GEL	-	EXC	DERMATOLOGICALS
DDAVP NASAL SOLN	-	Non-Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
DECON-A LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
deferasirox granules packet (JADENU equiv)	PA	Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	PA	Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	PA	Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
DEGLUDEC FLEXTOUCH INJ 100 UNIT (QL= 60ml/30 days)	QL	Preferred	ANTIDIABETICS
DEGLUDEC FLEXTOUCH INJ 200 UNIT (QL= 60ml/30 days)	QL	Preferred	ANTIDIABETICS
DEGLUDEC INJ 100 UNIT (QL= 60ml/30 days)	QL	Preferred	ANTIDIABETICS
DELSTRIGO TAB	-	Preferred Specialty	ANTIVIRALS
demeclocycline tab (DECLOMYCIN equiv)	-	Select	TETRACYCLINES
DENAVIR CREAM	-	Non-Preferred	DERMATOLOGICALS
DENGVAXIA SUSP	-	EXC	VACCINES
DENOVO PLUS CAP B12	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEOXIATAR SOLN	-	EXC	DERMATOLOGICALS
DEPO-ESTRADIOL INJ	-	Non-Preferred	ESTROGENS
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Select	DERMATOLOGICALS
DERMAZINC BAR SOAP	-	EXC	DERMATOLOGICALS
DERMETAZOLE PAK	-	EXC	DERMATOLOGICALS
DESCOVY TAB (QL= 1 tab/day)	PA-QL	Preferred Specialty	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	Select	ANTIDEPRESSANTS
DESLORATADINE ODT	-	EXC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv) (QL= 1 tab/day)	QL	Select	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.

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desmopressin acetate nasal spray (DDAVP equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	Non-Preferred	DERMATOLOGICALS
desonate gel	-	Preferred	DERMATOLOGICALS
desonide cream	-	Select	DERMATOLOGICALS
desonide lotion	-	Select	DERMATOLOGICALS
desonide oint	-	Select	DERMATOLOGICALS
DESOWEN CREAM KIT	-	Non-Preferred	DERMATOLOGICALS
DESOWEN LOTION KIT	-	Non-Preferred	DERMATOLOGICALS
DESOWEN OINT KIT	-	Non-Preferred	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	Select	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	Select	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	Select	DERMATOLOGICALS
desoximetasone spray (TOPICORT equiv)	-	Preferred	DERMATOLOGICALS
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial of 2 antidepressants)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL-ST	Select	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	Preferred	CORTICOSTEROIDS
dexamethasone elixir	-	Select	CORTICOSTEROIDS
dexamethasone pak (DEXPAK equiv)	-	Select	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	Preferred	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	Select	CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
dexlansoprazole DR cap (DEXILANT equiv) (Covered for members age 17 or younger; QL= 1 cap/day; Step therapy requires trial of all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab)	QL-ST	Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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dexamethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexamethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Preferre d	CORTICOSTEROIDS
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Preferre d	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	Preferre d	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Preferre d	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	Preferre d	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexamethylphenidate tab)	QL-ST	Preferre d	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexamethylphenidate tab)	QL-ST	Preferre d	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexamethylphenidate tab)	QL-ST	Preferre d	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextromethorphan-guaifenesin liquid 20-200mg/20ml (ROBITUSSIN equiv)	-	EXC	COUGH/COLD/ALLERGY
dextrose w/ sodium chloride inj 2.5%-0.45% (D2.5W/NAACL equiv)	-	EXC	MINERALS & ELECTROLYTES
dextrose w/ sodium chloride inj 5%-0.225% (DW5-NAACL equiv)	-	EXC	MINERALS & ELECTROLYTES
dextrose w/ sodium chloride inj 5%-0.3% (D5W/NAACL equiv)	-	EXC	MINERALS & ELECTROLYTES
DHIVY TAB (QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab)	QL-ST	Non-Pref erred	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIACOMIT CAP (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Pref erred Specialty	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Pref erred Specialty	ANTICONVULSANTS
DIALYVITE TAB	-	Select	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	Select	MULTIVITAMINS
DIAPHRAGM	-	Preventi ve	MEDICAL DEVICES AND SUPPLIES
DIASAXIATAR GEL	-	EXC	DERMATOLOGICALS
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 1 kit/30 days)	QL	Non-Pref erred	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	Select	ANTIAXIETY AGENTS
diazepam oral soln (QL= 360ml/30 days)	QL	Select	ANTIAXIETY AGENTS
DIAZEPAM RECTAL GEL (QL= 1 kit/30 days)	QL	Preferre d	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	Select	ANTIAXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	Select	ANTIDIABETICS

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dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day)	PA-QL	Preferre d Specialty	DIURETICS
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Select	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv)	-	Select	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH (QL= 60 patches/30 days)	QL	Non-Pref erred	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days)	QL	Preferre d	MIGRAINE PRODUCTS
diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Preferre d	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Preferre d	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	EXC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Select	OPHTHALMIC AGENTS
diclofenac sodium soln (XRYLIX equiv)	-	EXC	DERMATOLOGICALS
diclofenac sodium soln 2% (PENNSAID equiv) (Step therapy requires trial of diclofenac 1.5% soln)	ST	Preferre d	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	Preferre d	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	EXC	DERMATOLOGICALS
DICLONA+ PAD	-	EXC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	Select	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	Select	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	Select	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	Select	ULCER DRUGS
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Preferre d Specialty	ANTIVIRALS
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Preferre d Specialty	ANTIVIRALS
DIETHYLPROPION ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIFFERIN LOTION (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin cream)	ST	Non-Pref erred	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/30 days)	QL	Preferre d	MACROLIDES
DIFICID TAB (QL= 20 tabs/30 days)	QL	Preferre d	MACROLIDES
DIFLORASONE CREAM, PSORCON CREAM	-	Non-Pref erred	DERMATOLOGICALS
diflorasone oint	-	Preferre d	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	Select	ANALGESICS - NONNARCOTIC

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difluprednate ophth emulsion (DUREZOL equiv) (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	Preferred	OPHTHALMIC AGENTS
DIGESTIVE ENZYME CAP DELAYED RELEASE	OTC	EXC	DIGESTIVE AIDS
DIGITAL THERAPY APPLICATION (QL= 1 membership/lifetime)	PA-QL	Non-Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
digoxin soln (LANOXIN equiv)	-	Preferred	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	Select	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Select	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	Preferred	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Preferred	MIGRAINE PRODUCTS
DIHYDROBERBERINE CAP	OTC	EXC	ALTERNATIVE MEDICINES
DILANTIN CAP 30MG	-	Preferred	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
DIMETAPP LIQUID	-	EXC	COUGH/COLD/ALLERGY
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days)	QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIOOXIA CREAM	-	EXC	DERMATOLOGICALS
DIPENTUM CAP	-	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine inj	-	Select	ANTIHISTAMINES
diphenhydramine-phenylephrine tab	-	EXC	COUGH/COLD/ALLERGY
diphenhydramine-phenylephrine-apap liquid (DIMETAPP equiv)	-	EXC	COUGH/COLD/ALLERGY
DIPHENOXYLATE/ATROPINE LIQUID	-	Preferred	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Select	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	Select	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	Select	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	Preferred	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	Select	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	Select	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	Select	ANTICONVULSANTS

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DIVIGEL GEL, ELESTRIN GEL	-	Non-Pref erred	ESTROGENS
dobutamine hcl inj	-	EXC	CARDIOTONICS
docetaxel inj	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOCUSATE SYRUP	-	EXC	LAXATIVES
dofetilide cap (TIKOSYN equiv)	-	Preferre d	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID (Only available through Accredo 800-803-2523)	LD-PA	Non-Pref erred Specialty	NUTRIENTS
donepezil ODT (ARICEPT equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferre d Specialty	HEMATOPOIETIC AGENTS
DORAL TAB	-	Non-Pref erred	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DORYX MPC TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR)	QL-ST	Non-Pref erred	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	Select	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Select	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Preferre d	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Select	OPHTHALMIC AGENTS
DOVATO TAB	-	Non-Pref erred Specialty	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	Select	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Select	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	Select	ANTIDEPRESSANTS
DOXEPIN HCL CREAM (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Non-Pref erred	DERMATOLOGICALS
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Preferre d	DERMATOLOGICALS
doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Preferre d	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
doxercalciferol cap (HECTOROL equiv)	-	Preferre d	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxorubicin hcl inj (ADRIAMYCIN equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOXYCYCLINE CAP, ORACEA CAP (QL= 1 cap/day; Step Therapy requires trial of doxycycline hyclate, doxycycline hyclate DR, or doxycycline monohydrate)	QL-ST	Non-Pref erred	DERMATOLOGICALS
doxycycline hyclate cap (QL= 2 caps/day)	QL	Select	TETRACYCLINES

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doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Select	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferre d	TETRACYCLINES
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Select	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferre d	TETRACYCLINES
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferre d	TETRACYCLINES
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferre d	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Select	TETRACYCLINES
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Preferre d	TETRACYCLINES
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	Preferre d	TETRACYCLINES
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Preferre d	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	Preferre d	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv) (QL= 2 caps/day)	QL	Select	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Select	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Preferre d	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	Select	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Select	ANTIEMETICS
doxylamine-dm liquid (ROBITUSSIN equiv)	-	EXC	COUGH/COLD/ALLERGY
D-PENAMINE TAB	-	Preferre d	ASSORTED CLASSES
DRIZALMA DR CAP	-	Non-Pref erred	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Preferre d	ANTIEMETICS
drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventi ve	CONTRACEPTIVES
DROXIA CAP	-	Preferre d	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	-	Preferre d Specialty	VASOPRESSORS
DRYSOL SOLN	-	Preferre d	DERMATOLOGICALS
DUAKLIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER)	QL-ST	Non-Pref erred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUEXIS TAB	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
DULERA AER 100-5MCG (QL= 1 inhaler/30 days)	QL	Preferre d	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DULERA AER 200-5MCG (QL= 1 inhaler/30 days)	QL	Preferre d	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Preferre d	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

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Drug Name	Special Code	Tier	Category
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	Preferred	ANTIDEPRESSANTS
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Select	ANTIDEPRESSANTS
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Select	ANTIDEPRESSANTS
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Select	ANTIDEPRESSANTS
DULOXICAINE PACK	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DUOBRII LOTION (Step Therapy requires trial of 2: high potency corticosteroids, tazarotene cream)	ST	Non-Preferred	DERMATOLOGICALS
DUOVISC KIT	-	EXC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/28 days)	PA-QL	Preferred Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	PA-QL	Preferred Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	PA-QL	Preferred Specialty	DERMATOLOGICALS
DURLAZA CAP	-	Non-Preferred	HEMATOLOGICAL AGENTS - MISC.
dutasteride cap (AVODART equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB (QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers)	QL-ST	Non-Preferred	ANTIHYPERTENSIVES
DUZALLO TAB (QL= 1 tab/day)	PA-QL	Non-Preferred	GOUT AGENTS
DW5-NACL INJ	-	EXC	MINERALS & ELECTROLYTES
DXEVO 11-DAY PAK (Step Therapy requires trial of prednisone)	ST	Non-Preferred	CORTICOSTEROIDS
DYANAVEL XR CHEW 10MG (QL= 2 tabs/day; Step therapy requires trial of 2: amphetam/dextroamphptam ER, methylphenidate ER, dexmethylphenidate ER dextroamphetamine ER)	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DYANAVEL XR CHEW 15MG (QL= 1 tab/day; Step therapy requires trial of 2: amphetam/dextroamphptam ER, methylphenidate ER, dexmethylphenidate ER, dextroamphetamine ER)	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DYANAVEL XR CHEW 20MG (QL= 1 tab/day; Step therapy requires trial of 2: amphetam/dextroamphptam ER, methylphenidate ER, dexmethylphenidate ER, dextroamphetamine ER)	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DYANAVEL XR CHEW 5MG (QL= 4 tabs/day; Step therapy requires trial of 2: amphetam/dextroamphptam ER, methylphenidate ER, dexmethylphenidate ER, dextroamphetamine ER)	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DYMISTA SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
E-400 SELENIUM CAP	-	EXC	MULTIVITAMINS
EB-N3 DR CAP	-	EXC	MULTIVITAMINS
ECHINACEA-VITAMIN C CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
econazole cream (SPECTAZOLE equiv)	-	Select	DERMATOLOGICALS
ECOZA FOAM	-	Non-Preferred	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
EDARBI TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred	ANTIHYPERTENSIVES
EDARBYCLOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Pref erred	ANTIHYPERTENSIVES
EDLUAR SL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Non-Pref erred	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
EDURANT TAB (QL= 1 tab/day)	QL	Preferre d Specialty	ANTIVIRALS
EFAVIRENZ CAP	-	Preferre d Specialty	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	Preferre d Specialty	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Preferre d Specialty	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Preferre d Specialty	ANTIVIRALS
EGATEN TAB	-	Non-Pref erred	ANTHELMINTICS
EGRIFTA INJ	-	Non-Pref erred	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELAHERE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
electrolyte-148 solution (PLASMA-LYTE equiv)	-	EXC	MINERALS & ELECTROLYTES
electrolyte-a solution (PLASMA-LYTE equiv)	-	EXC	MINERALS & ELECTROLYTES
ELEPSIA XR TAB 1000MG (QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Pref erred	ANTICONVULSANTS
ELEPSIA XR TAB 1500MG (QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Pref erred	ANTICONVULSANTS
eletriptan tab (RELPAK equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Preferre d	MIGRAINE PRODUCTS
ELFABRIO SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Preferre d	ANTICOAGULANTS
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Preferre d	ANTICOAGULANTS
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Preferre d	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	Preferre d	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	Preventi ve	CONTRACEPTIVES
ELLENCEN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELMIRON CAP	-	Preferre d	GENITOURINARY AGENTS - MISCELLANEOUS

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Drug Name	Special Code	Tier	Category
eluryng vaginal ring (NUVARING equiv)	-	Preventive	CONTRACEPTIVES
ELYXYB SOLN (QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
EMADINE OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
EMCYT CAP	-	Non-Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND SUSP (QL= 3 doses/fill, 2 fills/month)	QL	Non-Preferred	ANTIEMETICS
EMETROL CHEW TAB	-	EXC	ANTACIDS
EMFLAZA SUSP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	CORTICOSTEROIDS
EMFLAZA TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	Non-Preferred Specialty	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	Non-Preferred Specialty	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days)	PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
EMSAM PATCH	-	Non-Preferred	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day)	QL	Preferred Specialty	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Preferred Specialty	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Preventive	ANTIVIRALS
EMTRIVA SOLN (QL= 850ml/30 days)	QL	Preferred Specialty	ANTIVIRALS
EMVERM TAB	-	Non-Preferred	ANTHELMINTICS
enalapril maleate oral soln (EPANED equiv) (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	Preferred	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	Value	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value	ANTIHYPERTENSIVES
ENBREL INJ (QL= 8 inj/28 days)	PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY

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ENBREL INJ 25MG (QL= 8 inj/28 days)	PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK	-	Preferred Specialty	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	Preferred	VAGINAL PRODUCTS
ENERGY B-12 TAB	-	EXC	HEMATOPOIETIC AGENTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive	VACCINES
ENJAYMO SOLN	-	EXC	HEMATOLOGICAL AGENTS - MISC.
enoxaparin inj (LOVENOX equiv)	-	Select	ANTICOAGULANTS
enoxaparin inj 300mg (LOVENOX equiv)	-	Select	ANTICOAGULANTS
ENOXILUV KIT INJ	OTC	EXC	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	Preventive	CONTRACEPTIVES
ENSPRYNG INJ (QL= 1 inj/28 days)	PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	Non-Preferred	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	Select	ANTIPARKINSON AGENTS
ENTADFI CAP (QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil)	QL-ST	Non-Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Preferred Specialty	ANTIVIRALS
ENTRESTO TAB (QL= 2 tabs/day)	QL	Preferred	CARDIOVASCULAR AGENTS - MISC.
ENVARUSUS XR TAB	-	Non-Preferred Specialty	ASSORTED CLASSES
EPCLUSA PAK (QL= 1 packet/day)	PA-QL	Non-Preferred Specialty	ANTIVIRALS
EPCLUSA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Specialty	ANTIVIRALS
ephedrine hcl tab (PRIMATENE equiv)	OTC	EXC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier	Category
EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5%	-	EXC	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	EXC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	Non-Preferred	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	Non-Preferred	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	Preferred	NASAL AGENTS - SYSTEMIC AND TOPICAL
EPINEPHRINE INJ	-	Preferred	VASOPRESSORS
epinephrine inj (ADRENALIN equiv)	-	Select Value	VASOPRESSORS
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPINEPHRINE PF INJ 1 MG/ML	-	EXC	VASOPRESSORS
EPINEPHRINE SOLN	-	EXC	VASOPRESSORS
EPIVIR HBV SOLN (QL= 720ml/30 days)	QL	Preferred Specialty	ANTIVIRALS
EPKINLY INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
eplerenone tab (INSPRA equiv)	-	Select	ANTIHYPERTENSIVES
EPOGEN INJ (QL= 12 vials/30 days)	PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
EPRONTIA SOLN (QL= 473ml/30 days; Step therapy requires trial of topiramate sprinkle caps)	QL-ST	Non-Preferred	ANTICONVULSANTS
EQL REDNESS RELIEF DROP	OTC	EXC	OPHTHALMIC AGENTS
EQUETRO CAP	-	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOLOID MESYLATES TAB	-	Non-Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	Non-Preferred	MIGRAINE PRODUCTS
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	Preferred	MIGRAINE PRODUCTS
ERGOTHIONEINE CAP	OTC	EXC	ALTERNATIVE MEDICINES
ERIVEDGE CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLOTINIB HCL (BULK) POWDER	-	EXC	CHEMICALS

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erlotinib tab 100mg (TARCEVA equiv)	PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 150mg (TARCEVA equiv)	PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 2 tabs/day)	PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERMEZA SOLN 150MCG/5ML (Step therapy requires trial of levothyroxine tab)	ST	Non-Preferred	THYROID AGENTS
ERTACZO CREAM	-	Non-Preferred	DERMATOLOGICALS
ERY PAD	-	Select	DERMATOLOGICALS
ERYTHROCIN INJ	-	EXC	MACROLIDES
ERYTHROCIN TAB	-	Non-Preferred	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	Select	MACROLIDES
ERYTHROMYCIN EC CAP	-	Preferred	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Select	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	Non-Preferred	MACROLIDES
erythromycin gel	-	Select	DERMATOLOGICALS
erythromycin lactobionate for inj (ERYTHROCIN equiv)	-	EXC	MACROLIDES
erythromycin ophth oint	-	Select	OPHTHALMIC AGENTS
erythromycin pad	-	Select	DERMATOLOGICALS
erythromycin soln	-	Select	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	Select	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Select	MACROLIDES
erythromycin/benzoyl peroxide gel	-	EXC	DERMATOLOGICALS
ESBRIET CAP (QL= 9 caps/day)	PA-QL-SF	Preferred Specialty	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	Select	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	Value	ANTIDEPRESSANTS
ESKATA SOLN	-	EXC	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv)	-	Select	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
esomeprazole magnesium DR tab (NEXIUM equiv)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
ESOMEPRAZOLE STRONTIUM CAP (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Select	ESTROGENS
estradiol cream (ESTRACE equiv)	-	Select	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Select	ESTROGENS

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
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estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Select	ESTROGENS
estradiol tab (ESTRACE equiv)	-	Select	ESTROGENS
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Preferred	ESTROGENS
estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv)	-	Select	VAGINAL PRODUCTS
estradiol valerate inj	-	Preferred	ESTROGENS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	Select	ESTROGENS
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Preferred	VAGINAL PRODUCTS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ethacrynic tab (EDECIN equiv)	-	Preferred	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	Select	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	Select	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	-	Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide cap (VEPESID equiv)	-	Select	ANTINEOPLASTICS
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Preferred	ANTIVIRALS
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Preferred	ANTIVIRALS
EUCRISA OINT (Step Therapy requires trial of 2: High potency corticosteroids, tacrolimus oint, pimecrolimus cream)	ST	Non-Preferred	DERMATOLOGICALS
EULEXIN CAP (QL= 6 caps/day)	QL	Non-Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EURAX CREAM	-	Preferred	DERMATOLOGICALS
EVAMIST SPRAY	-	Non-Preferred	ESTROGENS
EVEKEO ODT (QL= 60 tabs/30 days; Step Therapy requires trial of 2: dextroamphetamine, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
EVENING PRIMROSE OIL CAP	-	EXC	NUTRIENTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	PA-QL-SF	Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv)	-	Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	PA-QL-SF	Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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EVOTAZ TAB (QL= 1 tab/day)	QL	Preferred Specialty	ANTIVIRALS
EVRYSDI SOLN (QL= 240ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
EVUSHELD SOLN	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred	ANTIDOTES
EXELDERM CREAM, SULCONAZOLE CREAM	-	Non-Preferred	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	Non-Preferred	DERMATOLOGICALS
exemestane tab (AROMASIN equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXKIVITY CAP (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty	NEUROMUSCULAR AGENTS
EXTAVIA INJ (QL= 14 kits/28 days)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EYLEA INJ	-	EXC	OPHTHALMIC AGENTS
EYSUVIS OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP (QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, fluvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin)	QL-ST	Non-Preferred	ANTIHYPERTENSIVES
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Select	ANTIHYPERTENSIVES
EZETIMIBE/ATORVASTATIN TAB (QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe)	QL-ST	Non-Preferred	ANTIHYPERTENSIVES
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	Preferred	ANTIHYPERTENSIVES
FABIOR AEROSOL FOAM (Step Therapy requires trial of tazarotene cream)	ST	Non-Preferred	DERMATOLOGICALS
FACTIVE TAB	-	Non-Preferred	FLUOROQUINOLONES
FALESSA KIT	-	Non-Preferred	CONTRACEPTIVES
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/fill, 2 fills/month)	QL	Select	ANTIVIRALS
famotidine susp (PEPCID equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	Select	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day)	QL	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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FANAPT TITRATION PACK (QL= 1 pack/plan year)	QL	Non-Pref erred	ANTI-PSYCHOTICS/ANTI-MANIC AGENTS
FARXIGA TAB (QL= 1 tab/day)	QL	Preferre d	ANTI-DIABETICS
FASENRA INJ (QL= 1 syringe/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-M-PA-QL	Non-Pref erred Specialty	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA PEN INJ (QL= 1 pen/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	Preferre d	GOUT AGENTS
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Select	ANTI-CONVULSANTS
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Select	ANTI-CONVULSANTS
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Select	ANTI-CONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	Non-Pref erred	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	Preventi ve	MEDICAL DEVICES AND SUPPLIES
FEMRING (3 copays per Rx)	-	Non-Pref erred	VAGINAL PRODUCTS
FENOFIBRATE CAP	-	Preferre d	ANTI-HYPERLIPIDEMICS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Select	ANTI-HYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Select	ANTI-HYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Preferre d	ANTI-HYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	Preferre d	ANTI-HYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Select	ANTI-HYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	Select	ANTI-HYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	Non-Pref erred	ANTI-HYPERLIPIDEMICS
fenopropfen calcium cap (NALFON equiv) (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Preferre d	ANALGESICS - ANTI-INFLAMMATORY
fenopropfen calcium tab (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Preferre d	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
FENSOLVI INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
FENTANYL CIT INJ	-	EXC	ANALGESICS - OPIOID
FENTANYL CITRATE INJ	-	EXC	ANALGESICS - OPIOID
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	Preferre d	ANALGESICS - OPIOID
FENTANYL CITRATE-NACL IV SOLN	-	EXC	ANALGESICS - OPIOID
FENTANYL CIT-ROPIV-NACL SOL PREF SYR	-	EXC	ANALGESICS - OPIOID
fantanyl patch (DURAGESIC equiv) (QL= 15 patches/30 days)	QL	Preferre d	ANALGESICS - OPIOID

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FENTANYL/BUPIVACAINE/NACL INJ	-	EXC	ANALGESICS - OPIOID
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Pref erred	ANALGESICS - OPIOID
fenugreek (trigonella foenum-graecum) cap	-	EXC	ALTERNATIVE MEDICINES
FERAHEME INJ	-	EXC	HEMATOPOIETIC AGENTS
FERRIPROX 2 DAY TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Pref erred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Pref erred Specialty	ANTIDOTES
FERRO-PLEX TAB	-	EXC	HEMATOPOIETIC AGENTS
ferrous fumarate-folic acid tab	-	EXC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
ferrous sulfate liquid (FERROUS SULF equiv) (Covered for members 1 year or younger)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
ferrous sulfate syrup (FERROUS SULFATE equiv)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
ferumoxylol inj (FERAHEME equiv)	-	EXC	HEMATOPOIETIC AGENTS
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap)	QL-ST	Preferre d	URINARY ANTISPASMODICS
FETZIMA CAP (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred	ANTIDEPRESSANTS
FETZIMA TITRATION PACK (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred	ANTIDEPRESSANTS
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	-	EXC	COUGH/COLD/ALLERGY
fexofenadine/pseudoephedrine tab 60-120mg	-	EXC	COUGH/COLD/ALLERGY
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	Preferre d	ANTIDIABETICS
FIASP INJ (QL= 60 units/30 days)	QL	Preferre d	ANTIDIABETICS
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	Preferre d	ANTIDIABETICS
FIBER LIQUID	OTC	EXC	LAXATIVES
FIBER/VITAMIN D3 CHEW TAB	-	EXC	LAXATIVES
FINACEA FOAM	-	Non-Pref erred	DERMATOLOGICALS
FINAPID SOLN	-	EXC	DERMATOLOGICALS
FINAPODTAR SOLN	-	EXC	DERMATOLOGICALS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	QL	Preferre d Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Pref erred Specialty	ANTICONVULSANTS
FIRDAPSE TAB (QL= 8 tabs/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Pref erred Specialty	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRMAGON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRST AID OINTMENT	-	EXC	ANTISEPTICS & DISINFECTANTS
FIRST METRONIDAZOLE SUSP	-	Non-Pref erred	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	Non-Pref erred	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	EXC	ULCER DRUGS
FIRVANQ SOLN (QL= 300ml/30 days)	QL	Preferre d	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	Preferre d	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	Select	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	Select	ANTIARRHYTHMICS
FLEQSUVY SUSP (QL= 16ml/day; Step therapy requires trial of baclofen and tizanidine)	QL-ST	Non-Pref erred	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Non-Pref erred	ANTIHYPERLIPIDEMICS
FLO-PRED SUSP	-	Non-Pref erred	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	Non-Pref erred	MULTIVITAMINS
FLORIVA DROPS	-	Preferre d	MINERALS & ELECTROLYTES
FLORIVA PLUS DROPS	-	Non-Pref erred	MULTIVITAMINS
FLORTAUCIPIR F 18 IV SOLN	-	EXC	DIAGNOSTIC PRODUCTS
FLOVENT DISKUS INHALER 250MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT DISKUS INHALER 50MCG, 100MCG (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 110MCG, FLUTICASONE HFA INHALER 110MCG (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 220MCG, FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 44MCG, FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOXURIDINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUAD INJ	VAC	Preventi ve	VACCINES
FLUAD QUAD INJ	VAC	Preventi ve	VACCINES
FLUBLOK INJ	VAC	Preventi ve	VACCINES

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FLUBLOK QUAD PF INJ	VAC	Preventive	VACCINES
FLUCELVAX QUAD INJ	VAC	Preventive	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	Select	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	Select	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	Select	ANTIFUNGALS
FLUDARABINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fludrocortisone tab (FLORINEF equiv)	-	Select	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive	VACCINES
flunisolide nasal soln	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	Select	DERMATOLOGICALS
fluocinolone acetonide oil	-	Select	DERMATOLOGICALS
fluocinolone acetonide oint	-	Select	DERMATOLOGICALS
fluocinolone acetonide soln	-	Select	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	Select	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	Select	DERMATOLOGICALS
fluocinonide cream 0.1%	-	Preferred	DERMATOLOGICALS
fluocinonide emollient cream	-	Select	DERMATOLOGICALS
fluocinonide gel	-	Select	DERMATOLOGICALS
fluocinonide oint	-	Select	DERMATOLOGICALS
fluocinonide soln	-	Select	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive	MINERALS & ELECTROLYTES
FLUORIDEX SENSITIVITY PASTE	-	Select	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Select	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	Non-Preferred	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	Select	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	Non-Preferred	DERMATOLOGICALS
FLUOROURACIL SOLN	-	Preferred	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	Value	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap 90mg (PROZAC equiv) (QL= 4 caps/28 days)	QL	Select	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE TAB	-	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
fluoxetine tab 60mg	-	Preferred	ANTIDEPRESSANTS
FLUOXIA CREAM	-	EXC	DERMATOLOGICALS
fluphenazine tab (PROLIXIN equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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flurandrenolide cream (CORDRAN equiv)	-	Preferred	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	Preferred	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	Preferred	DERMATOLOGICALS
FLURAZEPAM CAP	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Preferred	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	Select	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP (QL= 6 caps/day)	QL	Non-Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	QL--	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	Select	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	Preferred	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	Select	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE/VILANTEROL INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive	ANTHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive	ANTHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	Preventive	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)	QL	Preferred	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	Select	ANTIDEPRESSANTS
FLUZONE HD PF INJ	VAC	Preventive	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	Preventive	VACCINES
FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	Preventive	VACCINES
FLYPROGPIDTA SOLN	-	EXC	DERMATOLOGICALS

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FML FORTE OPHTH SUSP	-	Non-Pref erred	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	Non-Pref erred	OPHTHALMIC AGENTS
FOAM ANTACID CHEW	-	EXC	ANTACIDS
FOLAFY ER TAB	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
FOLBEE PLUS CZ TAB	-	Select	MULTIVITAMINS
FOLDITAM TAB	-	EXC	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	Preventi ve	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
FOLOTYN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv)	-	Select	ANTICOAGULANTS
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)	-	Select	ANTICOAGULANTS
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv)	-	Select	ANTICOAGULANTS
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)	-	Select	ANTICOAGULANTS
FORFIVO XL TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Pref erred	ANTIDEPRESSANTS
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Preferre d	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTEO INJ (QL= 2.4 units/28 days)	PA-QL	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTICAL NASAL SPRAY	-	Non-Pref erred	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB (Step Therapy requires trial of alendronate and ibandronate)	ST	Non-Pref erred	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Preferre d Specialty	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	Preferre d	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	Select	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Select	ANTIHYPERTENSIVES
FOSRENOL POWDER PACK	-	Non-Pref erred	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP (QL= 21 caps/28 days)	PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ	-	Non-Pref erred	ANTICOAGULANTS
FRAGMIN INJ 10000 (QL= 10ml/30 days)	QL	Non-Pref erred	ANTICOAGULANTS
FRAGMIN INJ 12500 (QL= 5ml/30 days)	QL	Non-Pref erred	ANTICOAGULANTS
FRAGMIN INJ 15000 (QL= 6ml/30 days)	QL	Non-Pref erred	ANTICOAGULANTS

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Drug Name	Special Code	Tier	Category
FRAGMIN INJ 18000 (QL= 7.2ml/30 days)	QL	Non-Pref erred	ANTICOAGULANTS
FRAGMIN INJ 2500 (QL= 2ml/30 days)	QL	Non-Pref erred	ANTICOAGULANTS
FRAGMIN INJ 5000 (QL= 2ml/30 days)	QL	Non-Pref erred	ANTICOAGULANTS
FRAGMIN INJ 7500 (QL= 3ml/30 days)	QL	Non-Pref erred	ANTICOAGULANTS
FRAGMIN INJ 95000 (QL= 7.6ml/30 days)	QL	Non-Pref erred	ANTICOAGULANTS
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferre d	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferre d	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferre d	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferre d	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferre d	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferre d	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferre d	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferre d	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferre d	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Preferre d	DIAGNOSTIC PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 10 tabs/30 days)	QL	Preferre d	MIGRAINE PRODUCTS
FRUCTOOLIGOSACCHARIDES (FOS)-INULIN POWDER	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
FULPHILA INJ (QL= 2 syringes/28 days)	PA-QL	Preferre d Specialty	HEMATOPOIETIC AGENTS
FUROSCIX KIT (QL= 1 kit/day; Step requires a trial of furosemide tabs or furosemide soln)	QL-ST	Non-Pref erred	DIURETICS
FUROSEMIDE SOLN	-	Value	DIURETICS
furosemide soln (LASIX equiv)	-	Value	DIURETICS
furosemide tab (LASIX equiv)	-	Value	DIURETICS
FUZEON INJ	-	Preferre d Specialty	ANTIVIRALS
FYARRO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FYCOMPA TAB (QL= 4 tabs/day)	QL	Non-Pref erred	ANTICONVULSANTS
FYCOMPA SUSP	-	Non-Pref erred	ANTICONVULSANTS

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FYLNETRA INJ (QL= 2 syringes/28 days)	PA-QL	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS
gabapentin cap (NEURONTIN equiv)	-	Select	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	Select	ANTICONVULSANTS
gadoterate meglumine iv soln (CLARISCAN INJ, DOTAREM INJ equiv)	-	EXC	DIAGNOSTIC PRODUCTS
gadoterate meglumine iv soln prefilled syringe (CLARISCAN INJ, DOTAREM INJ equiv)	-	EXC	DIAGNOSTIC PRODUCTS
GALAFOLD CAP (QL= 15 caps/30 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	Non-Pref erred	MINERALS & ELECTROLYTES
GARDASIL 9 INJ	VAC	Preventi ve	VACCINES
GARDASIL INJ	VAC	Preventi ve	VACCINES
GARLIC CAP	OTC	EXC	ALTERNATIVE MEDICINES
GARLIC TAB	-	EXC	ALTERNATIVE MEDICINES
gatifloxacin ophth soln (ZYMAXID equiv)	-	Preferre d	OPHTHALMIC AGENTS
GATTEX KIT (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Pref erred Specialty	GASTROINTESTINAL AGENTS - MISC.
GAUZE PADS/DRESSINGS 10" X 9"	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
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	Preventi ve	LAXATIVES
gavilyte-h kit	-	Preferre d	LAXATIVES
GAVRETO CAP (QL= 120 caps/30 days)	PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	EXC	DERMATOLOGICALS
gefitinib tab (IRESSA equiv) (QL= 1 tab/day)	PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELATIN ABSORBABLE POW	-	EXC	HEMOSTATICS
GELATIN CAP	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
GELCLAIR GEL	-	Non-Pref erred	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Pref erred	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	Select	ANTHYPERLIPIDEMICS
GEMTESA TAB (QL= 30 tabs/30 days; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	QL-ST	Non-Pref erred	URINARY ANTISPASMODICS

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GEN7T PLUS PAD	-	Non-Pref erred	DERMATOLOGICALS
GENOTROPIN INJ (QL= 21 syringes/28 days)	QL	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ (QL= 35 syringes/28 days)	QL	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ (QL= 4 cartridges/28 days)	QL	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ (QL= 7 cartridges/28 days)	QL	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ (QL= 9 cartridges/28 days)	QL	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPTH OINT	-	Select	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	Select	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	Select	DERMATOLOGICALS
gentamicin sulfate oint	-	Select	DERMATOLOGICALS
GENTEAL TEAR GEL	-	EXC	OPHTHALMIC AGENTS
GENVOYA TAB (QL= 1 tab/day)	QL	Preferre d Specialty	ANTIVIRALS
GIALAX KIT	-	Non-Pref erred	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventi ve	CONTRACEPTIVES
GIAPREZA INJ	-	EXC	VASOPRESSORS
GILENYA CAP (QL= 30 caps/30 days)	QL	Preferre d Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY (QL= 1 bottle/28 days)	PA-QL	Non-Pref erred	GASTROINTESTINAL AGENTS - MISC.
GINKGO BILOB CAP	-	EXC	ALTERNATIVE MEDICINES
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	QL	Preferre d Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	QL	Preferre d Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLENTUSS LIQUID	-	EXC	COUGH/COLD/ALLERGY
GLEOLAN SOLN	-	EXC	DIAGNOSTIC PRODUCTS
GLEOSTINE/LOMUSTINE CAP	-	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	Value	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	Value	ANTIDIABETICS

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glipizide tab (GLUCOTROL equiv)	-	Value	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	Select	ANTIDIABETICS
GLOPERBA SOLN (QL= 300ml/30 days; Step Therapy requires trial of colchicine)	QL-ST	Non-Pref erred	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fill/month)	QL	Preferre d	ANTIDIABETICS
GLUCAGEN INJ	-	Preferre d	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill, 2 fill/month)	QL	Preferre d	ANTIDIABETICS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Preferre d	ANTIDIABETICS
GLUCORAPHANIN-MYOSINASE-ASCORBIC ACID CAP	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOS/CHOND LIQ MAX-STR	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE/MSM CAP	-	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE-CHONDROITIN-MSM CAP	OTC	EXC	ALTERNATIVE MEDICINES
glucose chew tab	OTC	EXC	ANTIDIABETICS
GLUTATHIONE CAP	-	EXC	NUTRIENTS
glyburide micronized tab (GLYNASE equiv)	-	Select	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	Value	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value	ANTIDIABETICS
GLYCATÉ TAB (QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg)	QL-ST	Preferre d	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
glycopyrrolate inj pf soln prefilled syringe	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Select	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	Select	ULCER DRUGS
GLY-OXIDE SOLN	-	EXC	MOUTH/THROAT/DENTAL AGENTS
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Preferre d	ANTIDIABETICS
GNP L-LYSINE TAB	-	EXC	NUTRIENTS
GOCOVRI CAP (Step Therapy requires trial of amantadine)	ST	Non-Pref erred	ANTIPARKINSON AGENTS
GOHIBIC INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
GONIOTAIRE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
GONITRO POWDER	-	Non-Pref erred	ANTIANGINAL AGENTS
GOPRELTO SOLN	-	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
GRALISE STARTER PACK	-	Non-Pref erred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB (QL= 2 tabs/day)	PA-QL	Non-Pref erred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Select	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/30 days)	QL	Non-Pref erred	ANTIEMETICS
GRANIX INJ (QL= 15 syringes/30 days)	PA-QL	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS

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GRANIX INJ (QL= 15 vials/30 days)	PA-QL	Non-Pref erred	HEMATOPOIETIC AGENTS
GRAPE SEED CAP	-	Specialty EXC	ALTERNATIVE MEDICINES
GRASTEK SL TAB	PA	Non-Pref erred	BIOLOGICALS MISC
GREEN TEA CAP	-	EXC	ALTERNATIVE MEDICINES
griseofulvin micro tab (GRIFULVIN V equiv)	-	Preferre d	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	Select	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	Preferre d	ANTIFUNGALS
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Preferre d	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Select	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid 10-100mg/5ml (ROBITUSSIN equiv)	-	EXC	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	Select	ANTIHYPERTENSIVES
GUANIDINE TAB	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GUARDIAN 4 MIS SENSOR (QL= 5 sensors/35 days)	PA-QL	Non-Pref erred	MEDICAL DEVICES AND SUPPLIES
GUARDIAN 4 TRANSMITTER (QL= 1 transmitter/year)	PA-QL	Non-Pref erred	MEDICAL DEVICES AND SUPPLIES
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferre d	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Preferre d	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferre d	ANTIDIABETICS
GYNAZOLE CREAM	-	Non-Pref erred	VAGINAL PRODUCTS
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferre d Specialty	HEMATOLOGICAL AGENTS - MISC.
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferre d Specialty	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Preferre d	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv)	-	Select	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	Select	DERMATOLOGICALS
HALOG OINT	-	Non-Pref erred	DERMATOLOGICALS
HALOG SOLN	-	Non-Pref erred	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	Select	DERMATOLOGICALS

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haloperidol decanoate inj	-	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol lactate conc (HALDOL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HALUCORT GEL	-	Non-Preferred	DERMATOLOGICALS
HARVONI PELLETT PAK (QL= 28 tabs/28 days)	PA-QL	Non-Preferred Specialty	ANTIVIRALS
HARVONI TAB (QL= 28 tabs/28 days)	PA-QL	Non-Preferred Specialty	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	Preventive	VACCINES
HC BUTYRATE CREAM	-	EXC	DERMATOLOGICALS
HC BUTYRATE SOLN	-	Preferred	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	EXC	DERMATOLOGICALS
HEALON DUET INJ	-	EXC	OPHTHALMIC AGENTS
HEALON GV INJ	-	EXC	OPHTHALMIC AGENTS
HEMANGEOL SOLN	-	Non-Preferred	BETA BLOCKERS
HEMATINIC/FA TAB	-	EXC	HEMATOPOIETIC AGENTS
HEMAX TAB	OTC	EXC	HEMATOPOIETIC AGENTS
HEMGENIX INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
HEMLIBRA INJ	PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	-	Select	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	Preventive	VACCINES
HETLIOZ CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
HETLIOZ SUSP (QL= 158ml/30 days)	PA-QL	Non-Preferred Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS
HEXATRIONE SUSP	-	EXC	CORTICOSTEROIDS
HEXIOUNYL LOTION	-	EXC	DERMATOLOGICALS
HIXDEFRIMA SOLN	-	EXC	DERMATOLOGICALS
HIZENTRA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HIZENTRA INJ, VIVAGLOBIN INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AGENTS
HOMATROPINE OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS

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HOODIA CAP	-	EXC	ALTERNATIVE MEDICINES
HORIZANT TAB (QL= 1 tab/30 days)	PA-QL	Non-Pref erred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HORSE CHESTNUT CAP	-	EXC	ALTERNATIVE MEDICINES
HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred	ANTIDIABETICS
HUMATROPE INJ	PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred	ANTIDIABETICS

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

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Drug Name	Special Code	Tier	Category
HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred	ANTIDIABETICS
HUMULIN N INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred	ANTIDIABETICS
HUMULIN N PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred	ANTIDIABETICS
HUMULIN R INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred	ANTIDIABETICS
HUMULIN R INJ U-500 (QL= 40 units/30 days)	QL	Select	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ (QL= 24 units/30 days)	QL	Select	ANTIDIABETICS
HYALURONIC CAP	-	EXC	ALTERNATIVE MEDICINES
HYCAMTIN CAP	PA	Preferre d Specialty	ANTINEOPLASTICS
HYCLODEX SOLN	-	Non-Pref erred	DERMATOLOGICALS
HYCOFENIX SOLN	-	EXC	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	Select	ANTIHYPERTENSIVES
HYDRO 35 FOAM	-	EXC	DERMATOLOGICALS
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	Preferre d	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day)	QL	Select	ANALGESICS - OPIOID
HYDROCODONE/ACETAMINOPHEN SOLN 10-325 MG/15ML (QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older)	QL	Non-Pref erred	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	QL--	Preferre d	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	Preferre d	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	Preferre d	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	Preferre d	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Select	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv)	-	EXC	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Select	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	QL--	Select	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	Select	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	Select	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	Select	ANORECTAL AGENTS
hydrocortisone lotion	-	EXC	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	Preferred	DERMATOLOGICALS
hydrocortisone lotion (HYTONE equiv)	-	Select	DERMATOLOGICALS
hydrocortisone oint	-	EXC	DERMATOLOGICALS
hydrocortisone oint	-	Select	DERMATOLOGICALS
HYDROCORTISONE STICK	OTC	EXC	DERMATOLOGICALS
hydrocortisone tab (CORTEF equiv)	-	Select	CORTICOSTEROIDS
hydrocortisone valerate cream	-	Select	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	Select	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	EXC	ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	QL	Preferred	ANALGESICS - OPIOID
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	QL	Preferred	ANALGESICS - OPIOID
hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	QL	Preferred	ANALGESICS - OPIOID
HYDROMORPHONE HCL-NACL INJ SOLN PREF SYR	-	EXC	ANALGESICS - OPIOID
HYDROMORPHONE HCL-SODIUM CHLORIDE 0.9% INJ	-	EXC	ANALGESICS - OPIOID
HYDROMORPHONE INJ	-	EXC	ANALGESICS - OPIOID
hydromorphone liquid (DILAUDID equiv)	-	Select	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	Select	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	Select	ANALGESICS - OPIOID
HYDROQUINONE-HYDROCORTISONE-TRETINOIN EMULSION	-	EXC	DERMATOLOGICALS
HYDROQUINONE-TRETINOIN EMULSION	-	EXC	DERMATOLOGICALS
HYDROQUINONE-TRETINOIN-TRIAMCINOLONE ACE EMUL	-	EXC	DERMATOLOGICALS
HYDROXYAPATITE CMPD-CHOLECAL-MG CAP	OTC	EXC	MINERALS & ELECTROLYTES
hydroxychloroquine tab (PLAQUENIL equiv)	-	Select	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	PA-QL	Preferred Specialty	PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	Select	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	Select	ANTIANKXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	Select	ANTIANKXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	Select	ANTIANKXIETY AGENTS
HYFTOR GEL (QL= 20 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
HYOPHEN TAB	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
HYOSCYAMINE INJ	-	Select	ULCER DRUGS

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Drug Name	Special Code	Tier	Category
hyoscyamine sulfate CR tab (LEVBID equiv)	-	Select	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	Select	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	Select	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	Select	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	Select	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	Select	ULCER DRUGS
HYPODERMIC NEEDLES	OTC	Preferre d	MEDICAL DEVICES
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferre d Specialty	PASSIVE IMMUNIZING AGENTS
ibandronate tab 150mg (BONIVA equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB (QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB (QL= 60 tabs/30 days)	PA-QL	Non-Pref erred	GASTROINTESTINAL AGENTS - MISC.
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	OTC-QL	Select	COUGH/COLD/ALLERGY
ibuprofen-acetaminophen tab (ADVIL equiv)	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	PA-QL	Preferre d Specialty	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Preferre d	ANTIHYPERLIPIDEMICS
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Preferre d	ANTIHYPERLIPIDEMICS
IDAOXIA GEL	-	EXC	DERMATOLOGICALS
IDARAN OINT	-	EXC	DERMATOLOGICALS
IDHIFA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IGALMI FILM	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
IHEEZO GEL	-	EXC	OPHTHALMIC AGENTS
ILARIS INJ	PA	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA INJ	-	EXC	DERMATOLOGICALS
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	PA-QL	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 216ml/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	Preferred	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	Select	ANTIDEPRESSANTS
imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	Preferred	DERMATOLOGICALS
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Select	DERMATOLOGICALS
IMITREX INJ (QL= 1 inj/7 days)	QL	Non-Preferred	MIGRAINE PRODUCTS
IMJUDO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMMUNOTIX CAP	OTC	EXC	ALTERNATIVE MEDICINES
IMOVAX INJ	-	Preventive	VACCINES
IMPAVIDO CAP (QL= 3 caps/day; Restricted to Infectious Disease Specialist)	QL-RS	Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	Non-Preferred	DERMATOLOGICALS
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
IMPOYZ CREAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Preferred	DERMATOLOGICALS
IMVEXXY SUPP	-	Non-Preferred	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 4 units/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	Select	DIURETICS

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Drug Name	Special Code	Tier	Category
INDERAL XL CAP, INNOPRAN XL CAP	-	Non-Pref erred	BETA BLOCKERS
INDOCIN SUSP	-	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
INDOCYANINE INJ	-	EXC	DIAGNOSTIC PRODUCTS
indomethacin cap (INDOCIN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP (Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs))	ST	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN SUPP	-	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
INFANRIX INJ	VAC	Preventi ve	TOXOIDS
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INJECTAFER INJ	-	EXC	HEMATOPOIETIC AGENTS
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOVAMATRIX DISK	-	EXC	DERMATOLOGICALS
INQOVI TAB (QL= 5 tabs/28 days; Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP (QL= 4 caps/day)	PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN GLAR INJ 100U/ML (QL= 60ml/30 days)	QL	Preferre d	ANTIDIABETICS
INSULIN GLARGINE INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Pref erred	ANTIDIABETICS
INSULIN INFUSION DISPOSABLE PUMP - ACCESSORIES	-	EXC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB (QL= 4 tabs/day)	QL	Preferre d Specialty	ANTIVIRALS
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Preferre d Specialty	ANTIVIRALS
INTRALIPID INJ	-	EXC	NUTRIENTS
INTRAROSA SUPP	-	Non-Pref erred	VAGINAL PRODUCTS

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

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INTRON-A INJ	-	Preferred Specialty	ANTINEOPLASTICS
INVEGA HAFYERA INJ	-	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA INJ	-	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Non-Preferred	OPHTHALMIC AGENTS
INVIRASE CAP (QL= 10 caps/day)	QL	Preferred Specialty	ANTIVIRALS
INVIRASE TAB (QL= 4 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
INVOKAMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred	ANTIDIABETICS
INVOKAMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred	ANTIDIABETICS
INVOKANA TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred	ANTIDIABETICS
INZDEAXIAVAR GEL	-	EXC	DERMATOLOGICALS
iodixanol inj (VISIPAQUE equiv)	-	EXC	DIAGNOSTIC PRODUCTS
IODOFLEX PAD	-	Non-Preferred	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Select	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	Preferred	DERMATOLOGICALS
IONIL-T SHAMPOO	-	EXC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN 1% (Step Therapy requires trial of apraclonidine soln)	ST	Non-Preferred	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	Select	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Select	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Optum 877-445-6874)	LD-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON GLYCINATE CAP	OTC	EXC	HEMATOPOIETIC AGENTS
IRON TAB	-	EXC	HEMATOPOIETIC AGENTS
iron w/ vitamin tab	-	EXC	MULTIVITAMINS
ISENTRESS (HD) TAB (QL= 2 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
ISENTRESS CHEW TAB (QL= 6 tabs/day)	QL	Preferred Specialty	ANTIVIRALS

ACA	NC =Not Covered Affordable Care Act	EXC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS Limited Distribution
M	Medical Benefit	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
ISENRESS POWDER PACK (QL= 2 packets/day)	QL	Preferred Specialty	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Preferred	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Select	MIGRAINE PRODUCTS
isoniazid tab	-	Select	ANTIMYCOBACTERIAL AGENTS
isopropyl alcohol spray	-	EXC	DERMATOLOGICALS
isopropyl alcohol wipes	OTC	EXC	DERMATOLOGICALS
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Preferred	ANTIANGINAL AGENTS
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Select	ANTIANGINAL AGENTS
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	Select	ANTIANGINAL AGENTS
ISOSORBIDE MONONITRATE TAB	-	Select	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	Select	ANTIANGINAL AGENTS
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Preferred	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
ISTODAX OVR INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 1MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 5MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
itraconazole cap (SPORANOX equiv)	-	Select	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	-	Preferred	ANTIFUNGALS
IVERMECTIN CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Preferred	DERMATOLOGICALS
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Preferred	DERMATOLOGICALS
IVERMECTIN LOTION	OTC	EXC	DERMATOLOGICALS
ivermectin tab (STROMEKTOL equiv)	-	Select	ANTHELMINTICS
IXIARO INJ	-	Preventive	VACCINES
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
JANUVIA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	Preferre d	ANTIDIABETICS
JATENZO CAP 158MG (QL= 4 caps/day)	PA-QL	Non-Pref erred	ANDROGENS-ANABOLIC
JATENZO CAP 198MG (QL= 4 caps/day)	PA-QL	Non-Pref erred	ANDROGENS-ANABOLIC
JATENZO CAP 237MG (QL= 2 caps/day)	PA-QL	Non-Pref erred	ANDROGENS-ANABOLIC
JAYPIRCA TAB 100MG (QL= 60 tabs/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JAYPIRCA TAB 50MG (QL= 30 tabs/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENTADUETO TAB (QL= 2 tabs/day)	QL	Preferre d	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	Preferre d	ANTIDIABETICS
JEUVEAU INJ	-	EXC	DERMATOLOGICALS
jinteli tab (FEMHRT equiv)	-	Select	ESTROGENS
JUBLIA SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Pref erred	DERMATOLOGICALS
JULUCA TAB (QL= 1 tab/day)	QL	Preferre d Specialty	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	Preventi ve	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	Preventi ve	CONTRACEPTIVES
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Preferre d Specialty	ANTIHYPERTENSIVES
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNNEOS INJ	-	Preventi ve	VACCINES
K2 LIQ	-	EXC	VITAMINS
K2-45 CAP	-	EXC	VITAMINS
KADIAN CAP 200MG (QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID

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

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Drug Name	Special Code	Tier	Category
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	Non-Preferred	BETA BLOCKERS
KARBINAL ER SUSP (QL= 960ml/30 days)	QL	Non-Preferred	ANTIHISTAMINES
KATERZIA SUSP (Step Therapy requires trial of amlodipine)	ST	Non-Preferred	CALCIUM CHANNEL BLOCKERS
kcl in dextrose/nacl inj (KCL/D5W/NACL INJ equiv)	-	EXC	MINERALS & ELECTROLYTES
KCL/D5W/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
KCL/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
kelnor tab (DEMULEN equiv)	-	Preventive	CONTRACEPTIVES
KERAFOAM	-	Non-Preferred	DERMATOLOGICALS
KERALAC CREAM	-	EXC	DERMATOLOGICALS
KERALYT GEL	-	EXC	DERMATOLOGICALS
KERASTAT CREAM	-	EXC	DERMATOLOGICALS
KERASTAT GEL	-	EXC	DERMATOLOGICALS
KERENDIA TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
KESIMPTA INJ (QL= 1 inj/28 days)	PA-QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL INJ NACL	-	EXC	GENERAL ANESTHETICS
KETAMINE INJ	-	EXC	GENERAL ANESTHETICS
ketoconazole cream (NIZORAL CREAM equiv)	-	Select	DERMATOLOGICALS
ketoconazole foam 2% (EXTINA equiv)	-	Preferred	DERMATOLOGICALS
ketoconazole shampoo	-	Select	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	Select	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Select	OPHTHALMIC AGENTS

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QL	Quantity Limit	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				

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Drug Name	Special Code	Tier	Category
ketorolac ophth soln .4% (ACULAR (LS) equiv)	-	Preferred	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	EXC	DIAGNOSTIC PRODUCTS
KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
KIMMTRAK SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
KINEVAC INJ	-	EXC	DIAGNOSTIC PRODUCTS
KISQALI PAK (QL= 91 tabs/28 days)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	AMINOGLYCOSIDES
KLISYRI OINT (QL= 5 grams/5 days)	PA-QL	Non-Preferred	DERMATOLOGICALS
KLOXXADO NASAL SPRAY	-	Preferred	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOMBIGLYZE XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred	ANTIDIABETICS
KONVOMEK SUSP	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	Preferred Specialty	ANTIDIABETICS
KORSUVA INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
KOSELUGO CAP (QL= 120 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	Non-Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
KRAZATI TAB (QL= 60 tabs/30 days)	PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Preferred	ANTIMALARIALS

ACA	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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Drug Name	Special Code	Tier	Category
KRISTALOSE PACK	-	Non-Pref erred	LAXATIVES
KRISTALOSE PACKET	-	Non-Pref erred	LAXATIVES
K-TAB	-	Select	MINERALS & ELECTROLYTES
KYLEENA IUD	-	Preventi ve	CONTRACEPTIVES
KYNAMRO INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ANTIHYPERLIPIDEMICS
KYNMOBI FILM (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYZATREX CAP, TLANDO CAP (QL= 4 caps/day)	PA-QL	Non-Pref erred	ANDROGENS-ANABOLIC
L.E.T. GEL	-	Non-Pref erred	DERMATOLOGICALS
LABETALOL HCL IV SOLN	-	EXC	BETA BLOCKERS
labetalol tab (NORMODYNE equiv)	-	Select	BETA BLOCKERS
lacosamide iv inj (VIMPAT equiv)	-	EXC	ANTICONVULSANTS
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Select	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
LACTIC ACID E CREAM	-	EXC	DERMATOLOGICALS
LACTIC ACID LOTION	-	EXC	DERMATOLOGICALS
LACTOFERRIN CAP	-	EXC	ALTERNATIVE MEDICINES
LACTULOSE PACK (Step Therapy requires trial of lactulose)	ST	Non-Pref erred	LAXATIVES
lactulose soln	-	Select	LAXATIVES
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	Non-Pref erred	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Preferre d Specialty	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	PA-QL	Preferre d Specialty	ANTIVIRALS
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Preferre d Specialty	ANTIVIRALS
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Preferre d Specialty	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day)	QL	Preferre d Specialty	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	Select	ANTICONVULSANTS
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS

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	Vaccine Program				

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Drug Name	Special Code	Tier	Category
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT 100mg (LAMICTAL equiv) (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT 200mg (LAMICTAL equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT 25mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT 50mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	Select	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	Select	ANTICONVULSANTS
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Preferred	ANTI-INFECTIVE AGENTS - MISC.
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Preferred	ANTI-INFECTIVE AGENTS - MISC.
LAMZEDE INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LANCET KIT	OTC	Preferred	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	Preferred	MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ 0.1MG/ML	-	Non-Preferred	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	Select	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
LANSOPRAZOLE SUSP (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	Non-Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	Preferred	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo and Levemir and Tresiba)	QL-ST	Non-Preferred	ANTIDIABETICS
LANTUS INJ (QL= 60 units/30 days)	QL-ST	Preferred	ANTIDIABETICS
LANTUS SOLOSTAR INJ (QL= 60ml/30 days)	QL	Preferred	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	PA	Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASTACFT OPHTH SOLN (QL= 3ml/30 days)	QL	Non-Preferred	OPHTHALMIC AGENTS
LATANOPROST OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv)	-	Select	OPHTHALMIC AGENTS
LATUDA TAB (QL= 1 tab/day)	QL	Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive	CONTRACEPTIVES
LAZANDA NASAL SPRAY (QL= 15 sprays/30 days)	PA-QL	Non-Preferred	ANALGESICS - OPIOID
L-CARNITINE CAP	-	EXC	NUTRIENTS
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	PA-QL	Preferred Specialty	ANTIVIRALS
LEFLUNICLO PAK	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
leflunomide tab (ARAVA equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEQEMBI SOLN	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQVIO SOLN	-	EXC	ANTIHYPERTENSIVES
letrozole tab (FEMARA equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUCOVORIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	Select	ANTINEOPLASTICS
LEUKERAN TAB	-	Non-Preferred	ANTINEOPLASTICS
LEUKINE INJ	PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
LEUPROLIDE INJ (QL= 1 kit/90 days)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVEMIR FLEXTOUCH INJ (QL= 60ml/30 days)	QL	Preferred	ANTIDIABETICS
LEVEMIR INJ (QL= 60ml/30 days)	QL	Preferred	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	Select	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	Select	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	Select	ANTICONVULSANTS
LEVOBUNOLOL OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	Select	OPHTHALMIC AGENTS
levocarnitine cap (L-CARNITINE equiv)	-	EXC	NUTRIENTS
levocarnitine inj (CARNITOR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine soln (CARNITOR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.

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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
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levocetirizine soln (XYZAL equiv) (QL= 10ml/day)	QL	Select	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	Select	ANTIHISTAMINES
LEVOFLOXACIN INJ 25MG/ML	-	Select	FLUOROQUINOLONES
LEVOFLOXACIN OPHTH SOLN	-	Non-Pref erred	OPHTHALMIC AGENTS
levofloxacin ophth soln (QUIXIN equiv)	-	Select	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	Select	FLUOROQUINOLONES
LEVOFLOXACIN SOLN 25MG/ML	-	Select	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	Select	FLUOROQUINOLONES
LEVOMEFOLATE GLUCOSAMINE CAP	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
levonorgestrel tab (PLAN B equiv)	OTC	Preventi ve	CONTRACEPTIVES
LEVORPHANOL TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Step Therapy requires trial of 2 short acting opioids (e.g. hydrocodone, hydromorphone oxycodone))	QL-ST	Preferre d	ANALGESICS - OPIOID
levorphanol tab (LEVORPHANOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Step Therapy requires trial of 2 short acting opioids)	QL-ST	Preferre d	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	EXC	THYROID AGENTS
LEVOTHYROXINE INJ 100MCG/ML	-	EXC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	Select	THYROID AGENTS
LEVULAN SOLN	-	Preferre d Specialty	DERMATOLOGICALS
LEXETTE FOAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Pref erred	DERMATOLOGICALS
LEXISCAN INJ	-	EXC	DIAGNOSTIC PRODUCTS
LEXIVA SUSP (QL= 1800ml/30 days)	QL	Preferre d Specialty	ANTIVIRALS
LICART PATCH	-	Non-Pref erred	DERMATOLOGICALS
LIDOCAINE (BUFFERED) W/ EPINEPHRINE	-	EXC	LOCAL ANESTHETICS-PARENTERAL
LIDOCAINE CREAM	-	Non-Pref erred	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	Preferre d	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	Preferre d	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	Preferre d	DERMATOLOGICALS
LIDOCAINE GEL	-	Select	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	Select	DERMATOLOGICALS
LIDOCAINE HC CREAM	-	Non-Pref erred	DERMATOLOGICALS
LIDOCAINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
lidocaine lotion	-	Preferre d	DERMATOLOGICALS
lidocaine oint (QL= 8gm/day)	QL	Select	DERMATOLOGICALS

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LIDOCAINE ORAL SOLN 4%	-	Preferre d	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch	-	EXC	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	Select	DERMATOLOGICALS
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
LIDOCAINE/EPINEPHRINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	Select	ANORECTAL AGENTS
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Select	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	Select	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	Select	DERMATOLOGICALS
lidocaine-benzalkonium liquid (ALOCANE equiv)	-	EXC	DERMATOLOGICALS
lidocaine-menthol gel (LIDOZENGEL equiv)	-	EXC	DERMATOLOGICALS
LIDOCIN GEL	-	Non-Pref erred	DERMATOLOGICALS
LIDOGEL GEL	-	EXC	DERMATOLOGICALS
LIDOSTREAM KIT	-	Non-Pref erred	DERMATOLOGICALS
LIDOTREX GEL	-	Non-Pref erred	DERMATOLOGICALS
LIDOZENGEL GEL/LIDO-MENTHOL GEL	-	EXC	DERMATOLOGICALS
LIFES DHA CAP	OTC	EXC	ALTERNATIVE MEDICINES
LINDANE SHAMPOO	-	Preferre d	DERMATOLOGICALS
linezolid susp	-	Select	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 30 caps/30 days; Step therapy requires trial of TRULANCE)	QL-ST	Non-Pref erred	GASTROINTESTINAL AGENTS - MISC.
LIOTHYRONINE INJ	-	EXC	THYROID AGENTS
liothyronine tab (CYTOMEL equiv)	-	Select	THYROID AGENTS
LIPID PANEL+ MIS EGLU	-	EXC	DIAGNOSTIC PRODUCTS
LIQREV SUSP (QL= 6ml/day)	PA-QL	Non-Pref erred Specialty Value	CARDIOVASCULAR AGENTS - MISC.
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHIUM CITRATE SOLN	-	Non-Pref erred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITH-ORO CAP 5MG	OTC	EXC	MINERALS & ELECTROLYTES
LITHOSTAT TAB	-	Non-Pref erred	GENITOURINARY AGENTS - MISCELLANEOUS
LITTLE REMED SOLN SALINE	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
LIVALO TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Pref erred	ANTIHYPERLIPIDEMICS
LO LOESTRIN TAB	-	Preventi ve	CONTRACEPTIVES
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of bumetanide, ethacrynic acid, furosemide, torsemide, metolazone, methyclothiazide, indapamide, hydrochlorothiazide, chlorthalidone, or chlorothiazide)	QL-ST	Preferre d	MISCELLANEOUS THERAPEUTIC CLASSE

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LOMAIRA TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
LONHALA MAGNAIR SOLN (QL= 60ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHAL	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB (Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	Select	ANTIDIARRHEALS
LOPERAMIDE SOLN	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days)	QL	Preferred Specialty	ANTIVIRALS
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
loratadine cap (CLARITIN equiv)	OTC	EXC	ANTIHISTAMINES
loratadine/pseudoephedrine tab 10-240mg	-	EXC	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine tab 5-120mg	-	EXC	COUGH/COLD/ALLERGY
lorazepam conc (ATIVAN equiv)	-	Select	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	Select	ANTIANKXIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP (QL= 1 cap/day; Step therapy requires trial of lorazepam tab)	QL-ST	Non-Preferred	ANTIANKXIETY AGENTS
LOREEV XR CAP 3MG (QL= 3 caps/day; Step therapy requires trial of lorazepam tab)	QL-ST	Non-Preferred	ANTIANKXIETY AGENTS
LORTAB ELIXIR	-	Non-Preferred	ANALGESICS - OPIOID
LORTUSS DM LIQUID	-	EXC	COUGH/COLD/ALLERGY
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Preferred	COUGH/COLD/ALLERGY
losartan tab (COZAAR equiv)	-	Value	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value	ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Non-Preferred	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Preferred	OPHTHALMIC AGENTS
LOTEMAX SM GEL	-	Preferred	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5 grams/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Preferred	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	Select	OPHTHALMIC AGENTS
LOTREXONE CAP, NALTREX CAP	-	EXC	ANALGESICS - NONNARCOTIC

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lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB (QL= 224 tabs/fill, 1 fill/month)	PA-QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUCENTIS INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	OPHTHALMIC AGENTS
LULICONAZOLE CREAM, LUZU CREAM (QL= 60gm/28 days)	QL	Non-Preferred	DERMATOLOGICALS
LUMAKRAS TAB (QL= 240 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 90 tabs/30 days)	PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIFY OPHTH SOLN 0.25% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Preferred	OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
LUMINOPIA MIS	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
LUMRYZ PACK 4.5GM (QL= 1 pack/day)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ PACK 6GM (QL= 1 pack/day)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ PACK 7.5GM (QL= 1 pack/day)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ PACK 9GM (QL= 1 pack/day)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUNSUMIO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPKYNIS CAP (QL= 180 caps/30 days)	PA-QL-SF	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
LUPRON DEPOT INJ	PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON INJ	PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LYBALVI TAB (QL= 30 tabs/30 days; Step therapy requires trial of 2: olanzapine, aripiprazole, risperidone, quetiapine, paliperidone, ziprasidone)	QL-ST	Non-Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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LYMPHOSEEK KIT	-	EXC	DIAGNOSTIC PRODUCTS
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI TAB (12MG DAILY DOSE) (QL= 84 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI TAB (16MG DAILY DOSE) (QL= 112 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI TAB (20MG DAILY DOSE) (QL= 140 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred	ANTIDIABETICS
LYUMJEV KWIKPEN (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred	ANTIDIABETICS
LYUMJEV KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred	ANTIDIABETICS
LYUMJEV TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred	ANTIDIABETICS
LYVISPAH GRANULE PACKET 10MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
LYVISPAH GRANULE PACKET 20MG (QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
LYVISPAH GRANULE PACKET 5MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
MAGNESIUM CAP	OTC	EXC	MINERALS & ELECTROLYTES
MAGNESIUM CITRATE CHEW TAB	OTC	EXC	MINERALS & ELECTROLYTES
MAGNESIUM HYDROXIDE CHEW TAB	OTC	EXC	LAXATIVES
MAGNESIUM W/ POTASSIUM CAP	OTC	EXC	MINERALS & ELECTROLYTES
magnesium-policosanol cap	OTC	EXC	MINERALS & ELECTROLYTES
MAKENA INJ (QL= 4.4 ml/28 days)	QL	Non-Preferred Specialty	PROGESTINS
malathion lotion (OVIDE equiv)	-	Select	DERMATOLOGICALS
MAPROTILINE TAB	-	Select	ANTIDEPRESSANTS
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Preferred	COUGH/COLD/ALLERGY

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MARGENZA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARPLAN TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred	ANTIDEPRESSANTS
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS
MAVENCLAD PAK (QL= 10 tabs/fill, 2 fills/year; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packets/day)	PA-QL	Preferred Specialty	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	PA-QL	Preferred Specialty	ANTIVIRALS
MAXFE TAB	OTC	EXC	HEMATOPOIETIC AGENTS
MAXIDEX OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
MAYZENT STARTER PACK 0.25MG (QL= 7 tabs/fill, 2 fills/year)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK (QL= 12 tabs/fill, 2 fills/year)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv)	OTC	Select	ANTIEMETICS
meclizine tab (ANTIVERT equiv) (Rx Only)	-	Select	ANTIEMETICS
MECLOFENAMATE CAP	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	Select	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	Preferred	ANTIMALARIALS
MEGARED ADV CAP 4 IN 1	OTC	EXC	ALTERNATIVE MEDICINES
megestrol ES susp (MEGACE ES equiv)	-	Select	PROGESTINS
megestrol susp (MEGACE equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN (QL= 40ml/day)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
MEKINIST TAB 2MG (QL= 1 tab/day)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day; Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELATONIN TAB	-	EXC	ALTERNATIVE MEDICINES
MELATONIN-THEANINE CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
meloxicam cap (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Preferred	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP (QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp)	--QL-ST	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
melphalan tab (ALKERAN equiv)	PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (QL= 2 tabs/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	Preventive	VACCINES
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Preferred	COUGH/COLD/ALLERGY
MENEST TAB	-	Preferred	ESTROGENS
MENHIBRIX INJ	VAC	Preventive	VACCINES
MENOMUNE INJ	VAC	Preventive	VACCINES
MENOSTAR PATCH	-	Non-Preferred	ESTROGENS
MENQUADFI INJ	VAC	Preventive	VACCINES
MENTAX CREAM	-	Non-Preferred	DERMATOLOGICALS
menthol gel (RA COLD GEL THERAPY equiv)	-	EXC	DERMATOLOGICALS
MENTHOL GEL 5.5%	-	EXC	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	EXC	DERMATOLOGICALS
MENTHOZEN CREAM	-	EXC	DERMATOLOGICALS
MENVEO INJ	VAC	Preventive	VACCINES
MENVEO SOLN	VAC	Preventive	VACCINES

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

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MEPERIDINE SOLN	-	Preferred	ANALGESICS - OPIOID
MEPERIDINE TAB (QL= 6 tabs/day)	QL	Non-Preferred	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Select	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	Preferred	ANTIANKXIETY AGENTS
mercaptapurine tab (PURINETHOL equiv)	-	Select	ANTINEOPLASTICS
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	Preferred	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv) (QL= 4 caps/day)	QL-ST	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine kit	-	EXC	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	Preferred	GASTROINTESTINAL AGENTS - MISC.
MESALAMINE TAB DR 800MG	-	Preferred	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	-	Preferred	ANTINEOPLASTICS
METAFOBIC PLUS TAB	-	Non-Preferred	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAMUCIL POWDER	OTC	EXC	LAXATIVES
METAPROTERENOL SYRUP	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	Preferred	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	EXC	DERMATOLOGICALS
metformin ER osmotic tab (FORTAMET equiv)	-	Preferred	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv) (Step Therapy requires trial of metformin or metformin ER)	--ST	Preferred	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	Preferred	ANTIDIABETICS
METFORMIN TAB (QL= 90 tabs/30 days; Step therapy requires trial of metformin 500mg, 850mg, or 1000mg tab AND metformin ER)	QL-ST	Non-Preferred	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	QL-ST	Value	ANTIDIABETICS
METHADONE INJ	-	EXC	ANALGESICS - OPIOID
METHADONE INJ	-	Non-Preferred	ANALGESICS - OPIOID
methadone soln (QL= 20ml/day)	QL	Select	ANALGESICS - OPIOID
methadone soln (QL= 4 ml/day)	QL	Select	ANALGESICS - OPIOID
methadone soln (QL= 40ml/day)	QL	Select	ANALGESICS - OPIOID

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methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Select	ANALGESICS - OPIOID
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Select	ANALGESICS - OPIOID
methadose tab (QL= 1 tab/day)	QL	Select	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv) (QL= 5 tabs/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	Preferred	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	Select	ANTI-INFECTIVE AGENTS - MISC.
methenamine-hyosc-meth blue-sod phos-phen sal cap (USTELL equiv)	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
methenamine-sodium salicylate tab	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	Select	THYROID AGENTS
METHITEST TAB	PA	Non-Preferred	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
METHOCARBAMOL TAB 1000MG (QL= 8 tabs/day; Step therapy requires trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
METHOTREXATE INJ	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (Trexall equiv)	-	Select	ANTINEOPLASTICS
METHOXSALEN CAP	-	Non-Preferred	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Select	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	Select	ULCER DRUGS
methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	Preferred	ANTICONVULSANTS
METHYCLOTHIAZIDE TAB	-	Select	DIURETICS
METHYL B-12 CHW	-	EXC	HEMATOPOIETIC AGENTS
METHYL SALIC OIL	-	EXC	DERMATOLOGICALS
methyl salicylate-lidocaine-menthol patch (TRICEPTIN equiv)	OTC	EXC	DERMATOLOGICALS
methylcobalamin orally disintegrating tab (B-12 equiv)	OTC	EXC	HEMATOPOIETIC AGENTS
METHYLDOPA TAB	-	Preferred	ANTIHYPERTENSIVES
methyldopa tab (ALDOMET equiv)	-	Select	ANTIHYPERTENSIVES
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	Preferred	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Select	ANTIHYPERTENSIVES
methylene blue inj	-	EXC	ANTIDOTES
methylergonovine tab (METHERGINE equiv)	-	Select	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv) (QL= 1 cap/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap 10mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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methylphenidate ER cap 15mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER cap 20mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER cap 30mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER cap 40mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER cap 50mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER cap 60mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER tab (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER tab 18mg (QL= 1 tab/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER tab 27mg (QL= 1 tab/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER tab 36mg (QL= 1 tabs/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG (QL= 1 tab/day)	QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER tab 54mg (QL= 1 tab/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG (QL= 1 tab/day)	QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
METHYLPHENIDATE ER TAB 72MG (QL= 1 tab/day)	QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: amphet-dexampht, dextroamphetamine tab/soln, methylphenidate tab/soln, dexmethylphen ER)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	Select	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	Select	CORTICOSTEROIDS
methyltestosterone cap	PA	Preferred	ANDROGENS-ANABOLIC
METIPRANOLOL OPTH SOLN	-	Preferred	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	Select	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	Value	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	Value	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	Select	ANTIHYPERTENSIVES
METOZOLV ODT (Step Therapy requires trial of metoclopramide)	ST	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	Select	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	Preferred	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	Select	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	Preferred	VAGINAL PRODUCTS
metyrosine cap (DEMSEER equiv) (QL= 448 caps/28 days)	QL	Preferred	ANTIHYPERTENSIVES
mexiletine hcl cap	-	Select	ANTIARRHYTHMICS
MG217 PSORIA GEL COAL 2%	-	EXC	DERMATOLOGICALS
mibelas chew tab (MINASTRIN equiv)	-	Preventive	CONTRACEPTIVES
MICLARA LIQUID	-	Non-Preferred	ANTIHISTAMINES
MICORT-HC CREAM	-	Preferred	DERMATOLOGICALS
midazolam hcl syrup	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midazolam inj	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
MIDAZOLAM/NAACL INJ	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midazolam-sodium chloride 0.9% iv soln (MIDAZOLAM/NAACL equiv)	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midodrine tab (PROAMATINE equiv)	-	Select	VASOPRESSORS
mifepristone tab (MIFEPREX equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Preferred	MIGRAINE PRODUCTS
miglitol tab (MIGLITOL equiv)	-	Preferred	ANTIDIABETICS

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miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	Preferred Specialty	HEMATOPOIETIC AGENTS
MILK OF MAGNESIUM SUSP	-	EXC	LAXATIVES
MILLIPRED DP PAK	-	Non-Preferred	CORTICOSTEROIDS
MILLIPRED TAB	-	Non-Preferred	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	Select	TETRACYCLINES
MINOCYCLINE ER CAP (QL= 1 cap/day; Step Therapy requires trial of minocycline)	QL-ST	Non-Preferred	TETRACYCLINES
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Preferred	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	Preferred	TETRACYCLINES
MINOLIRA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	Select	ANTIHYPERTENSIVES
MIOSTAT INJ	-	Non-Preferred	OPHTHALMIC AGENTS
MIRCERA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
MIRENA IUD	-	Preventive	CONTRACEPTIVES
MIRO3D WOUND PAD	-	EXC	DERMATOLOGICALS
mirtazapine ODT (REMERON equiv)	-	Select	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	Select	ANTIDEPRESSANTS
MISC NATURAL PRODUCTS CAP ER	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
misoprostol tab (CYTOTEC equiv)	-	Select	ULCER DRUGS
MITIGARE CAP (QL= 2 caps/day)	QL	Non-Preferred	GOUT AGENTS
MITOCHONDRIAL RENEWAL KIT	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
M-M-R II INJ	VAC	Preventive	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Value	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MODERIBA TAB	PA	Non-Preferred Specialty	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	Select	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	Select	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	Select	ANTIHYPERTENSIVES
MOLINDONE TAB	-	Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive	ANTIVIRALS
mometasone cream (ELOCON equiv)	-	Select	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	Select	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	Select	DERMATOLOGICALS

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montelukast chew tab (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MORGIDOX KIT (QL= 1 kit/30 days)	QL	Non-Pref erred	TETRACYCLINES
MORPHABOND TAB (QL= 2 tabs/day)	QL	Non-Pref erred	ANALGESICS - OPIOID
MORPHINE SUL INJ	-	EXC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	Non-Pref erred	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select	ANALGESICS - OPIOID
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select	ANALGESICS - OPIOID
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	Select	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN	-	Preferre d	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN	-	Select	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	Preferre d	ANALGESICS - OPIOID
MORPHINE SULFATE TAB	-	Non-Pref erred	ANALGESICS - OPIOID
morphine sulfate tab	-	Select	ANALGESICS - OPIOID
MOTEGRITY TAB (QL= 30 tabs/30 days; Step Therapy requires trial of Trulance)	QL-ST	Non-Pref erred	GASTROINTESTINAL AGENTS - MISC.
MOTOFEN TAB	-	Non-Pref erred	ANTIDIARRHEALS
MOUNJARO INJ (QL= 2ml/28 days; Step therapy requires trial of all of the following: Ozempic, Victoza, Trulicity, Jardiance, Farxiga; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred	ANTIDIABETICS
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Preferre d	GASTROINTESTINAL AGENTS - MISC.
MOXATAG TAB (Step Therapy requires trial of amoxicillin)	ST	Non-Pref erred	PENICILLINS

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QL	Quantity Limit	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				

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MOXEZA OPHTH SOLN	-	Non-Pref erred	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Select	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN (QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops)	QL-ST	Non-Pref erred	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	Select	FLUOROQUINOLONES
MSM TAB	OTC	EXC	ALTERNATIVE MEDICINES
MUCINEX CAP DAY/NITE	-	EXC	COUGH/COLD/ALLERGY
MUCINEX COLD/FLU CAP	OTC	EXC	COUGH/COLD/ALLERGY
MUCINEX LIQUID	-	Non-Pref erred	COUGH/COLD/ALLERGY
MULPLETA TAB (QL= 7 tabs/fill, 3 fills/365 days)	PA-QL	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	Non-Pref erred	ANTIARRHYTHMICS
multigen plus tab (CHROMAGEN FORTE equiv)	-	Select	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	Select	HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	EXC	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventi ve	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventi ve	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Non-Pref erred	MULTIVITAMINS
mupirocin cream (BACTROBAN CREAM equiv)	-	Select	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	Select	DERMATOLOGICALS
MYALEPT INJ (QL= 1 inj/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCAPSSA CAP (Only available through AcariaHealth 800-511-5144)	LD-PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	Select	ASSORTED CLASSES
MYDAYIS CAP (QL= 1 cap/day)	QL	Non-Pref erred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MYFEMBREE TAB (QL= 28 tabs/28 days)	PA-QL	Non-Pref erred Specialty	ESTROGENS
MYLERAN TAB	-	Preferre d Specialty	ANTINEOPLASTICS
MYNATAL-Z TAB	-	Non-Pref erred	MULTIVITAMINS
MYRBETRIQ SUSP (QL= 188ml/30 days; Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap)	QL-ST	Non-Pref erred	URINARY ANTISPASMODICS

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MYRBETRIQ TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Pref erred	URINARY ANTISPASMODICS
MYROSINASE-ASCORBIC ACID CAP	OTC	EXC	ALTERNATIVE MEDICINES
MYTESI TAB	-	Non-Pref erred	ANTIDIARRHEALS
N.O.MAX ER TAB 660-50MG	OTC	EXC	NUTRIENTS
nabumetone tab (RELAFEN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
N-ACETYL TYROSINE-PYRIDOXINE HCL CAP	OTC	EXC	NUTRIENTS
nadolol tab (CORGARD equiv)	-	Select	BETA BLOCKERS
naftifine cream (NAFTIN equiv)	-	Preferred	DERMATOLOGICALS
NAFTIFINE CREAM 1%	-	Preferred	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	Preferred	DERMATOLOGICALS
naftifine hcl gel 2%	-	Preferred	DERMATOLOGICALS
NAFTIN GEL	-	Non-Pref erred	DERMATOLOGICALS
NAFTIN GEL (QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	--QL-ST	Non-Pref erred	DERMATOLOGICALS
NAFTIN GEL 2%	-	Non-Pref erred	DERMATOLOGICALS
nalbuphine inj	-	EXC	ANALGESICS - OPIOID
naloxone hcl nasal spray (NARCAN equiv)	-	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fill/month)	--QL	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	Select	ANTIDOTES
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK (QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Non-Pref erred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NANRAN OINT	-	EXC	DERMATOLOGICALS
naphazoline-glycerin ophth soln	OTC	EXC	OPHTHALMIC AGENTS
NAPROTIN KIT	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
naproxen EC tab (NAPROSYN EC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	PA	Preferred	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
NARDIL TAB 15MG (QL= 4 tabs/day)	QL	Non-Pref erred	ANTIDEPRESSANTS

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Drug Name	Special Code	Tier	Category
NASCOBAL NASAL SPRAY	-	Non-Pref erred	HEMATOPOIETIC AGENTS
NASONEX NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Preferre d	OPHTHALMIC AGENTS
NATAZIA TAB	-	Preventi ve	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	Select	ANTIDIABETICS
NATESTO NASAL GEL (QL= 3 bottles/30 days)	QL	Non-Pref erred	ANDROGENS-ANABOLIC
NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Non-Pref erred	DERMATOLOGICALS
NATTOKINASE CAP	-	EXC	ALTERNATIVE MEDICINES
NATURL FIBER POWDER	-	EXC	LAXATIVES
NAYZILAM SPRAY (QL= 2 packs/fill, 5 fills/month; Step therapy requires trial of midazolam inj; Restricted to Neurology Specialist)	QL-RS-ST	Non-Pref erred	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day; Step therapy requires trial of 2: carvedilol IR tab, metoprolol succ/tart tab, bisoprolol tab)	QL-ST	Preferre d	BETA BLOCKERS
NEBUSAL NEB SOLN	-	Non-Pref erred	COUGH/COLD/ALLERGY
NEFAZODONE TAB	-	Select	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	Select	ANTIDEPRESSANTS
nelarabine iv soln (ARRANON equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NENDRUX GEL	-	EXC	DERMATOLOGICALS
neomycin tab	-	Select	AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	Select	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	Select	OTIC AGENTS
neomycin/polymixin/dexamethasone ophth oint (MAXITROL equiv)	-	Select	OPHTHALMIC AGENTS
neomycin/polymixin/dexamethasone ophth soln (MAXITROL equiv)	-	Select	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Preferre d	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	Non-Pref erred	MULTIVITAMINS
NEONATAL FE TAB	-	Non-Pref erred	MULTIVITAMINS
NEOSALUS FOAM	-	Non-Pref erred	DERMATOLOGICALS
NEOSTIGMINE METHYLSULFATE INJ	-	EXC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
neostigmine methylsulfate soln pref syringe	-	EXC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
NEO-SYNALAR CREAM	-	Non-Pref erred	DERMATOLOGICALS
NEO-SYNALAR KIT	-	Non-Pref erred	DERMATOLOGICALS
NEPHRON FA TAB	-	Preferre d	HEMATOPOIETIC AGENTS

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Drug Name	Special Code	Tier	Category
NERLYNX TAB (QL= 6 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ (QL= 1.2 units/28 days)	PA-QL	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS
NEUPOGEN INJ (QL= 15 syringes/30 days)	PA-QL	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS
NEUPRO PATCH (QL= 1 patch/day)	QL	Non-Pref erred	ANTIPARKINSON AGENTS
NEURACIN GEL	-	EXC	DERMATOLOGICALS
NEUROLITE KIT	-	EXC	DIAGNOSTIC PRODUCTS
NEUROPHX CAP	OTC	EXC	HEMATOPOIETIC AGENTS
NEVANAC OPHTH SUSP, ILEVRO OPHTH SUSP	-	Non-Pref erred	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Preferre d Specialty	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Preferre d Specialty	ANTIVIRALS
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Preferre d Specialty	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Preferre d Specialty	ANTIVIRALS
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Preferre d	COUGH/COLD/ALLERGY
NEXICLON XR TAB (QL= 3 tabs/day)	QL	Non-Pref erred	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXIUM GRANULE PACK	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXIUM GRANULE PACK (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred	ANTIHYPERLIPIDEMICS
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred	ANTIHYPERLIPIDEMICS
NEXOBRID GEL	-	EXC	DERMATOLOGICALS
NEXPLANON IMPLANT	-	Preventi ve	CONTRACEPTIVES
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventi ve	CONTRACEPTIVES
NEXVIAZYME INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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niacin ER tab (NIASPAN equiv)	-	Preferre d	ANTIHYPERLIPIDEMICS
NIACINAMIDE/SULFACETAMIDE CREAM	-	EXC	DERMATOLOGICALS
NIACINAMIDE-TRETINOIN GEL	-	EXC	DERMATOLOGICALS
NIACOR TAB	-	Non-Pref erred	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
NICAZELDOXY KIT	-	Preferre d	TETRACYCLINES
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	PA-QL	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	Preferre d	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	PA	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	Preferre d	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/fill, 2 fills/month)	QL	Preferre d	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	PA	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	Preferre d	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	Non-Pref erred	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	Select	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	Preferre d	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	Select	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	Select	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	Non-Pref erred	ANTIANGINAL AGENTS

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NITYR TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ (QL= 15 syringes/30 days)	PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
nizatidine cap (AXID equiv)	-	Select	ULCER DRUGS
NIZORAL A-D SHAMPOO	-	EXC	DERMATOLOGICALS
nizoral a-d shampoo (NIZORAL equiv)	--OTC	Select	DERMATOLOGICALS
NOCDURNA SL TAB	-	Non-Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY (QL= 3.8gm/30 days)	QL	Non-Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
Non-preferred CGM Monitor Supplies Kit	PA	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
NORDITROPIN INJ, NUTROPIN AQ INJ	PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	Preventive	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	Preventive	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	Select	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive	CONTRACEPTIVES
NORGESIC TAB FORTE	-	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM (Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT)	ST	Non-Preferred	DERMATOLOGICALS
NORLIQVA ORAL SOLN (QL= 300ml/30 days)	QL	Non-Preferred	CALCIUM CHANNEL BLOCKERS
NORPACE CR CAP	-	Preferred	ANTIARRHYTHMICS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	Preventive	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	Select	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Select	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	Select	ANTIDEPRESSANTS
NORVIR CAP (QL= 12 caps/day)	QL	Preferred Specialty	ANTIVIRALS
NORVIR POWDER PACK (QL= 12 packets/day)	QL	Preferred Specialty	ANTIVIRALS
NORVIR SOLN (QL= 480ml/30 days)	QL	Preferred Specialty	ANTIVIRALS

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NOURIANZ TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	Non-Pref erred	DERMATOLOGICALS
NOVAMV PED DROPS	OTC	EXC	MULTIVITAMINS
NOVOFINE PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	Select	ANTIDIABETICS
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN 70/30 VIAL (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOXAFIL INJ	-	EXC	ANTIFUNGALS
NOXAFIL PAK (QL= 31 packets/30 days; Step Therapy requires trial of fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab)	QL-ST	Non-Pref erred	ANTIFUNGALS
NOXAFIL SUSP (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Preferre d	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	EXC	THYROID AGENTS
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	M-PA-QL	Preferre d Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARARXPAK KIT	-	EXC	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	Non-Pref erred	ANALGESICS - OPIOID
NUCYNTA TAB (QL= 6 tabs/day)	QL	Non-Pref erred	ANALGESICS - OPIOID
NUDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Preferre d	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUJO SOLN	-	EXC	DERMATOLOGICALS
NULIBRY INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NUPLAZID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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NUPLAZID TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NURTEC ODT (QL= 8 tabs/30 days)	PA-QL	Non-Pref erred	MIGRAINE PRODUCTS
NUTRITIONAL SUPPLEMENT EFFERVESCENT POWDER	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Preferre d	VAGINAL PRODUCTS
NUWIQ INJ	PA	Non-Pref erred Specialty	HEMATOLOGICAL AGENTS - MISC.
NUWIQ KIT	PA	Non-Pref erred Specialty	HEMATOLOGICAL AGENTS - MISC.
NUZYRA TAB (QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	TETRACYCLINES
NYMALIZE SOLN	-	Non-Pref erred	CALCIUM CHANNEL BLOCKERS
nystatin cream (MYCOSTATIN CREAM equiv)	-	Select	DERMATOLOGICALS
nystatin oint	-	Select	DERMATOLOGICALS
nystatin powder	-	Select	ANTIFUNGALS
nystatin susp	-	Select	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	Select	ANTIFUNGALS
nystatin topical powder	-	Select	DERMATOLOGICALS
nystatin/triamcinolone cream	-	Select	DERMATOLOGICALS
nystatin/triamcinolone oint	-	Select	DERMATOLOGICALS
NYVEPRIA INJ (QL= 2 inj/28 days)	PA-QL	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS
OBREDON SOLN (QL= 1800ml/30 days)	QL	Non-Pref erred	COUGH/COLD/ALLERGY
OBTREX DHA PAK	OTC	EXC	MULTIVITAMINS
OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	GASTROINTESTINAL AGENTS - MISC.
OCREVUS INJ (QL= 60ml/365 days; Only available through Emerging Health 971-290-2010)	LD-M-PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	PA	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	PA	Preferre d Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUDOX KIT	-	Non-Pref erred	TETRACYCLINES
ODACTRA SL TAB	PA	Non-Pref erred	ALLERGENIC EXTRACTS/BIOLOGICALS MISC

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M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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ODEFSEY TAB (QL= 1 tab/day)	QL	Preferred Specialty	ANTIVIRALS
ODOMZO CAP	PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	Select	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	Select	OTIC AGENTS
OFLOXACIN TAB	-	Non-Preferred	FLUOROQUINOLONES
ofloxacin tab (FLOXIN equiv)	-	Select	FLUOROQUINOLONES
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
olmesartan tab (BENICAR equiv)	-	Select	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days)	QL	Select	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Select	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days, Step Therapy requires trial of budesonide, flunisolide, fluticasone, or triamcinolone)	QL-ST	Preferred	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	-	EXC	OPHTHALMIC AGENTS
OLPRUVA PACK (QL=3 packets/day)	PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OLUMIANT TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
OLUMIANT TAB 4MG (QL= 1 tab/day)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
OLYSIO CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTIVIRALS
OMECLAMOX-PAK (Covered for members age 17 or younger.)	-	Non-Preferred	ULCER DRUGS
OMEGA-3 FATTY ACIDS-HEMP EXTRACT CAP DR	-	EXC	ALTERNATIVE MEDICINES
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Select	ANTIHYPERLIPIDEMICS
OMEGAPURE CAP 900-TG	OTC	EXC	NUTRIENTS
omeprazole DR cap (PRILOSEC equiv)	-	Select	ULCER DRUGS
omeprazole magnesium delayed release tab (PRILOSEC OTC equiv) (Covered for members age 17 or younger. OTC alternatives available.)	OTC	EXC	ULCER DRUGS
omeprazole tab	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
omeprazole/sodium bicarbonate cap (ZEGERID equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS

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omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	EXC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 G6 KIT (QL= 1 kit/year)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 15 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMNITROPE INJ, ZOMACTON INJ	PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ONCOPLEX ES CAP	-	EXC	ALTERNATIVE MEDICINES
ondansetron ODT (ZOFRAN equiv)	-	Select	ANTIEMETICS
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Select	ANTIEMETICS
ONDANSETRON TAB	-	Select	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	-	Select	ANTIEMETICS
ONEXTON GEL	-	EXC	DERMATOLOGICALS
ONGENTYS CAP (Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline)	ST	Non-Preferred	ANTIPARKINSON AND RELATED THERAPY AGENTS
ONGLYZA TAB (QL= 30 tabs/30 days; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred	ANTIDIABETICS
ONUREG TAB (QL= 14 tabs/28 days)	PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONZDEAXIADEM GEL	-	EXC	DERMATOLOGICALS
ONZDEAXIAZAR GEL	-	EXC	DERMATOLOGICALS
ONZETRA XSAIL (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	ST	Non-Preferred	MIGRAINE PRODUCTS
OPDIVO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDUALAG SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
opium tincture	-	Preferred	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
OPZELURA CREAM (QL= 120 grams/28 days)	PA-QL	Non-Preferred	DERMATOLOGICALS
ORACIT SOLN	-	Preferred	GENITOURINARY AGENTS - MISCELLANEOUS

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	Vaccine Program				

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Drug Name	Special Code	Tier	Category
ORALAIR SL TAB	PA	Non-Pref erred	BIOLOGICALS MISC
ORAPRED ODT TAB	-	Non-Pref erred	CORTICOSTEROIDS
ORAVIG TAB	-	Non-Pref erred	MOUTH/THROAT/DENTAL AGENTS
ORENCIA CLICK INJ (QL= 4 inj/28 days)	PA-QL	Non-Pref erred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	PA-QL	Non-Pref erred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	PA-QL	Non-Pref erred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	PA-QL	Non-Pref erred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferre d Specialty	CARDIOVASCULAR AGENTS - MISC.
ORENITRAM TAB MONTH PAK (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Pref erred Specialty	CARDIOVASCULAR AGENTS - MISC.
ORFADIN SUSP (Only available through Eversana 636-519-2400)	LD-PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB (QL= 28 tabs/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	Non-Pref erred Specialty	ESTROGENS
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Pref erred	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	Non-Pref erred	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP (QL= 28 caps/28 days; Only available through Optime Care 1-888-287-2017)	LD-PA-QL	Non-Pref erred Specialty	HEMATOLOGICAL AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
ORPHENADRINE INJ	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) (QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab)	QL-ST	Preferre d	MUSCULOSKELETAL THERAPY AGENTS

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ORTIKOS ER CAP	-	Non-Pref erred	CORTICOSTEROIDS
OSAPLEX CAP	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Select	ANTIVIRALS
OSENI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred	ANTIDIABETICS
OSMOLEX ER TAB (QL= 1 tab/day; Step Therapy requires trial of amantadine)	QL-ST	Non-Pref erred	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOLEX ER TAB (Step Therapy requires trial of amantadine)	QL-ST	Non-Pref erred	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	Non-Pref erred	LAXATIVES
OSPHENA TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred	ENDOCRINE AND METABOLIC AGENTS - MISC.
OSSOPAN 1100 CAP	-	EXC	MINERALS & ELECTROLYTES
OTEZLA STARTER PACK (QL= 1 pack/28 days)	PA-QL	Non-Pref erred Specialty	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	PA-QL	Non-Pref erred Specialty	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	Select	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocortisone otic)	QL-ST	Non-Pref erred	OTIC AGENTS
OTREXUP INJ 10MG (QL= 1.6ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 12.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 15MG (QL= 1.6ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 17.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 22.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ, RASUVO INJ 20MG (QL= 1.6ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ, RASUVO INJ 25MG (QL= 1.6ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
OVACE PLUS CREAM	-	EXC	DERMATOLOGICALS
OVACE PLUS LOTION	-	EXC	DERMATOLOGICALS
OVACE PLUS FOAM	-	EXC	DERMATOLOGICALS
OVIDREL INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxandrolone tab (OXANDRIN equiv)	PA	Select	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	Preferre d	ANTIANKXIETY AGENTS

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OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS
OXBRYTA TAB 300MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	Non-Pref erred Specialty	HEMATOPOIETIC AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	Select	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	Select	ANTICONVULSANTS
OXERVATE OPHTH SOLN (QL= 28ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty	OPHTHALMIC AGENTS
OXIAICE LOTION	-	EXC	DERMATOLOGICALS
OXIANUJI OINT	-	EXC	DERMATOLOGICALS
OXIANUJO CREAM	-	EXC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	Preferre d	DERMATOLOGICALS
OXISTAT LOTION	-	Non-Pref erred	DERMATOLOGICALS
OXOPIDAXIAQU SOLN	-	EXC	DERMATOLOGICALS
OXTELLAR XR TAB 150MG (QL= 1 tab/day)	QL	Non-Pref erred	ANTICONVULSANTS
OXTELLAR XR TAB 300MG (QL= 1 tab/day)	QL	Non-Pref erred	ANTICONVULSANTS
OXTELLAR XR TAB 600MG (QL= 4 tabs/day)	QL	Non-Pref erred	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	Select	URINARY ANTISPASMODICS
OXYBUTYNIN SOLN (QL= 20ml/day; ST req trial of 2: oxybutynin syrup/tab/ER tab, solifenacin, tolterodine IR tab, trospium IR tab)	QL-ST	Non-Pref erred	URINARY ANTISPASMODICS
oxybutynin syrup	-	Select	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	Select	URINARY ANTISPASMODICS
OXYBUTYNIN TAB 2.5MG (QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin)	QL-ST	Non-Pref erred	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	Select	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	Preferre d	ANALGESICS - OPIOID
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferre d	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	Select	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	Select	ANALGESICS - OPIOID

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

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Drug Name	Special Code	Tier	Category
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	Non-Pref erred	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 10-325mg (PERCO CET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG (QL=12 tabs/day)	QL	Non-Pref erred	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 2.5-325mg (PERCO CET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 5-325mg (PERCO CET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 7.5-325mg (PERCO CET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	Select	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	Select	ANALGESICS - OPIOID
OXYCONTIN CR TAB (QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
OXYCONTIN CR TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
OXYCONTIN TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
OXYCONTIN TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
OXYCONTIN TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
OXYCONTIN TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
OXYCONTIN TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
OXYCONTIN TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
OXYMETAZOLINE HCL NASAL SOLN	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	QL	Preferre d	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	QL	Preferre d	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	QL	Preferre d	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	QL	Preferre d	ANALGESICS - OPIOID
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	Preferre d	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Preferre d	ANALGESICS - OPIOID
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	Preferre d	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	QL	Preferre d	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	QL	Preferre d	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	Select	ANALGESICS - OPIOID
OXYTROL PATCH (OTC) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	OTC-ST	Non-Pref erred	URINARY ANTISPASMODICS

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Drug Name	Special Code	Tier	Category
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred	ANTIDIABETICS
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred	ANTIDIABETICS
OZOBAX SOLN (QL= 16ml/day; Step therapy requires trial of baclofen tab AND tizanidine tab)	QL-ST	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
PAFOLACIANINE SODIUM IV SOLN	-	EXC	DIAGNOSTIC PRODUCTS
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALONOSETRON INJ	-	EXC	ANTIEMETICS
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP (Step Therapy requires trial of Creon)	ST	Non-Preferred	DIGESTIVE AIDS
PANCRELIPASE CAP (Step Therapy requires trial of Creon)	ST	Non-Preferred	DIGESTIVE AIDS
PANDEL CREAM	-	Non-Preferred	DERMATOLOGICALS
PANRETIN GEL	-	Non-Preferred	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	Select	ULCER DRUGS
PARAGARD IUD	-	Preventive	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	Select	DERMATOLOGICALS
PAREGORIC TINCTURE	-	Non-Preferred	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	Select	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	Preferred	ANTIDEPRESSANTS
paroxetine oral susp (PAXIL equiv) (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Preferred	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	Select	ANTIDEPRESSANTS
PASER GRANULE	-	Non-Preferred	ANTIMYCOBACTERIAL AGENTS
PATANOL OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
PAXLOVID TAB (QL= 30 tabs/fill)	QL	Preventive	ANTIVIRALS
PAXLOVID TAB 100-150MG (QL= 20 tabs/fill)	QL	Preventive	ANTIVIRALS
PAZEO OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	Preferred	ULCER DRUGS

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PCE TAB	-	Preferred	MACROLIDES
PEAK FLOW METER	-	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
pectin lozenge on a handle	-	EXC	MOUTH/THROAT/DENTAL AGENTS
PEDIACARE MS LIQ COLD	-	EXC	COUGH/COLD/ALLERGY
PEDIACLEAR PD LIQUID	-	Non-Preferred	ANTIHISTAMINES
pediatric multiple vitamins/fluoride soln	-	Preventive	MULTIVITAMINS
PEDMARK INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pe-dm-gg-apap cap and pe-doxyl-dm-apap cap therapy pack (RA DAY/NIGHT equiv)	-	EXC	COUGH/COLD/ALLERGY
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	Preferred	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
PEGANONE TAB	-	Non-Preferred	ANTICONVULSANTS
PEGASYS INJ	-	Preferred Specialty	ANTIVIRALS
PEG-INTRON INJ	-	Preferred Specialty	ANTIVIRALS
PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pemetrexed disodium for iv soln (ALIMTA equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMETREXED INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMETREXED SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMFEXY SOL	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
penciclovir cream (DENA VIR equiv)	-	Preferred	DERMATOLOGICALS
penicillamine cap (CUPRIMINE equiv)	-	Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Select	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk tab (VEETIDS equiv)	-	Select	PENICILLINS
pentamidine neb soln (NEBUPENT equiv)	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	Select	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	Select	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENAL equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
PEPAXTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PERINDOPRIL TAB	-	Select	ANTIHYPERTENSIVES
perindopril tab (ACEON equiv)	-	Select	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	Select	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSERIS INJ	PA	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PEXEVA TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
PHAZYME CAP	OTC	EXC	GASTROINTESTINAL AGENTS - MISC.
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
PHEDRAX SHAMPOO	-	EXC	DERMATOLOGICALS
phenazopyridine tab (PYRIDIUM equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Select	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	Select	ANTIDEPRESSANTS
phenobarbital elixir	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenobarbital tab	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLININE equiv)	-	Preferred	ANTIHYPERTENSIVES
PHENYLEPHRINE HCL SUPPOSITORIES	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
phenylephrine ophth soln (MYDFRIN equiv)	-	Select	OPHTHALMIC AGENTS
PHENYLEPHRINE W/ DM-GG TAB	OTC	EXC	COUGH/COLD/ALLERGY
PHENYLEPHRINE-CHLORPHEN-DM TAB	OTC	EXC	COUGH/COLD/ALLERGY
phenytoin cap (DILANTIN equiv)	-	Select	ANTICONSULSANTS
phenytoin chew tab (DILANTIN equiv)	-	Select	ANTICONSULSANTS
PHENYTOIN INJ	-	EXC	ANTICONSULSANTS
phenytoin sodium inj	-	EXC	ANTICONSULSANTS
phenytoin susp (DILANTIN equiv)	-	Select	ANTICONSULSANTS
PHEOXIA CREAM	-	EXC	DERMATOLOGICALS
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	Preferred	GASTROINTESTINAL AGENTS - MISC.
PHOSPHOLINE OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	Select	VITAMINS

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Drug Name	Special Code	Tier	Category
PICATO GEL (QL= 2 tubes/60 days)	QL	Non-Pref erred	DERMATOLOGICALS
PICATO GEL (QL= 3 tubes/60 days)	QL	Non-Pref erred	DERMATOLOGICALS
PIDPROGTAR SOLN	-	EXC	DERMATOLOGICALS
PIFELTRO TAB	-	Preferre d Specialty	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Select	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	Preferre d	DERMATOLOGICALS
PIMOZIDE TAB	-	Preferre d	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	Select	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	Select	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	Preferre d	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Select	ANTIDIABETICS
PIQRAY TAB	PA-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	PA-QL-SF	Preferre d Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	PA-QL-SF	Preferre d Specialty	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB 534MG (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	Preferre d Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	PA-QL-SF	Preferre d Specialty	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
PLASMA-LYTE INJ -148	-	EXC	MINERALS & ELECTROLYTES
PLASMA-LYTE INJ -A	-	EXC	MINERALS & ELECTROLYTES
PLEGRIDY INJ (QL= 1 kit/28 days)	PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ (QL= 1 kit/28 days)	PA-QL	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
PLENVU SOLN	-	Non-Pref erred	LAXATIVES
PLEXION LOTION	-	EXC	DERMATOLOGICALS
PLEXION SCT CREAM	-	EXC	DERMATOLOGICALS
PLIAGLIS CREAM	-	Non-Pref erred	DERMATOLOGICALS

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PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PNEUMOVAX INJ	VAC	Preventive	VACCINES
PODOCON SOLN	-	Preferred	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	Select	DERMATOLOGICALS
PODOXIA SOLN	-	EXC	DERMATOLOGICALS
PODTAR SOLN	-	EXC	DERMATOLOGICALS
POLOCAINE INJ -MPF	-	EXC	LOCAL ANESTHETICS-PARENTERAL
POLYENYLPHOSPHATIDYLCHOLINE CAP	OTC	EXC	NUTRIENTS
POLYENYLPHOSPHATIDYLCHOLINE CONC	OTC	EXC	NUTRIENTS
POLYETHYLENE GLYCOL 8000 GRANULES	-	Preferred	PHARMACEUTICAL ADJUVANTS
POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH)	-	EXC	OPHTHALMIC AGENTS
polyethylene glycol-propylene glycol ophth gel (GENTEAL equiv)	-	EXC	OPHTHALMIC AGENTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Select	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	Non-Preferred	COUGH/COLD/ALLERGY
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONVORY TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK (QL= 14 tabs/14 days)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	Preferred	ANTIFUNGALS
posaconazole iv soln (NOXAFIL equiv)	-	EXC	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Preferred	ANTIFUNGALS
POSLUMA SOLN	-	EXC	DIAGNOSTIC PRODUCTS
POT/CHLORIDE EFFER TAB	-	Select	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	Preferred	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	Preferred	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride in nacl inj	-	EXC	MINERALS & ELECTROLYTES
potassium chloride inj	-	EXC	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	Preferred	MINERALS & ELECTROLYTES
potassium chloride soln	-	Preferred	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	Select	MINERALS & ELECTROLYTES

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potassium citrate CR tab (UROKIT-K TAB equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
POTASSIUM GLUCONATE TAB	-	EXC	MINERALS & ELECTROLYTES
POTASSIUM INJ	-	EXC	MINERALS & ELECTROLYTES
potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day)	QL	Select	MINERALS & ELECTROLYTES
PRADAXA CAP 110MG (QL= 2 caps/day; Step therapy requires trial of 2: ELIQUIS TAB, ELIQUIS STARTER PACK, XARELTO TAB or XARELTO STARTI PACK)	QL-ST	Non-Pref erred	ANTICOAGULANTS
PRADAXA PELLETT PACK (QL= 2 packets/day)	QL	Non-Pref erred	ANTICOAGULANTS
PRAKETAMIDE CREAM	-	EXC	DERMATOLOGICALS
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	Non-Pref erred	ANTIHYPERTENSIVES
PRALUENT INJ (QL= 1 inj/28 days)	PA-QL	Preferred Specialty	ANTIHYPERTENSIVES
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	Preferred Specialty	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	Select	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	Preferred Specialty	DERMATOLOGICALS
PRAMOSONE E CREAM	-	Preferred Specialty	DERMATOLOGICALS
PRAMOSONE LOTION	-	Non-Pref erred	DERMATOLOGICALS
PRASCION RA CREAM	-	EXC	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	PA-QL	Select	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
praziquantel tab (BILTRICIDE equiv)	-	Select	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	Select	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Specialty	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP	-	Non-Pref erred	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	Preferred Specialty	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	Preferred Specialty	OPHTHALMIC AGENTS
PRED-G S.O.P OPHTH OINTMENT	-	Non-Pref erred	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	Preferred Specialty	DERMATOLOGICALS
PREDNICARBATE OIN	-	Preferred Specialty	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
prednisolone ODT (ORAPRED equiv)	-	Preferred	CORTICOSTEROIDS
PREDNISOLONE ODT TAB	-	Preferred	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	Select	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
PREDNISOLONE SOLN	-	Preferred	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	Preferred	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	Select	CORTICOSTEROIDS
prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2:	ST	Preferred	CORTICOSTEROIDS
prednisolone oral soln, methylprednisolone, prednisone tab/soln)			
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
prednisone pack	-	Select	CORTICOSTEROIDS
PREDNISON SOLN	-	Select	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	Select	CORTICOSTEROIDS
PREFEST TAB	-	Non-Preferred	ESTROGENS
pregabalin cap 100mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin cap 150mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin cap 200mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin cap 25mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv) (QL= 3 caps/day)	QL	Non-Preferred	ANTICONVULSANTS
pregabalin cap 50mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin cap 75mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select	ANTICONVULSANTS
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Select	ANTICONVULSANTS
PREMARIN TAB	-	Preferred	ESTROGENS
PREMARIN VAGINAL CREAM	-	Preferred	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	Preferred	ESTROGENS

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

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Drug Name	Special Code	Tier	Category
PRENARA CAP	-	Non-Preferred	MULTIVITAMINS
PRENATABS RX TAB	-	Preferred	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	Preferred	MULTIVITAMINS
PRENATAL 19 TAB	-	Preferred	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	Non-Preferred	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Preferred	MULTIVITAMINS
PREPIDIL GEL	-	Non-Preferred	OXYTOCICS
PRESTALIA TAB (Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor)	ST	Non-Preferred	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day)	QL	Non-Preferred Specialty	ANTIMYCOBACTERIAL AGENTS
PREVACID SOLUTAB	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
PREVIDENT SOLN	-	EXC	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	Preventive	VACCINES
PREVNAR 20 INJ (QL= 1 vaccine/lifetime; Covered for members age 19 years or older)	QL-VAC	Preventive	VACCINES
PREVYMIS TAB	PA	Non-Preferred Specialty	ANTIVIRALS
PREZCOBIX TAB (QL= 1 tab/day)	QL	Preferred Specialty	ANTIVIRALS
PREZISTA SUSP (QL= 400ml/30 days)	QL	Preferred Specialty	ANTIVIRALS
PREZISTA TAB (QL= 1 tab/day)	QL	Preferred Specialty	ANTIVIRALS
PREZISTA TAB 150MG (QL= 8 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
PREZISTA TAB 75MG (QL= 16 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
PRIFTIN TAB	-	Non-Preferred	ANTIMYCOBACTERIAL AGENTS
PRILOSEC OTC DR TAB	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
PRILOSEC POWDER PACKET (Covered for members age 17 or younger.)	-	EXC	ULCER DRUGS

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Drug Name	Special Code	Tier	Category
primaquine tab (PRIMAQUINE equiv)	-	Preferred	ANTIMALARIALS
PRIMATENE TAB	OTC	EXC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Select	ANTICONSULTANTS
primidone tab (MYSOLINE equiv)	QL--	Select	ANTICONSULTANTS
PRIMLEV TAB 10-300MG (QL= 13 tabs/day)	QL	Non-Preferred	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG (QL= 13 tabs/day)	QL	Non-Preferred	ANALGESICS - OPIOID
PRIMSOL SOLN	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	Preventive	VACCINES
PROAIR RESPICLICK INHALER (Step Therapy requires trial of VENTOLIN HF INHALER and albuterol hfa inhaler)	ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	Select	GOUT AGENTS
PROCAINAMIDE INJ	-	EXC	ANTIARRHYTHMICS
prochlorperazine supp (COMPAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRIT INJ	PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
PROCRIT INJ (QL= 4 vials/30 days)	PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	Preferred	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	Select	ANORECTAL AGENTS
PROCYSBI CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
PROCYSBI GRANULES PACKET (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
progesterone cap (PROMETRIUM equiv)	-	Select	PROGESTINS
progesterone oil inj	-	Select	PROGESTINS
PROGESTERONE SUPP	PA	Non-Preferred	VAGINAL PRODUCTS
PROGRAF PACKET	-	Non-Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB (QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325mg tab)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN, BROMSITE OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
PROLIA INJ	PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER	PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS

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

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Drug Name	Special Code	Tier	Category
PROMACTA TAB	PA	Preferred	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	Select	COUGH/COLD/ALLERGY
promethazine inj (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
promethazine supp (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
promethazine syrup	-	Select	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	Select	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	Select	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	Select	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Select	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Select	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	Select	ANTIHISTAMINES
PRONAL GEL	-	EXC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	Preferred	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	Select	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	Preferred	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	Select	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	Select	BETA BLOCKERS
propranolol oral soln	-	Select	BETA BLOCKERS
PROPRANOLOL SOLN	-	Select	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	Select	BETA BLOCKERS
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	Preferred	ANTIHYPERTENSIVES
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Select	ANTIHYPERTENSIVES
PROPYLENE GLYCOL (OPHTH)	-	EXC	OPHTHALMIC AGENTS
propylthiouracil tab	-	Select	THYROID AGENTS
PROQUAD INJ	-	Preventive	VACCINES
PROQUIN XR TAB	-	Non-Preferred	FLUOROQUINOLONES
PROSTIN E2 SUPP	-	Non-Preferred	OXYTOCICS
PROTEIN CAP	OTC	EXC	NUTRIENTS
PROTHELIAL PASTE	-	Non-Preferred	MOUTH/THROAT/DENTAL AGENTS
protriptyline tab (VIVACTIL equiv)	-	Select	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	Preferred	ANTIDEPRESSANTS
PROZENA PAD	-	Non-Preferred	DERMATOLOGICALS
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine hcl cap	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine/brompheniramine/DM syrup (DALLERGY DM equiv)	-	EXC	COUGH/COLD/ALLERGY
pseudoephedrine-dexchlorpheniramine-dm liquid (ABATUSS DMX equiv)	OTC	EXC	COUGH/COLD/ALLERGY

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Drug Name	Special Code	Tier	Category
pseudoephedrine-guaifenesin er tab 12hr	OTC	EXC	COUGH/COLD/ALLERGY
pseudoephedrine-ibuprofen cap	-	EXC	COUGH/COLD/ALLERGY
psyllium powder (METAMUCIL equiv)	OTC	EXC	LAXATIVES
PTS PANELS TEST CHOL+GLU	-	EXC	DIAGNOSTIC PRODUCTS
PULMICORT FLEXHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HF, PULMOZYME INH SOLN	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
	PA	Preferred Specialty	RESPIRATORY AGENTS - MISC.
PURE AND GENTLE DROPS	-	EXC	OPHTHALMIC AGENTS
PURIXAN SUSP	PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	Non-Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
pyrazinamide tab	-	Select	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	Non-Preferred	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridstigmine soln (MESTINON equiv)	-	Preferred	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTIMALARIALS
PYRUKYND TAB (QL= 56 tabs/28 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND THERAPY PACK (QL= 7 tabs/7 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
QALSODY SOLN	-	EXC	NEUROMUSCULAR AGENTS
QBRELIS SOLN	-	Non-Preferred	ANTIHYPERTENSIVES
QBREXZA PAD (QL= 1 pad/day)	PA-QL	Non-Preferred	DERMATOLOGICALS
QDOLO SOLN (QL= 80ml/day)	QL	Non-Preferred	ANALGESICS - OPIOID
QELBREE ER CAP 100MG (QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QELBREE ER CAP 150MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QELBREE ER CAP 200MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QINLOCK TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QMIIZ ODT TAB (Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	ST	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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Drug Name	Special Code	Tier	Category
QTERN TAB	-	Non-Pref erred	ANTIDIABETICS
QUERCETIN CAP	-	EXC	VITAMINS
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUETIAPINE TAB 150MG (QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs)	QL-ST	Non-Pref erred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	Non-Pref erred	MULTIVITAMINS
QUIDROXZAR GEL	-	EXC	DERMATOLOGICALS
QUILLICHEW ER TAB (QL= 1 tab/day)	QL	Non-Pref erred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QUILLIVANT XR SUSP (QL= 360ml/30 days)	QL	Non-Pref erred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	Select	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	Select	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Select	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	Preferre d	ANTIARRHYTHMICS
quinidine sulfate tab	-	Select	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day)	QL	Preferre d	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day)	QL	Preferre d	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	Select	ANTIMALARIALS
QUITAR GEL	-	EXC	DERMATOLOGICALS
QULIPTA TAB (QL= 30 tabs/30 days)	PA-QL	Non-Pref erred	MIGRAINE PRODUCTS
QUVIVIQ TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Pref erred	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QVAR REDHALER (QL= 21.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Preferre d	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RA COLD GEL THERAPY	-	EXC	DERMATOLOGICALS
RABAVERT INJ	-	Preventi ve	VACCINES
rabeprazole EC tab (ACIPHEX equiv)	-	Select	ULCER DRUGS
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferre d Specialty	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB	PA	Non-Pref erred	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventi ve	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Preferre d	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ramipril cap (ALTACE equiv)	-	Select	ANTIHYPERTENSIVES
ranitidine cap (ZANTAC equiv)	-	Select	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	Select	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	Select	ULCER DRUGS
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	Select	ANTIANGINAL AGENTS

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rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Select	ANTIPARKINSON AGENTS
RASPBERRY KETONES CAP	-	EXC	ALTERNATIVE MEDICINES
RASUVO INJ 10MG (QL= 0.8ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 12.5MG (QL= 1ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 15MG (QL= 1.2ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 17.5MG (QL= 1.4ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 22.5MG (QL= 1.8ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 25MG (QL= 2ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 27.5MG (QL= 2.2ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 30MG (QL= 2.4ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 7.5MG (QL= 0.6ml/28 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
RAVICTI LIQUID (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP (QL= 2 caps/day)	PA-QL	Non-Pref erred	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYASAL CREAM	-	EXC	DERMATOLOGICALS
RAYASORE KIT	-	EXC	DERMATOLOGICALS
RAYOS TAB	PA	Non-Pref erred	CORTICOSTEROIDS
REBETOL SOLN	-	Preferre d Specialty	ANTIVIRALS
REBIF INJ (QL= 1 kit/28 days)	PA-QL	Preferre d Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBINYN INJ	-	Preferre d Specialty	HEMATOLOGICAL AGENTS - MISC.
REBYOTA SUSP FECAL	-	EXC	GASTROINTESTINAL AGENTS - MISC.
RECORLEV TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECTIV OINT	-	Non-Pref erred	ANORECTAL AGENTS
RED YEAST RICE CAP	OTC	EXC	ALTERNATIVE MEDICINES
regadenoson iv inj (LEXISCAN equiv)	-	EXC	DIAGNOSTIC PRODUCTS
REGEN-COVID INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
REGANEX GEL (QL= 30gm/30 days)	QL	Non-Pref erred	DERMATOLOGICALS
RELAFEN DS TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, bupropfen, or nabumetone)	QL-ST	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY

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QL	Quantity Limit	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				

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Drug Name	Special Code	Tier	Category
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Preferred	ANTIVIRALS
RELEUKO INJ (QL= 15 syringes/30 days)	PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
RELEUKO INJ (QL= 15 vials/30 days)	PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
RELISTOR INJ (QL= 0.4ml/day)	PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ (QL= 0.6ml/day)	PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT (QL= 0.6ml/day)	PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB (QL= 3 tabs/day)	PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELTONE CAP (Step therapy requires trial of ursodiol tab)	ST	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
RELYVRIO PAK (QL= 56 packs/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
RENAGEL TAB	-	Preferred	GASTROINTESTINAL AGENTS - MISC.
RENOVA CREAM	-	EXC	DERMATOLOGICALS
REPAGLINIDE TAB	-	Preferred	ANTIDIABETICS
repaglinide tab (PRANDIN equiv)	-	Select	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Preferred	ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Preferred	ANTIHYPERLIPIDEMICS
RESCRIPTOR TAB	-	Preferred Specialty	ANTIVIRALS
RETACRIT INJ (QL= 12 vials/30 days)	QL	Preferred Specialty	HEMATOPOIETIC AGENTS
RETACRIT INJ (QL= 4 vials/30 days)	QL	Preferred Specialty	HEMATOPOIETIC AGENTS
RETEVMO CAP 40MG (QL= 180 caps/30 days)	PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO CAP 80MG (QL= 120 caps/30 days)	PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETHYMIC IMPLANT	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
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Drug Name	Special Code	Tier	Category
RETIN-A MICRO GEL 0.08%, 0.06% (Step Therapy requires trial of adapalene or tretinoin)	ST	Non-Pref erred	DERMATOLOGICALS
REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferre d Specialty	MISCELLANEOUS THERAPEUTIC CLASSE
REXULTI TAB (QL= 1 tab/day)	QL	Non-Pref erred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Preferre d Specialty	ANTIVIRALS
REYVOW TAB 100mg (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred	MIGRAINE PRODUCTS
REYVOW TAB 50mg (QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred	MIGRAINE PRODUCTS
REZLIDHIA CAP (QL= 60 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty	MISCELLANEOUS THERAPEUTIC CLASSE
REZVOGLAR INJ (QL = 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo and Levemir and Tresiba)	QL-ST	Non-Pref erred	ANTIDIABETICS
REZYST CHEW TAB	-	Select	ANTIDIARRHEALS
RHEUMATREX TAB	-	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOPRESSA OPHTH SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Pref erred	OPHTHALMIC AGENTS
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	ST	Preferre d Specialty	ANTIVIRALS
RIBAVIRIN CAP	-	Preferre d Specialty	ANTIVIRALS
ribavirin cap (REBETOL equiv)	-	Preferre d Specialty	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	EXC	ANTIVIRALS
RIBAVIRIN TAB	-	Preferre d Specialty	ANTIVIRALS
RIDAURA CAP (Only available through Walgreens 888-347-3416)	LD-PA	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	Non-Pref erred	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	-	Non-Pref erred	ANTIMYCOBACTERIAL AGENTS

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riluzole tab (RILUTEK equiv)	-	Preferred Specialty	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	Select	ANTIVIRALS
RIMI SOLN	-	EXC	DERMATOLOGICALS
RINVOQ ER TAB (QL= 1 tab/day)	PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ER TAB 45MG (QL= 1 tab/day)	PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
RIOMET ER SUSP (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERIDONE ODT	-	Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR equiv) (QL= 12 tabs/30 days)	QL	Preferred Specialty	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv) (QL= 1 patch/day)	QL	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
ROAOXIA GEL	-	EXC	DERMATOLOGICALS
ROBITUSSIN COUGH DM LIQUID	-	EXC	COUGH/COLD/ALLERGY
ROBITUSSIN COUGH DM LIQUID 20-200MG/20ML	-	EXC	COUGH/COLD/ALLERGY
ROBITUSSIN LIQ DM	-	EXC	COUGH/COLD/ALLERGY
ROCKLATAN OPHTH SOLN (Step Therapy requires trial of latanoprost ophth soln)	ST	Non-Preferred	OPHTHALMIC AGENTS
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ROLVEDON INJ	-	EXC	HEMATOPOIETIC AGENTS
romidepsin for iv inj (ISTODAX equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	Preferred	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	Select	ANTIPARKINSON AGENTS

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Drug Name	Special Code	Tier	Category
ROSADAN KIT (Step Therapy requires trial of metronidazole cream)	ST	Non-Pref erred	DERMATOLOGICALS
ROSULA EMULSION	-	EXC	DERMATOLOGICALS
ROSULA GEL	-	EXC	DERMATOLOGICALS
ROSULA WASH	-	EXC	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventi ve	ANTIHYPERTENSIVES
ROSZET TAB (QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Pref erred	ANTIHYPERTENSIVES
ROTARIX SUSP	-	EXC	VACCINES
ROWASA KIT	-	EXC	GASTROINTESTINAL AGENTS - MISC.
ROXYBOND TAB (Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln)	ST	Non-Pref erred	ANALGESICS - OPIOID
ROYAL JELLY CAP	-	EXC	ALTERNATIVE MEDICINES
ROZLYTREK CAP 100MG (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK CAP 200MG (QL= 3 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (QL= 16 vials/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv) (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Preferre d	ANTICONVULSANTS
rufinamide tab (BANZEL equiv) (QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Preferre d	ANTICONVULSANTS
RUKOBIA ER TAB (QL= 60 tabs/30 days)	PA-QL	Non-Pref erred Specialty	ANTIVIRALS
RUZURGI TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Pref erred Specialty	ANTIMYASTHENIC/CHOLINERGIC AGENTS
RYALTRIS SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RYBELSUS TAB (QL= 1 tab/day; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred	ANTIDIABETICS
RYBIX ODT	-	Non-Pref erred	ANALGESICS - OPIOID
RYBREVANT SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYCLORA SOLN	-	EXC	ANTIHISTAMINES
RYDAPT CAP	PA	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYLAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYPLAZIM SOLN	-	EXC	HEMATOLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
RYTARY CAP 23.75-95MG (QL= 750 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Pref erred	ANTIPARKINSON AGENTS
RYTARY CAP 36.25-145MG (QL= 480 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Pref erred	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 48.75-195MG (QL= 360 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Pref erred	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 61.25-245MG (QL= 300 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Pref erred	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYVENT TAB (QL= 4 tabs/day)	QL	Non-Pref erred	ANTIHISTAMINES
S. BOULARDII CAP PROBIOTIC	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
S-ADENOSYLMETHIONINE CAP	-	EXC	ALTERNATIVE MEDICINES
SAFETY SYRINGE	-	Preferred	MEDICAL DEVICES AND SUPPLIES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALEX SHAMPOO	-	Non-Pref erred	DERMATOLOGICALS
salicylic acid soln	-	EXC	DERMATOLOGICALS
salicylic AC gel 6%	-	EXC	DERMATOLOGICALS
salicylic acid aerosol	-	Preferred	DERMATOLOGICALS
salicylic acid cream	-	EXC	DERMATOLOGICALS
SALICYLIC ACID GEL W/ EMOLLIENT CREAM KIT	-	EXC	DERMATOLOGICALS
salicylic acid liquid	-	EXC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	Select	DERMATOLOGICALS
SALICYLIC ACID/SULFACETAMIDE SUSP	-	EXC	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	EXC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	Select	ANALGESICS - NONNARCOTIC
SALVAX DUO PLUS KIT	-	Non-Pref erred	DERMATOLOGICALS
SAM-E TMG PAK	OTC	EXC	ALTERNATIVE MEDICINES
SAMSCA TAB, TOLVAPTAN TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCUSO PATCH (QL= 4 patches/28 days; Step Therapy requires trial of granisetron)	QL-ST	Non-Pref erred	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	Non-Pref erred Specialty	ASSORTED CLASSES
SANDOSTATIN LAR INJ KIT	-	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	Non-Pref erred	DERMATOLOGICALS
SAPHNELO SOLN	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
sapropterin dihydrochloride powder packet (KUVAN equiv)	PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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sapropterin dihydrochloride soluble tab (KUVAN equiv)	PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAVAYSA TAB (QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO)	QL-ST	Non-Preferred	ANTICOAGULANTS
SAVELLA PAK (Step Therapy requires trial of duloxetine and gabapentin)	ST	Non-Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin)	QL-ST	Non-Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAW PALMETTO CAP	-	EXC	ALTERNATIVE MEDICINES
SB FLU HBP TAB	OTC	EXC	COUGH/COLD/ALLERGY
SCARCIN GEL	-	Non-Preferred	DERMATOLOGICALS
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Select	ANTIEMETICS
SECONAL CAP	-	Non-Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SECUADO PATCH (QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEEBRI NEOHALER CAP (QL= 60 caps/30 days; Step Therapy requires trial of INCRUSE ELLIPTA and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLENTIS TAB (QL= 10 tabs/day; Trial of 3: tramad IR, celecox cap, oxycod tab/cap/sol, hydromorph tab/sol, oxymorph tab, morph sol)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
SEGLUROMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	Select	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	Select	ANTIPARKINSON AGENTS
SELENIOS AC SOLN	-	EXC	MINERALS & ELECTROLYTES
selenium sulfide lotion	-	Select	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	Select	DERMATOLOGICALS
SELENIUM TAB	-	EXC	MINERALS & ELECTROLYTES
SELZENTRY SOLN (QL= 31ml/day)	QL	Preferred Specialty	ANTIVIRALS
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
SEMGLEE INJ 100U/ML (QL= 60ml/30 days)	QL	Preferred	ANTIDIABETICS
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30 days)	QL	Preferred	ANTIDIABETICS

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SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 day)	QL	Preferred	ANTI-DIABETICS
SEMPREX-D CAP 8-60MG	-	EXC	COUGH/COLD/ALLERGY
SENSORCAINE-MPF EPINEPHRINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY (Step Therapy requires trial of betamethasone dipropionate)	ST	Non-Preferred	DERMATOLOGICALS
SERTRALINE CAP (QL= 30 caps/30 days; Step therapy requires trial of sertraline tab)	QL-ST	Non-Preferred	ANTI-DEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	Value	ANTI-DEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	Value	ANTI-DEPRESSANTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	Preferred	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	Preferred	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	Non-Preferred	TETRACYCLINES
SEZABY INJ	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SHARK CARTILAGE CAP	-	EXC	ALTERNATIVE MEDICINES
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB (Step Therapy requires trial of DROXIA CAP)	ST	Non-Preferred	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	Non-Preferred	DERMATOLOGICALS
SILATRIX GEL	-	EXC	MOUTH/THROAT/DENTAL AGENTS
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	Non-Preferred	DERMATOLOGICALS
SILIQ INJ (QL= 4 inj/28 days)	PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
sildenafil cap (RAPAFLO equiv)	-	Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
SILVER NITRATE SOLN	-	Preferred	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Select	DERMATOLOGICALS
SILVERA PAD	-	Non-Preferred	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
SIMCOR TAB (QL= 1 tab/day)	QL	Non-Preferred	ANTI-HYPERLIPIDEMICS

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

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Drug Name	Special Code	Tier	Category
simethicone cap (PHAZYME equiv)	OTC	EXC	GASTROINTESTINAL AGENTS - MISC.
SIMPONI SC INJ (QL= 1 inj/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Preferred	ANTIHYPERTENSIVES
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventive	ANTIHYPERTENSIVES
sirolimus soln (RAPAMUNE equiv)	-	Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	Preferred Specialty	ASSORTED CLASSES
SIRTURO TAB (Restricted to Infectious Disease Specialist; Only available through MMS Solutions 855-691-0963)	LD-RS	Preferred Specialty	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB (QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir)	QL-ST	Non-Preferred	ANTIVIRALS
SIVEXTRO INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
SIVEXTRO TAB (QL= 6 tabs/fill)	QL-RS	Preferred	ANTI-INFECTIVE AGENTS - MISC.
SKLICE LOTION	OTC	EXC	DERMATOLOGICALS
SKYCLARYS CAP 50MG (QL= 90 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
SKYLA IUD	-	Preventive	CONTRACEPTIVES
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ (QL= 1 cartridge/56 days)	PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days)	PA-QL	Preferred Specialty	DERMATOLOGICALS
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	PA-QL	Preferred Specialty	DERMATOLOGICALS
SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days)	PA-QL	Preferred Specialty	DERMATOLOGICALS
SKYRIZI SOLN	-	EXC	GASTROINTESTINAL AGENTS - MISC.
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SKYTROFA INJ (QL= 4 inj/28 days)	PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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SLOW RELEASE IRON TAB	-	EXC	HEMATOPOIETIC AGENTS
SLYND TAB	-	Preventive	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB (QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred	DIURETICS
SOAANZ TAB 60MG (QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred	DIURETICS
SOD ACETATE INJ	-	EXC	MINERALS & ELECTROLYTES
SOD CHLORIDE INJ	-	Select	MINERALS & ELECTROLYTES
sodium acetate inj	-	EXC	MINERALS & ELECTROLYTES
sodium chloride inj	-	Select	MINERALS & ELECTROLYTES
sodium chloride neb soln (HYPER-SAL equiv)	-	Select	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
SODIUM IODIDE I-131 SOLN	-	EXC	THYROID AGENTS
SODIUM OXYBATE SOLN, XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
sodium phenylbutyrate powder (BUPHENYL equiv)	PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	Preferred	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	Preferred	ASSORTED CLASSES
SODIUM SULFACETAMIDE CLEANSER	-	EXC	DERMATOLOGICALS
sodium sulfacetamide gel (OVACE PLUS equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	EXC	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	EXC	DERMATOLOGICALS

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sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	EXC	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	EXC	DERMATOLOGICALS
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Preferred	LAXATIVES
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	PA-QL	Preferred Specialty	ANTIVIRALS
SOGROYA INJ (QL= 6ml/28 days)	PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOLAICE PATCH	-	Non-Preferred	DERMATOLOGICALS
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Select	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 18ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Preferred	ANTIDIABETICS
SOLOSEC GRANULES PACKET (QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole)	QL-ST	Non-Preferred	AMEBICIDES
SOLTAMAX SOLN	-	Non-Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SOLU-CORTEF INJ	-	Preferred	CORTICOSTEROIDS
SOMATULINE INJ	PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	Non-Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SOMRYST (QL= 1 membership/lifetime)	PA-QL	Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
sorafenib tosylate tab (NEXAVAR equiv)	PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SORE THROAT LOLLIPOP	-	EXC	MOUTH/THROAT/DENTAL AGENTS
sotalol AF tab (BETAPACE AF equiv)	-	Select	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	Select	BETA BLOCKERS
SOTROVIMAB INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SOTYKTU TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
SOTYLIZE SOLN	-	Non-Preferred	BETA BLOCKERS

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SOVALDI PELLETT PAK	-	Non-Pref erred Specialty	ANTIVIRALS
SOVALDI TAB (QL= 28 tabs/28 days)	PA-QL	Non-Pref erred Specialty	ANTIVIRALS
SPECTRACEF TAB	-	Non-Pref erred	CEPHALOSPORINS
SPEVIGO INJ	-	EXC	DERMATOLOGICALS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventi ve	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Preferre d	DERMATOLOGICALS
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-M-PA	Non-Pref erred Specialty	NEUROMUSCULAR AGENTS
SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device)	QL	Preferre d	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler)	QL-ST	Preferre d	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Preferre d	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	Value	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Select	DIURETICS
SPRAVATO NASAL SOLN (QL= 4 kits/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventi ve	CONTRACEPTIVES
SPRITAM TAB (Step Therapy requires trial of levetiracetam or levetiracetam ER)	ST	Non-Pref erred	ANTICONVULSANTS
SPRIX NASAL SPRAY (QL= 5 units/30 days)	QL	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	PA-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS SUSP	-	Preferre d	MISCELLANEOUS THERAPEUTIC CLASSE
SQUALENE LIQ 98%	-	EXC	CHEMICALS
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Preferre d	COUGH/COLD/ALLERGY
STAMARIL INJ	-	Preventi ve	VACCINES
STAVUDINE CAP (QL= 2 caps/day)	QL	Non-Pref erred Specialty	ANTIVIRALS
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Preferre d Specialty	ANTIVIRALS
STAVZOR CAP	-	Non-Pref erred	ANTICONVULSANTS

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STEGLATRO TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB)	QL-ST	Non-Preferred	ANTIDIABETICS
STEGLUJAN TAB (Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	ST	Non-Preferred	ANTIDIABETICS
STELARA INJ (QL= 1 inj/84 days)	PA-QL	Preferred Specialty	DERMATOLOGICALS
STELARA INJ (QL= 1 inj/84 days)	PA-QL	Preferred Specialty	DERMATOLOGICALS
STIMATE NASAL SOLN	-	Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIMUFEND INJ (QL = 1.2 units/28 days)	PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
STREPTOCOCCINUM MIS	-	EXC	ASSORTED CLASSES
STRIANT FILM (QL= 60 films/30 days)	PA-QL	Non-Preferred	ANDROGENS-ANABOLIC
STRIBILD TAB (QL= 1 tab/day)	QL	Preferred Specialty	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of SEREVENT DISKUS)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBSYS SPRAY (QL= 180 sprays/30 days)	PA-QL	Non-Preferred	ANALGESICS - OPIOID
SUCLEAR KIT	-	Non-Preferred	LAXATIVES
SUCRAID SOLN (Step Therapy requires trial of Creon; Only available through Optum Frontier Therapies 855-768-9727)	LD-ST	Non-Preferred Specialty	DIGESTIVE AIDS
sucrafate susp (CARAFATE equiv)	-	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
sucrafate tab (CARAFATE equiv)	-	Select	ULCER DRUGS
SUDAFED 24HR TAB 240MG	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUDAFED CHILD LIQUID	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUFENTANIL INJ	-	EXC	ANALGESICS - OPIOID
SULFACETAMIDE SODIUM OPHTH OINT	-	Preferred	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Select	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Select	OPHTHALMIC AGENTS
SULFADIAZINE TAB (QL= 8 tabs/day)	QL	Preferred	SULFONAMIDES

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sulfadiazine tab	QL--	Select	SULFONAMIDES
SULFAMYLON CREAM	-	Preferred	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN XLT KIT	-	EXC	DERMATOLOGICALS
SUMANSETRON PAK (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	ST	Non-Preferred	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days)	QL	Preferred	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Preferred	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Preferred	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 1 inj/7 days)	QL	Preferred	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREMIMET equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Preferred	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	Non-Preferred	MIGRAINE PRODUCTS
SUMAXIN PAD	-	EXC	DERMATOLOGICALS
SUMAXIN WASH	-	EXC	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNLENCA INJ	-	EXC	ANTIVIRALS
SUNOSI TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
SUNOSI TAB 75 MG (QL= 2 tabs/day)	PA-QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
SUPRAX CAP	-	Non-Preferred	CEPHALOSPORINS
SUPRAX CHEW TAB	-	Non-Preferred	CEPHALOSPORINS
SUPRAX SUSP	-	Non-Preferred	CEPHALOSPORINS
SUSVIMO IMP	-	EXC	MEDICAL DEVICES AND SUPPLIES
SUSVIMO INJ	-	EXC	OPHTHALMIC AGENTS
SUTAB TAB (Step Therapy requires trial of 2: CLENPIQ SOLN, trilyte soln, gavilyte-h kit, peg 3350/electrolytes soln, peg 3350 soln, or GAVILYTE-C SOLN)	ST	Non-Preferred	LAXATIVES
SYFOVRE INJ	-	EXC	OPHTHALMIC AGENTS
SYLATRON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	Non-Preferred	ULCER DRUGS

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Drug Name	Special Code	Tier	Category
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
SYMJEPI INJ (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
SYMLINPEN INJ 120 (QL= 11ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin or Novolog or Fiasp or generic insulin aspart insulin)	QL-ST	Non-Preferred	ANTIDIABETICS
SYMLINPEN INJ 60 (QL= 6ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin or Novolog or Fiasp or generic insulin aspart insulin)	QL-ST	Non-Preferred	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	Non-Preferred	ANTICONVULSANTS
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Preferred	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	Preferred Specialty	ANTIVIRALS
SYNAGIS INJ (QL= 2 inj/28 days)	PA-QL	Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNAREL NASAL SOLN	-	Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN (QL= 60ml/30 days)	QL	Non-Preferred	ANTIEMETICS
SYNERA PATCH	-	Non-Preferred	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	Preferred	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	Preferred	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	Preferred	ANTIDIABETICS
SYNOJOYNT INJ	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNVEXIA TC CREAM	-	Non-Preferred	DERMATOLOGICALS
SYRINGE LUER-LOK	OTC	Preferred	MEDICAL DEVICES AND SUPPLIES
TABLOID TAB (QL= 4 tabs/day)	QL	Non-Preferred	ANTINEOPLASTICS
TABRECTA TAB (QL= 112 tabs/28 days)	PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	Select	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	Select	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Select	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (QL= 10ml/day)	PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
TAFINLAR CAP (QL= 4 caps/day)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB (QL= 12 tabs/day)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select	OPHTHALMIC AGENTS
TAGRISSE TAB (QL= 1 tab/day)	PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
TALTZ INJ (QL= 1 inj/28 days)	PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
TALZENNA CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.25MG (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 1MG (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
TANDEM CAP	OTC	EXC	HEMATOPOIETIC AGENTS
TARKA TAB	-	Non-Preferred	ANTIHYPERTENSIVES
TARPEYO CAP (QL= 120 caps/30 days)	PA-QL	Non-Preferred	CORTICOSTEROIDS
TART CHERRY CAP	-	EXC	ALTERNATIVE MEDICINES
TASCENSO ODT TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TASIGNA CAP	PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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tasimelteon capsule (HETLIOZ equiv)	PA	Preferred Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
tavaborole soln (KERYDIN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Preferred	DERMATOLOGICALS
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
tazarotene cream 0.1% (TAZORAC equiv)	-	Preferred	DERMATOLOGICALS
tazarotene gel 0.05% (TAZORAC equiv) (QL= 100g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Preferred	DERMATOLOGICALS
tazarotene gel 0.05% (TAZORAC equiv) (QL= 30g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Preferred	DERMATOLOGICALS
tazarotene gel 0.1% (TAZORAC equiv) (QL= 100g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Preferred	DERMATOLOGICALS
tazarotene gel 0.1% (TAZORAC equiv) (QL= 30g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Preferred	DERMATOLOGICALS
TAZORAC CREAM 0.05% (Step Therapy requires trial of tazarotene cream)	ST	Non-Preferred	DERMATOLOGICALS
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TB SYRINGE	-	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIVIRALS
TECVAYLI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKTRUNA HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	Select	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB (Step therapy requires trial of amlodipine-olmesartan OR amlodipine-valsartan)	ST	Non-Preferred	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Preferred	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Preferred	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Preferred	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Preferred	ANTIHYPERTENSIVES

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temazepam cap 15mg (RESTORIL equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temozolomide cap (TEMODAR equiv)	-	Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TENCON TAB (QL= 6 tabs/day)	QL	Non-Preferred	ANALGESICS - NONNARCOTIC
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day)	QL	Preferred	ANTIVIRALS
TEPMETKO TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	Select	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	Select	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	Select	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	Select	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	Select	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	QL	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TERIPARATIDE INJ (QL= 2.48 units/28 days)	PA-QL	Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
TERLIVAZ INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Select	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ (QL= 4 vials/28 days)	QL	Preferred	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Preferred	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv)	PA-QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 300gm/30 days)	QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	QL	Preferred	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	QL	Preferred	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	QL	Preferred	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Preferred	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv)	-	Select	ANDROGENS-ANABOLIC

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Drug Name	Special Code	Tier	Category
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	Non-Preferred	ANDROGENS-ANABOLIC
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Preferred	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	QL	Preferred	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventive	TOXOIDS
TETPIDTAR SOLN	-	EXC	DERMATOLOGICALS
tetrabenazine tab (XENAZINE equiv)	PA	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracaine ophth soln	-	Specialty Select	OPHTHALMIC AGENTS
tetracycline cap	-	Select	TETRACYCLINES
TEZSPIRE INJ (QL= 1 pen/30 days)	PA-QL	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TEZSPIRE SOLN	-	Specialty EXC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB (QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg)	QL-ST	Non-Preferred	DIURETICS
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred	ASSORTED CLASSES
theanine cap	-	Specialty EXC	NUTRIENTS
theophylline CR tab (QUIBRON-T equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	Specialty Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYQUIDITY SOLN (Step Therapy requires trial of levothyroxine)	ST	Non-Preferred	THYROID AGENTS
THYROLAR TAB	-	Non-Preferred	THYROID AGENTS
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	Specialty EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICOVAC INJ	-	EXC	VACCINES
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Preferred	NEUROMUSCULAR AGENTS

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timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day)	QL	Preferred	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	Preferred	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	Select	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	Preferred	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	ST--	Select	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day)	QL	Preferred	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	Select	BETA BLOCKERS
TINACTIN AERSOL	OTC	EXC	DERMATOLOGICALS
tinidazole tab (TINDAMAX equiv)	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
TIROSINT CAP	-	Non-Preferred	THYROID AGENTS
TIROSINT-SOL (Step therapy requires trial of levothyroxine)	ST	Non-Preferred	THYROID AGENTS
TIVDAK INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TIVICAY PD TAB (QL= 180 tabs/30 days)	QL	Preferred	ANTIVIRALS
TIVICAY TAB (QL= 180 tabs/30 days)	QL	Preferred	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	Preferred	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	PA	Non-Preferred	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	Preferred	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
tobramycin neb soln (BETHKIS equiv)	PA	Preferred	AMINOGLYCOSIDES
tobramycin neb soln (TOBI equiv)	PA	Preferred	AMINOGLYCOSIDES
tobramycin ophth soln (TOBEX equiv)	-	Select	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Select	OPHTHALMIC AGENTS
TOBRAMYCIN/VANCOMYCIN DROPS	-	EXC	OPHTHALMIC AGENTS
TOBEX OPHTH OINT	-	Non-Preferred	OPHTHALMIC AGENTS

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TODAY SPONGE	OTC	Preventive	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	Select	ANTIDIABETICS
TOLBUTAMIDE TAB	-	Preferred	ANTIDIABETICS
tolcapone tab (TASMAR equiv) (QL= 3 caps/day)	QL	Preferred	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP (QL= 4 caps/day; Step Therapy requires trial of itraconazole)	QL-ST	Non-Preferred	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	Preferred	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	Preferred	URINARY ANTISPASMODICS
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day)	QL	Preferred	ANTICONVULSANTS
topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day)	QL	Preferred	ANTICONVULSANTS
topiramate ER cap 100mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred	ANTICONVULSANTS
topiramate ER cap 150mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Preferred	ANTICONVULSANTS
topiramate ER cap 200mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Preferred	ANTICONVULSANTS
topiramate ER cap 25mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Preferred	ANTICONVULSANTS
topiramate ER cap 50mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Preferred	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	Select	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	Select	ANTICONVULSANTS
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	Select	DIURETICS
torsemide tab 20mg (SOANZ equiv)	-	Select	DIURETICS
TOSYMRA SOLN (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred	ANTIDIABETICS
TOUJEO SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	Preferred	ANTIDIABETICS
TRAMADOL ER CAP (QL= 1 cap/day; Step Therapy requires trial of tramadol tab)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
tramadol ER tab (RYZOLT equiv)	-	Preferred	ANALGESICS - OPIOID
tramadol ER tab 100mg (ULTRAM ER equiv)	-	Select	ANALGESICS - OPIOID
tramadol ER tab 200mg (ULTRAM ER equiv)	-	Select	ANALGESICS - OPIOID
tramadol ER tab 300mg (ULTRAM ER equiv)	-	Select	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB 100MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB 200MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB 300MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
tramadol hcl tab 100mg (QL= 4 tabs/day)	QL	Select	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	Select	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	Select	ANALGESICS - OPIOID
TRAMETINIB POWDER	-	EXC	CHEMICALS
trandolapril tab (MAVIK equiv)	-	Select	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	Select	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB 2-180MG, 4-240MG	-	Non-Preferred	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB 2-240MG	-	Non-Preferred	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Select	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	Select	ANTIDEPRESSANTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Preferred	OPHTHALMIC AGENTS
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Select	ANTIDEPRESSANTS
TREANDA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECATOR TAB	-	Non-Preferred	ANTIMYCOBACTERIAL AGENTS
TREE MIX 9	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ASTHMA/MEDICATIONS AND BRONCHODILATOR AGENTS
TREMFYA INJ (QL= 1 inj/56 days)	PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.

ACA	NC =Not Covered Affordable Care Act	EXC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS Limited Distribution
M	Medical Benefit	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ (QL= 60ml/30 days)	QL	Preferred	ANTIDIABETICS
TRESIBA INJ (QL= 60ml/30 days)	QL	Preferred	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	-	Preferred Specialty	ANTINEOPLASTICS
tretinoin cream (RETIN-A CREAM equiv)	-	Select	DERMATOLOGICALS
tretinoin gel (Step Therapy requires trial of adapalene or tretinoin)	ST	Preferred	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv)	ST--	Select	DERMATOLOGICALS
TRETIN-X CREAM (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Preferred	DERMATOLOGICALS
TRETIN-X KIT	-	EXC	DERMATOLOGICALS
TREXIMET TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP (QL= caps/day)	QL	Non-Preferred	ANALGESICS - OPIOID
triamcinolone acetonide oint (TRIANEX equiv) (Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%)	ST	Preferred	DERMATOLOGICALS
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Select	DERMATOLOGICALS
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Select	DERMATOLOGICALS
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Select	DERMATOLOGICALS
triamcinolone cream	-	Select	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	Select	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	Preferred	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	Preferred	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Select	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Select	DIURETICS
TRIANEX OINT	-	Non-Preferred	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TRICEPTIN PAD	OTC	EXC	DERMATOLOGICALS
tricitrates soln (POLYCITRA-LC equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
trientine cap (SYPRINE equiv) (Step Therapy requires trial of penicillamine tab)	ST	Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
TRIFERIC AVNU INJ	-	EXC	HEMATOPOIETIC AGENTS
trifluoperazine tab (STELAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	Select	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
TRIGLIDE TAB	-	Non-Pref erred	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN	-	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	Select	ANTIPARKINSON AGENTS
TRIJARDY XR 10-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Pref erred	ANTIDIABETICS
TRIJARDY XR 25-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Pref erred	ANTIDIABETICS
TRIJARDY XR TAB 12.5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Pref erred	ANTIDIABETICS
TRIJARDY XR TAB 5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Pref erred	ANTIDIABETICS
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 20 packets/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	-	Preventi ve	CONTRACEPTIVES
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventi ve	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	Select	ANTIEMETICS
TRIMETHOPRIM TAB	-	Preferre d	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Select	ANTIDEPRESSANTS
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred	ANTIDEPRESSANTS
TRIONEX PACK	-	EXC	DERMATOLOGICALS
triprolidine hcl liquid (PEDIACLEAR equiv)	-	Non-Pref erred	ANTIHISTAMINES
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Select	COUGH/COLD/ALLERGY
TRIPROLIDINE-DEXTROMORPHAN LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Select	COUGH/COLD/ALLERGY
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventi ve	CONTRACEPTIVES
TRISTART CAP	-	EXC	MULTIVITAMINS
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Preferre d Specialty	ANTIVIRALS
TRIUMEQ TAB (QL= 1 tab/day)	QL	Preferre d Specialty	ANTIVIRALS
TRI-VITAMIN INFANT DROPS	OTC	EXC	MULTIVITAMINS

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TRIZIVIR TAB (QL= 2 tabs/day)	QL	Non-Pref erred Specialty	ANTIVIRALS
TROKENDI XR CAP (QL= 1 cap/day)	QL	Non-Pref erred	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	Select	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	Non-Pref erred	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	-	Preferre d	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	Preferre d	URINARY ANTISPASMODICS
TRUDHESA NASAL SPRAY (QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan)	QL-ST	Non-Pref erred	MIGRAINE PRODUCTS
TRULANCE TAB (QL= 30 tabs/30 days)	QL	Preferre d	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferre d	ANTIDIABETICS
TRUMENBA INJ	VAC	Preventi ve	VACCINES
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 175MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER)	QL-ST	Non-Pref erred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURMERIC-GINGER-BLACK PEPPER CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
TUSNEL C SYRUP	-	EXC	COUGH/COLD/ALLERGY
TUSNEL SYRUP	-	EXC	COUGH/COLD/ALLERGY
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	Non-Pref erred	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	Select	COUGH/COLD/ALLERGY
tussin cf liquid (QL= 1200ml/30 days)	OTC-QL	Select	COUGH/COLD/ALLERGY
TUXARIN ER TAB (QL= 20 tabs/fill, 2 fills/30 days)	QL	Non-Pref erred	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP (QL= 120ml/fill, 2 fills/30 days)	QL	Non-Pref erred	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	Preventi ve	VACCINES

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TWIRLA PATCH	-	Preventive	CONTRACEPTIVES
TWYNEO CREAM (QL= 30 grams/30 days; Step therapy requires trial of 2 preferred acne agents)	QL-ST	Non-Preferred	DERMATOLOGICALS
TYBLUME TAB	-	Preventive	CONTRACEPTIVES
TYBOST TAB	-	Preferred	ANTIVIRALS
TYMLOS INJ (QL= 1.56 units/30 days)	PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHIM VI INJ	-	Preventive	VACCINES
TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ANTIVIRALS
TZIELD INJ	-	EXC	ANTIDIABETICS
UBRELVY TAB 100MG (QL= 16 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
UBRELVY TAB 50MG (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	-	Non-Preferred	ANORECTAL AND RELATED PRODUCTS
UDENYCA INJ (QL = 2 injectors/28 days)	PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
UDENYCA INJ (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
ULESFIA LOTION (QL= 4 bottles/fill, 2 fills/month)	QL	Non-Preferred	DERMATOLOGICALS
UMECTA EMULSION	-	Non-Preferred	DERMATOLOGICALS
umecta mouss aer (HYDRO 40 equiv)	-	Preferred	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
UMECTA PD EMULSION	-	Non-Pref erred	DERMATOLOGICALS
UMECTA SUSP	-	EXC	DERMATOLOGICALS
UNISOM SIMPL CHW SLUMBERS	-	EXC	ALTERNATIVE MEDICINES
UPNEEQ SOLN (QL= 30 droppers/30 days)	PA-QL	Non-Pref erred	OPHTHALMIC AGENTS
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferre d Specialty	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN GEL	-	EXC	DERMATOLOGICALS
UREA CREAM	-	EXC	DERMATOLOGICALS
UREA EMULSION	-	EXC	DERMATOLOGICALS
UREA FOAM	-	EXC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	EXC	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	EXC	DERMATOLOGICALS
UREA NAIL KIT	-	Non-Pref erred	DERMATOLOGICALS
UREA SOLN	-	EXC	DERMATOLOGICALS
UREA SUSP	-	EXC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	EXC	DERMATOLOGICALS
UREA/SALICYLIC CREAM	-	EXC	DERMATOLOGICALS
UREA-LACTIC ACID CREAM	OTC	EXC	DERMATOLOGICALS
URSODIOL CAP (Step therapy requires trial of ursodiol tab)	ST	Non-Pref erred	GASTROINTESTINAL AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	ST--	Select	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
UTA CAP	-	Non-Pref erred	ANTI-INFECTIVE AGENTS - MISC.
UTA cap	-	Select	ANTI-INFECTIVE AGENTS - MISC.
UTIBRON NEOHALER CAP (QL= 2 caps/day; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER)	QL-ST	Non-Pref erred	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
UZEDY INJ	-	Non-Pref erred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VABYSMO INJ	-	EXC	OPHTHALMIC AGENTS
VAGISIL CREAM	-	EXC	VAGINAL AND RELATED PRODUCTS
valacyclovir tab (VALTREX equiv)	-	Select	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Preferre d Specialty	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	Select	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	Select	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	Select	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	Select	ANTICONVULSANTS
VALSARTAN ORAL SOLN (QL= 2400ml/30 days)	QL	Non-Pref erred	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	Select	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Select	ANTIHYPERTENSIVES

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SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
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VALTOCO NASAL SPRAY	-	Non-Pref erred	ANTICONVULSANTS
VANACOF LIQUID	-	EXC	COUGH/COLD/ALLERGY
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	Non-Pref erred	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	EXC	DERMATOLOGICALS
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARIVAX INJ	VAC	Preventi ve	VACCINES
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of ondansetron)	QL-RS-ST	Preferre d	ANTIEMETICS
VASOPRE/NACL INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
vasopressin iv soln (VASOSTRICT equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOPRESSIN SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOPRESSIN-NACL INJ SOLN PREF SYRINGE	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOSTRICT INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VAXCHORA SUSP	VAC	Preventi ve	VACCINES
VAXELIS INJ	VAC	Preventi ve	TOXOIDS
VAXNEUVANCE INJ	VAC	Preventi ve	VACCINES
VECAMYL TAB	PA	Non-Pref erred Specialty	ANTIHYPERTENSIVES
VEGZELMA IV SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELIVET PAK	-	Preventi ve	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	Preventi ve	CONTRACEPTIVES
VELPHORO CHEW TAB	-	Non-Pref erred	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER (QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, Lokelma)	QL-ST	Non-Pref erred	ASSORTED CLASSES
VEMLIDY TAB (QL= 1 tab/day)	QL	Preferre d Specialty	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874)	LD-PA	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ACA	NC =Not Covered Affordable Care Act	EXC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS Limited Distribution
M	Medical Benefit	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
VENCLEXTA TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	Select	ANTIDEPRESSANTS
venlafaxine ER tab	-	Preferred	ANTIDEPRESSANTS
VENLAFAXINE TAB (QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	QL-ST	Select	ANTIDEPRESSANTS
VENNGEL ONE KIT	OTC	EXC	DERMATOLOGICALS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VEOZAH TAB (QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial of 1: gabapen, pregab, clonidine)	QL-ST	Non-Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
VERAPAMIL CAP ER	-	Preferred	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 100MG	-	Select	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 200MG	-	Select	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 300MG	-	Select	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	Preferred	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	Non-Preferred	DERMATOLOGICALS
VEREGEN OINT	-	Non-Preferred	DERMATOLOGICALS
VERELAN PM ER CAP 100MG, 300MG	-	Non-Preferred	CALCIUM CHANNEL BLOCKERS
VERELAN SR CAP 360mg	-	Non-Preferred	CALCIUM CHANNEL BLOCKERS
VERKAZIA EMULSION 0.1% OPHTH (QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth)	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
VERQUVO TAB (QL= 30 tabs/30 days)	QL	Non-Preferred	CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
V-GO INJ KIT (QL= 1 kit/day)	QL	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	Non-Preferred	TETRACYCLINES
VIBRANT	-	EXC	LAXATIVES

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M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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VIBRANT STARTER KIT	-	EXC	LAXATIVES
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred	ANTIDIABETICS
VIDEX SOLN (QL= 600ml/30 days)	QL	Preferred Specialty	ANTIVIRALS
VIEKIRA PAK TAB (QL= 4 tabs/day)	PA-QL	Non-Preferred Specialty	ANTIVIRALS
VIEKIRA XR TAB (QL= 3 tabs/day)	PA-QL	Non-Preferred Specialty	ANTIVIRALS
vienna tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventive	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Preferred Specialty	ANTICONVULSANTS
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTICONVULSANTS
VIIBRYD STARTER KIT (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred	ANTIDEPRESSANTS
VIJOICE TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	Preferred	ANTIDEPRESSANTS
VIMOVO TAB	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
VINCRISTINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIOKACE TAB (Step Therapy requires trial of Creon)	ST	Non-Preferred	DIGESTIVE AIDS
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventive	CONTRACEPTIVES
VIRACEPT TAB	-	Preferred Specialty	ANTIVIRALS
VIRASAL LIQUID	-	EXC	DERMATOLOGICALS
VIREAD POWDER	-	Preferred Specialty	ANTIVIRALS
VIREAD TAB (QL= 1 tab/day)	QL	Preferred Specialty	ANTIVIRALS
VISIPAQUE INJ	-	EXC	DIAGNOSTIC PRODUCTS
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Preferred Specialty	ANTIDOTES
VITAFOL STRIPS	-	Non-Preferred	MULTIVITAMINS

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

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Drug Name	Special Code	Tier	Category
VITAMIN A OIL	-	EXC	CHEMICALS
VITAMIN B-12 TAB 1500 TR	-	EXC	HEMATOPOIETIC AGENTS
VITAMIN B-6 TAB	-	EXC	VITAMINS
VITAMIN C VAGINAL TAB	-	EXC	VAGINAL AND RELATED PRODUCTS
vitamin D cap (RX strength only)	-	Select	VITAMINS
VITAMIN D3 CAP	-	EXC	VITAMINS
VITAMIN D3 DROPS	-	EXC	VITAMINS
VITAMIN D-CALCIUM BETA HYDROXY BETA METHYLBUTYRATE	OTC	EXC	ALTERNATIVE MEDICINES
VITA-PAC CAP	OTC	EXC	MULTIVITAMINS
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 8 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIVITROL INJ	-	Preferre d Specialty	ANTIDOTES
VIVJOA CAP (QL= 18 caps/84 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty	ANTIFUNGALS
VIVLODEX CAP (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Non-Pref erred	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP	-	Preventi ve	VACCINES
VIZIMPRO TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOCABRIA TAB	-	EXC	ANTIVIRALS
VOGELXO PUMP (QL= 4 bottles/30 days)	PA-QL	Non-Pref erred	ANDROGENS-ANABOLIC
VONJO CAP (QL= 120 tabs/30 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOPAC 5 CREAM	-	Non-Pref erred	DERMATOLOGICALS
VOQUEZNA DUAL PAK (QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit)	QL-ST	Non-Pref erred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
VOQUEZNA TRIP PAK (QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit)	QL-ST	Non-Pref erred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
voriconazole susp (VFEND equiv)	-	Select	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	Select	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	PA-QL	Preferre d Specialty	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
VOTRIENT TAB	PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP (QL= 12 caps/30 days)	PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
VP-PNV-DHA CAP	-	Select	MULTIVITAMINS
VRAYLAR CAP (QL= 1 cap/day)	QL	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK (QL= 2 packs/plan year)	QL	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	Non-Preferred	ANTIDIARRHEALS
VTAMA CREAM (QL= 60 grams/30 days)	PA-QL	Non-Preferred	DERMATOLOGICALS
VTOL SOLN	-	Select	ANALGESICS - NONNARCOTIC
VUEWAY INJ	-	EXC	DIAGNOSTIC PRODUCTS
VUITY OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
VUMERITY CAP (QL= 120 caps/30 days)	PA-QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYJUVEK GEL	-	EXC	DERMATOLOGICALS
VYLEESI INJ (QL= 2.4 ml/28 days)	PA-QL	Non-Preferred	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	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
VYVANSE CAP (QL= 1 cap/day)	QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
VYVANSE CHEW TAB (QL= 1 tab/day)	QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
VYVGART HYTRULO INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
VYZULTA SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
warfarin tab (COUMADIN equiv)	-	Select	ANTICOAGULANTS
WEGOVY INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
WELIREG TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WINLEVI CREAM (QL= 60 grams/30 days; Step Therapy requires trial of 1 topical antibiotic AND 1 of the following: adapalene OR tretinoin)	QL-ST	Non-Preferred	DERMATOLOGICALS

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WPR PLUS	-	Non-Pref erred	DERMATOLOGICALS
WYNZORA CREAM	-	Non-Pref erred	DERMATOLOGICALS
XACIATO GEL (QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap)	QL-ST	Non-Pref erred	VAGINAL AND RELATED PRODUCTS
XADAGO TAB (QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa)	QL-ST	Non-Pref erred	ANTIPARKINSON AGENTS
XALIX SOL	-	EXC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Preferre d	ANTICOAGULANTS
XARELTO SUSP (QL= 10ml/day)	QL	Preferre d	ANTICOAGULANTS
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Preferre d	ANTICOAGULANTS
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Preferre d	ANTICOAGULANTS
XARELTO TAB 2.5MG (QL= 60 tabs/30 days)	QL	Preferre d	ANTICOAGULANTS
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Preferre d	ANTICOAGULANTS
XARTEMIS XR TAB (QL= 12 tabs/day)	QL	Non-Pref erred	ANALGESICS - OPIOID
XATMEP SOLN (QL= 60ml/30 days)	PA-QL	Non-Pref erred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XCELLENT E CAP 33.5MG	-	EXC	VITAMINS
XCOPRI PAK 100-150MG (QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred	ANTICONVULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred	ANTICONVULSANTS
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	Non-Pref erred	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	Non-Pref erred	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred	ANTICONVULSANTS
XELJANZ SOLN (QL= 10ml/day)	PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	PA-QL	Preferre d Specialty	ANALGESICS - ANTI-INFLAMMATORY

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XELJANZ XR TAB (QL= 1 tab/day)	PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPHTH EMULSION (Step Therapy requires trial of latanoprost opht soln)	ST	Non-Preferred	OPHTHALMIC AGENTS
XELSTRYM PAD (QL= 1 patch/day; Step therapy requires trial of 2: Ampht-Dexamph, dextroamphetamine tab/soln, methylphenidate tab/soln, dexmethylphen ER)	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
XEMBIFY INJ (Only available through Optum 877-445-6874)	LD-PA	Non-Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENICAL CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
XENLETA TAB (QL= 10 tabs/fill, 1 fill/month)	PA-QL	Non-Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.
XENON XE 129 HYPERPOLARIZED INHALATION GAS	-	EXC	DIAGNOSTIC PRODUCTS
XENPOZYME SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEPI CREAM (QL= 30gm/30 days)	QL	Non-Preferred	DERMATOLOGICALS
XERESE CREAM	-	Non-Preferred	DERMATOLOGICALS
XERMELO TAB (QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306)	LD-PA-QL-ST	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
XGEVA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XHANCE NASAL EXHALER	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/fill, 2 fills/month)	PA-QL	Non-Preferred	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	Non-Preferred	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	Preferred	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	Preferred	ANTIDIABETICS
XIIDRA OPHTH SOLN (QL= 60ml/30days; Step Therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
XIPERE INJ	-	EXC	OPHTHALMIC AGENTS
XOFLUZA TAB (QL= 2 tabs/120 days)	QL	Non-Preferred	ANTIVIRALS
XOFLUZA TAB THERAPY PACK 40MG (QL= 2 tabs/120 days)	QL	Non-Preferred	ANTIVIRALS
XOFLUZA TAB THERAPY PACK 80MG (QL= 2 tabs/120 days)	QL	Non-Preferred	ANTIVIRALS
XOLAIR INJ (QL= 1 syringe/28 days)	M-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ (QL= 1 vial/28 days)	M-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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XOLEGEL	-	Non-Pref erred	DERMATOLOGICALS
XOLEGEL COREPAK KIT	-	Non-Pref erred	DERMATOLOGICALS
XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPOVIO TAB (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XRYLIX PAK	-	EXC	DERMATOLOGICALS
XTAMPZA ER CAP 13.5MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
XTAMPZA ER CAP 18MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
XTAMPZA ER CAP 27MG (QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
XTAMPZA ER CAP 36MG (QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
XTAMPZA ER CAP 9MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULTOPHY INJ (QL= 15ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred	ANTIDIABETICS
XURIDEN POWDER (Only available through Biomatrix 855-359-9679)	LD-PA	Non-Pref erred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYLITOL GEL	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
XYMODINE CAP	OTC	EXC	MINERALS & ELECTROLYTES
XYOSTED INJ (QL= 4 syringes/28 days)	PA-QL	Non-Pref erred	ANDROGENS-ANABOLIC
XYWAV SOLN (Only available through Xyrem Central Pharmacy 314-587-4050)	LD-PA	Non-Pref erred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
YF-VAX INJ	-	Preventi ve	VACCINES
YONSA TAB (QL= 4 tabs/day)	PA-QL-SF	Non-Pref erred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	EXC	HEMATOLOGICAL AGENTS - MISC.
YUPELRI SOLN (QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT)	QL-ST	Non-Pref erred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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QL	Quantity Limit	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				

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Drug Name	Special Code	Tier	Category
zafemy patch (XULANE equiv)	-	Preventive	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZANTAC EFFER TAB	-	Non-Preferred	ULCER DRUGS
ZARXIO INJ (QL= 15 syringes/30 days)	QL	Preferred Specialty	HEMATOPOIETIC AGENTS
ZAVZPRET SPRAY (QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
ZECUITY PAD (QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
ZEGERID CAP	-	EXC	ULCER DRUGS
ZEGERID CAP OTC	OTC	EXC	ULCER DRUGS
ZEGERID POWDER PACK	-	EXC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	Non-Preferred	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZENIFIBER AG PAD	-	EXC	DERMATOLOGICALS
zenzedi tab 10mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZENZEDI TAB 2.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZENZEDI TAB 7.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPATIER TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Specialty	ANTIVIRALS
ZEPHREX-D TAB 30MG (QL= 240 tabs/30 days)	QL	Preferred	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZEPOSIA CAP (QL=30 caps/30 days)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 28 caps/28 days)	PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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ZERVIAE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
ZETONNA NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Preferred Specialty	ANTIVIRALS
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Preferred Specialty	ANTIVIRALS
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
ZIEXTENZO INJ (QL= 1.2 units/28 days)	PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
ZILACTIN BABY GEL	-	EXC	MOUTH/THROAT/DENTAL AGENTS
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZIMHI SOLN (QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj)	QL-ST	Non-Preferred	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINC CHLORID INJ	-	EXC	MINERALS & ELECTROLYTES
zinc chloride inj	-	EXC	MINERALS & ELECTROLYTES
zinc oxide oint	-	EXC	DERMATOLOGICALS
ZINC SULFATE INJ	-	EXC	MINERALS & ELECTROLYTES
ZINCTRAL PASTE	OTC	EXC	DERMATOLOGICALS
ZINGO INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
ZIOPTAN OPHTH SOLN (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	Preferred	OPHTHALMIC AGENTS
ZITHRANOL SHAMPOO	-	Non-Preferred	DERMATOLOGICALS
ZITHROMAX POWDER PACK	-	Preferred	MACROLIDES
ZMA CLEAR SUSP	-	EXC	DERMATOLOGICALS
ZOKINVY CAP	PA	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP	PA-SF	Preferred Specialty	ANTINEOPLASTICS
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT)	QL-ST	Preferred	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Preferred	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Preferred	MIGRAINE PRODUCTS
ZOLPIDEM CAP (QL= 1 cap/day; ST requires trial of zolpidem tab AND Trial of 1: eszopiclone, zaleplon, zolpidem ER or zolpidem SL)	QL-ST	Non-Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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Drug Name	Special Code	Tier	Category
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	ST	Non-Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMACTON INJ	PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred	MIGRAINE PRODUCTS
ZONISADE SUSP (QL= 900ml/30 days)	QL	Non-Preferred	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	Select	ANTICONVULSANTS
ZONTIVITY TAB (Step Therapy requires trial of clopidogrel)	ST	Non-Preferred	HEMATOLOGICAL AGENTS - MISC.
ZORVOLEX CAP (QL= 3 caps/day)	QL	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM (QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AND topical tacrolimus oint)	QL-ST	Non-Preferred	DERMATOLOGICALS
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
ZUBSOLV SL TAB (QL= 90 tabs/30 days)	QL	Non-Preferred	ANALGESICS - OPIOID
ZUPLENZ SL FILM (Step Therapy requires trial of ondansetron)	ST	Non-Preferred	ANTIEMETICS
ZURAMPIC TAB (QL= 1 tab/day)	PA-QL	Non-Preferred	GOUT AGENTS
ZYCLARA CREAM 2.5% (QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream)	QL-ST	Non-Preferred	DERMATOLOGICALS
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO TAB (QL= 4 tabs/day)	QL	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP	-	Preferred	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	EXC	DERMATOLOGICALS
ZYNLONTA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYNTGLO INJ	-	EXC	HEMATOPOIETIC AGENTS
ZYNYZ INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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ZYPITAMAG TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Preferred	ANTHYPERLIPIDEMICS
ZYPREXA RELPREVV INJ	-	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYRTEC CHILD CHEW ALLERGY	-	EXC	ANTIHISTAMINES
ZYRTEC CHILD TAB	OTC	EXC	ANTIHISTAMINES
ZYRTEC-D TAB 5-120MG	-	EXC	COUGH/COLD/ALLERGY
ZYTAZE CAP	-	Non-Preferred	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADZENYS ER SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred
ADZENYS XR TAB (QL= 1 tab/day; Step Therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Pref erred
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP (QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexamethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Pref erred
DYANAVEL XR CHEW 10MG (QL= 2 tabs/day; Step therapy requires trial of 2: amphetam/dextroamphtam ER, methylphenidate ER, dexamethylphenidate ER, dextroamphetamine ER)	QL-ST	Non-Pref erred
DYANAVEL XR CHEW 15MG (QL= 1 tab/day; Step therapy requires trial of 2: amphetam/dextroamphtam ER, methylphenidate ER, dexamethylphenidate ER, dextroamphetamine ER)	QL-ST	Non-Pref erred
DYANAVEL XR CHEW 20MG (QL= 1 tab/day; Step therapy requires trial of 2: amphetam/dextroamphtam ER, methylphenidate ER, dexamethylphenidate ER, dextroamphetamine ER)	QL-ST	Non-Pref erred
DYANAVEL XR CHEW 5MG (QL= 4 tabs/day; Step therapy requires trial of 2: amphetam/dextroamphtam ER, methylphenidate ER, dexamethylphenidate ER, dextroamphetamine ER)	QL-ST	Non-Pref erred
EVEKEO ODT (QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred
MYDAYIS CAP (QL= 1 cap/day)	QL	Non-Pref erred
VYVANSE CAP (QL= 1 cap/day)	QL	Non-Pref erred
VYVANSE CHEW TAB (QL= 1 tab/day)	QL	Non-Pref erred
XELSTRYM PAD (QL= 1 patch/day; Step therapy requires trial of 2: Amph-Dexampht, dextroamphetamine tab/soln, methylphenidate tab/soln, dexamethylphen ER)	QL-ST	Non-Pref erred
ZENZEDI TAB 2.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred
ZENZEDI TAB 7.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred
amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexamethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	Preferred
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Preferred
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	Preferred
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Preferred
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	Preferred
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexamethylphenidate tab)	QL-ST	Preferred
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexamethylphenidate tab)	QL-ST	Preferred
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexamethylphenidate tab)	QL-ST	Preferred
methamphetamine tab (DESOXYN equiv) (QL= 5 tabs/day)	QL	Preferred
zenzedi tab 10mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred
zenzedi tab 5mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Select
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Select

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Select
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Select
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Select
ANALECTICS		
caffeine citrate soln (CAFCIT equiv)	-	Select
ANOREXIANTS NON-AMPHETAMINE		
ADIPEX-P CAP	-	EXC
ADIPEX-P TAB	-	EXC
benzphetamine tab	-	EXC
DIETHYLPROPION ER TAB	-	EXC
diethylpropion tab	-	EXC
LOMAIRA TAB	-	EXC
PHENDIMETRAZINE ER TAB	-	EXC
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC
PLENITY CAP	-	EXC
ANTI-OBESITY AGENTS		
IMCIVREE INJ	-	EXC
WEGOVY INJ	-	EXC
XENICAL CAP	-	EXC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
QELBREE ER CAP 100MG (QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Pref erred
QELBREE ER CAP 150MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Pref erred
QELBREE ER CAP 200MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Pref erred
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Preferred
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select
atomoxetine cap 10mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Select
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Select
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Pref erred
SUNOSI TAB 75 MG (QL= 2 tabs/day)	PA-QL	Non-Pref erred
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty
STIMULANTS - MISC.		
ADHANSIA XR CAP 25MG (QL= 120 caps/30 days; Step therapy requires trial of dextro/amphetamine, metadate ER, or methylphenidate ER)	QL-ST	Non-Pref erred
ADHANSIA XR CAP 35MG (QL= 120 caps/30 days)	QL	Non-Pref erred
ADHANSIA XR, JORNAY PM (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Pref erred
AZSTARYS CAP (QL= 30 caps/30 days)	QL	Non-Pref erred
COTEMPLA XR ODT 17.3MG (QL= 1 tab/day)	QL	Non-Pref erred
COTEMPLA XR ODT 25.9MG (QL= 2 tabs/day)	QL	Non-Pref erred
COTEMPLA XR ODT 8.6MG (QL= 1 tab/day)	QL	Non-Pref erred
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL	Non-Pref erred
METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG (QL= 1 tab/day)	QL	Non-Pref erred
METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG (QL= 1 tab/day)	QL	Non-Pref erred
METHYLPHENIDATE ER TAB 72MG (QL= 1 tab/day)	QL	Non-Pref erred
QUILLICHEW ER TAB (QL= 1 tab/day)	QL	Non-Pref erred
QUILLIVANT XR SUSP (QL= 360ml/30 days)	QL	Non-Pref erred
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	Preferred
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	Preferred
methylphenidate ER cap (RITALIN LA equiv) (QL= 1 cap/day)	QL	Preferred
methylphenidate ER cap 10mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred
methylphenidate ER cap 15mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred
methylphenidate ER cap 20mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred
methylphenidate ER cap 30mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred
methylphenidate ER cap 40mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred
methylphenidate ER cap 50mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred
methylphenidate ER cap 60mg (APTENSIO XR equiv) (QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Preferred
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL	Preferred
methylphenidate ER tab 18mg (QL= 1 tab/day)	QL	Preferred
methylphenidate ER tab 27mg (QL= 1 tab/day)	QL	Preferred

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

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
methylphenidate ER tab 36mg (QL= 1 tabs/day)	QL	Preferred
methylphenidate ER tab 54mg (QL= 1 tab/day)	QL	Preferred
methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: amphd-dexampht, dextroamphetamine tab/soln, methylphenidate tab/soln, dexamethylphen ER)	QL-ST	Preferred
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select
armodafinil tab 250mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Select
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Select
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Select
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Select
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Select
methylphenidate ER tab (QL= 1 tab/day)	QL	Select
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Select
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Select
methylphenidate soln (METHYLIN equiv)	-	Select
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Select
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Select
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Select
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Value

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

ALTERNARIA ALTERNATA INJ	-	EXC
BLACK WALNUT INJ	-	EXC
TREE MIX 9	-	EXC
ODACTRA SL TAB	PA	Non-Preferred
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - A'S

ALPHA LIPOIC TAB	-	EXC
ASHWAGANDHA CAP 35	OTC	EXC

ALTERNATIVE MEDICINE - B'S

BERBERINE CAP	OTC	EXC
bilberry (vaccinium myrtillus) cap	-	EXC
BLACK COHOSH CAP	-	EXC
BLACK COHOSH TAB	OTC	EXC
BLACK ELDERBERRY SYRUP	-	EXC

ALTERNATIVE MEDICINE - C'S

CALCIUM D-CAP GLUCARAT	OTC	EXC
CO Q-10 CAP	-	EXC

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DrugName	Special Code	Tier
ALTERNATIVE MEDICINES Cont.		
CRANBERRY CAP 240MG	-	EXC
ALTERNATIVE MEDICINE - D'S		
DANDELION (TARAXACUM OFFICINALE) CAP	-	EXC
DIHYDROBERBERINE CAP	OTC	EXC
ALTERNATIVE MEDICINE - E'S		
ERGOTHIONEINE CAP	OTC	EXC
ALTERNATIVE MEDICINE - F'S		
fenugreek (trigonella foenum-graecum) cap	-	EXC
ALTERNATIVE MEDICINE - G'S		
COFFEE BEAN CAP	-	EXC
GARLIC CAP	OTC	EXC
GARLIC TAB	-	EXC
GINKGO BILOB CAP	-	EXC
GRAPE SEED CAP	-	EXC
GREEN TEA CAP	-	EXC
IMMUNOTIX CAP	OTC	EXC
ONCOPLEX ES CAP	-	EXC
ALTERNATIVE MEDICINE - H'S		
HOODIA CAP	-	EXC
HORSE CHESTNUT CAP	-	EXC
ALTERNATIVE MEDICINE - L'S		
LACTOFERRIN CAP	-	EXC
ALTERNATIVE MEDICINE - M'S		
MELATONIN TAB	-	EXC
MSM TAB	OTC	EXC
ALTERNATIVE MEDICINE - N'S		
NATTOKINASE CAP	-	EXC
ALTERNATIVE MEDICINE - R'S		
RASPBERRY KETONES CAP	-	EXC
RED YEAST RICE CAP	OTC	EXC
ROYAL JELLY CAP	-	EXC
ALTERNATIVE MEDICINE - S'S		
S-ADENOSYLMETHIONINE CAP	-	EXC
SAW PALMETTO CAP	-	EXC
SHARK CARTILAGE CAP	-	EXC
ALTERNATIVE MEDICINE COMBINATIONS		
ALAMAX CR TAB	-	EXC
ALPHA LIPOIC ACID-BIOTIN-BERBERINE CAP	-	EXC
APPLE CIDER VINEGAR-GINGER CHEW TAB	OTC	EXC
BIOTIN-KERAT CAP ALPHA	-	EXC
CHOLINE-SILICON LIQUID\	-	EXC
COLLAGEN-VITAMIN C TAB	OTC	EXC
COQMAX OMEGA CAP	OTC	EXC
CRANRX CHW	-	EXC

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

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DrugName	Special Code	Tier
ALTERNATIVE MEDICINES Cont.		
ECHINACEA-VITAMIN C CHEW TAB	OTC	EXC
GLUCORAPHANIN-MYOSINASE-ASCORBIC ACID CAP	OTC	EXC
GLUCOS/CHOND LIQ MAX-STR	OTC	EXC
GLUCOSAMINE/MSM CAP	-	EXC
GLUCOSAMINE-CHONDROITIN-MSM CAP	OTC	EXC
HYALURONIC CAP	-	EXC
LIFES DHA CAP	OTC	EXC
MEGARED ADV CAP 4 IN 1	OTC	EXC
MELATONIN-THEANINE CHEW TAB	OTC	EXC
MYROSINASE-ASCORBIC ACID CAP	OTC	EXC
OMEGA-3 FATTY ACIDS-HEMP EXTRACT CAP DR	-	EXC
SAM-E TMG PAK	OTC	EXC
TART CHERRY CAP	-	EXC
TURMERIC-GINGER-BLACK PEPPER CHEW TAB	OTC	EXC
UNISOM SIMPL CHW SLUMBERS	-	EXC
VITAMIN D-CALCIUM BETA HYDROXY BETA METHYLBUTYRATE	OTC	EXC

AMEBICIDES

SOLOSEC GRANULES PACKET (QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole)	QL-ST	Non-Pref erred
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AMINOGLYCOSIDES

ARIKAYCE SUSP (QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Non-Pref erred Specialty
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
TOBI PODHALER	PA	Non-Pref erred Specialty
tobramycin neb soln (BETHKIS equiv)	PA	Preferred Specialty
tobramycin neb soln (TOBI equiv)	PA	Preferred Specialty
neomycin tab	-	Select
paromomycin cap (HUMATIN equiv)	-	Select

ANALGESICS - ANTI-INFLAMMATORY

ANALGESICS - ANTI-INFLAMMATORY COMBINATIONS		
LEFLUNICLO PAK	OTC	EXC

ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Specialty
OLUMIANT TAB 4MG (QL= 1 tab/day)	PA-QL	Non-Pref erred Specialty

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
RINVOQ ER TAB (QL= 1 tab/day)	PA-QL	Preferred Specialty
RINVOQ ER TAB 45MG (QL= 1 tab/day)	PA-QL	Preferred Specialty
XELJANZ SOLN (QL= 10ml/day)	PA-QL	Preferred Specialty
XELJANZ TAB (QL= 2 tabs/day)	PA-QL	Preferred Specialty
XELJANZ XR TAB (QL= 1 tab/day)	PA-QL	Preferred Specialty
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG (QL= 1.6ml/28 days)	QL	Non-Pref erred
OTREXUP INJ 12.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Pref erred
OTREXUP INJ 15MG (QL= 1.6ml/28 days)	QL	Non-Pref erred
OTREXUP INJ 17.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Pref erred
OTREXUP INJ 22.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Pref erred
OTREXUP INJ, RASUVO INJ 20MG (QL= 1.6ml/28 days)	QL	Non-Pref erred
OTREXUP INJ, RASUVO INJ 25MG (QL= 1.6ml/28 days)	QL	Non-Pref erred
RASUVO INJ 10MG (QL= 0.8ml/28 days)	QL	Non-Pref erred
RASUVO INJ 12.5MG (QL= 1ml/28 days)	QL	Non-Pref erred
RASUVO INJ 15MG (QL= 1.2ml/28 days)	QL	Non-Pref erred
RASUVO INJ 17.5MG (QL= 1.4ml/28 days)	QL	Non-Pref erred
RASUVO INJ 22.5MG (QL= 1.8ml/28 days)	QL	Non-Pref erred
RASUVO INJ 25MG (QL= 2ml/28 days)	QL	Non-Pref erred
RASUVO INJ 27.5MG (QL= 2.2ml/28 days)	QL	Non-Pref erred
RASUVO INJ 30MG (QL= 2.4ml/28 days)	QL	Non-Pref erred
RASUVO INJ 7.5MG (QL= 0.6ml/28 days)	QL	Non-Pref erred
RHEUMATREX TAB	-	Non-Pref erred
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
AMJEVITA AUTO-INJECTOR (QL= 2 syringes/28 days)	PA-QL	Non-Pref erred Specialty

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

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
AMJEVITA INJ 10MG/0.2ML (QL= 2 syringes/28 days)	PA-QL	Non-Pref erred Specialty
AMJEVITA SYRINGE 20MG/0.4ML (QL= 2 syringes/28 days)	PA-QL	Non-Pref erred Specialty
AMJEVITA SYRINGE 40MG/0.8ML (QL= 2 syringes/28 days)	PA-QL	Non-Pref erred Specialty
SIMPONI SC INJ (QL= 1 inj/28 days)	PA-QL	Non-Pref erred Specialty
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	PA-QL	Preferred Specialty
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	PA-QL	Preferred Specialty
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	PA-QL	Preferred Specialty
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	PA-QL	Preferred Specialty
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL	Preferred Specialty
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL	Preferred Specialty
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL	Preferred Specialty
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	PA-QL	Preferred Specialty
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	PA-QL	Preferred Specialty
GOLD COMPOUNDS		
RIDAURA CAP (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ (QL= 4 vials/21 days)	PA-QL	Non-Pref erred Specialty
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ	PA	Preferred Specialty
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	PA-QL	Non-Pref erred Specialty

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	Vaccine Program				

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
ACTEMRA SC INJ (QL= 2 inj/28 days)	PA-QL	Non-Pref erred Specialty
KEVZARA INJ (QL= 2 inj/28 days)	PA-QL	Non-Pref erred Specialty
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ADVIL DUAL TAB ACTION	OTC	EXC
DUEXIS TAB	-	EXC
ibuprofen-acetaminophen tab (ADVIL equiv)	OTC	EXC
ibuprofen-famotidine tab (DUEXIS equiv)	-	EXC
INDOMETHACIN INJ	-	EXC
NAPROXIN KIT	-	EXC
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
VIMOVO TAB	-	EXC
FENOPROFEN CAP (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Pref erred
INDOCIN SUSP	-	Non-Pref erred
INDOMETHACIN CAP, TIVORBEX CAP (Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs))	ST	Non-Pref erred
INDOMETHACIN SUPP	-	Non-Pref erred
KETOPROFEN CAP	-	Non-Pref erred
KETOPROFEN ER CAP	-	Non-Pref erred
MELOXICAM COMFORT KIT	-	Non-Pref erred
MELOXICAM SUSP	-	Non-Pref erred
MELOXICAM SUSP (QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp)	--QL-ST	Non-Pref erred
QMIIZ ODT TAB (Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	ST	Non-Pref erred
RELAFEN DS TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, buprofen, or nabumetone)	QL-ST	Non-Pref erred
SPRIX NASAL SPRAY (QL= 5 units/30 days)	QL	Non-Pref erred
TOLMETIN CAP	-	Non-Pref erred
TOLMETIN TAB	-	Non-Pref erred
VIVLODEX CAP (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Non-Pref erred
ZORVOLEX CAP (QL= 3 caps/day)	QL	Non-Pref erred
diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Preferred

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
diclofenac potassium tab 25mg (QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Preferred
fenoprofen calcium cap (NALFON equiv) (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Preferred
fenoprofen calcium tab (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Preferred
KETOROLAC INJ	-	Preferred
MECLOFENAMATE CAP	-	Preferred
mefenamic acid cap (PONSTEL equiv)	-	Preferred
meloxicam cap (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Preferred
naproxen sodium CR tab (NAPRELAN CR equiv)	PA	Preferred
NAPROXEN SUSP	-	Preferred
celecoxib cap (CELEBREX equiv)	-	Select
diclofenac potassium tab (CATAFLAM equiv)	-	Select
diclofenac sodium EC tab (VOLTAREN equiv)	-	Select
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Select
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Select
etodolac cap (LODINE equiv)	-	Select
etodolac ER tab (LODINE XL equiv)	-	Select
etodolac tab	-	Select
FLURBIPROFEN TAB	-	Select
flurbiprofen tab (ANSAID equiv)	-	Select
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	Select
ibuprofen tab	-	Select
indomethacin cap (INDOCIN equiv)	-	Select
indomethacin CR cap (INDOCIN SR equiv)	-	Select
ketoprofen cap (ORUDIS equiv)	-	Select
ketorolac inj	-	Select
ketorolac tab (TORADOL equiv)	-	Select
meloxicam tab (MOBIC equiv)	-	Select
nabumetone tab (RELAFEN equiv)	-	Select
naproxen EC tab (NAPROSYN EC equiv)	-	Select
naproxen sodium tab (ANAPROX equiv)	-	Select
naproxen susp (NAPROSYN equiv)	-	Select
naproxen tab (NAPROSYN equiv)	-	Select
oxaprozin tab (DAYPRO equiv)	-	Select
piroxicam cap (FELDENE equiv)	-	Select
sulindac tab (CLINORIL equiv)	-	Select
tolmetin cap (TOLECTIN DS equiv)	-	Select
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	PA-QL	Non-Preferred Specialty
OTEZLA TAB (QL= 2 tabs/day)	PA-QL	Non-Preferred Specialty
PYRIMIDINE SYNTHESIS INHIBITORS		

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	Vaccine Program				

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
leflunomide tab (ARAVA equiv)	-	Select
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	PA-QL	Non-Preferred Specialty
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	PA-QL	Non-Preferred Specialty
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	PA-QL	Non-Preferred Specialty
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	PA-QL	Non-Preferred Specialty
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ (QL= 8 inj/28 days)	PA-QL	Preferred Specialty
ENBREL INJ 25MG (QL= 8 inj/28 days)	PA-QL	Preferred Specialty
ENBREL INJ 50MG (QL= 4 inj/28 days)	PA-QL	Preferred Specialty
ENBREL MINI INJ (QL= 4 inj/28 days)	PA-QL	Preferred Specialty
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	PA-QL	Preferred Specialty
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
ANACIN TAB	-	EXC
aspirin-caffeine powder packet (BC FAST PAIN RELIEF equiv)	-	EXC
BC FAST PAIN POW RLF MAX	OTC	EXC
BC FAST PAIN RELIEF POWDER	-	EXC
ALLZITAL TAB (QL= 12 tabs/day)	QL	Non-Preferred
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	Non-Preferred
TENCON TAB (QL= 6 tabs/day)	QL	Non-Preferred
butalbital/acetaminophen cap	-	Preferred
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Select
butalbital/acetaminophen/caffeine soln	-	Select
VTOL SOLN	-	Select
ANALGESICS OTHER		
LOTREXONE CAP, NALTREX CAP	-	EXC
SALICYLATES		
ALKA-SELTZER TAB	-	EXC
aspirin chew tab 81mg	-	EXC
aspirin ec tab 325mg	OTC	EXC
aspirin ec tab 81mg	-	EXC

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

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**Moda Texas Individual Formulary
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Last Updated* 7/1/2023

DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
aspirin effer tab (ALKA-SELTZER equiv)	-	EXC
aspirin tab	-	EXC
aspirin tab 325mg	OTC	EXC
diffunisal tab (DOLOBID equiv)	-	Select
salsalate tab (DISALCID equiv)	-	Select

ANALGESICS - OPIOID

OPIOID AGONISTS		
FENTANYL CIT INJ	-	EXC
FENTANYL CITRATE INJ	-	EXC
FENTANYL CITRATE-NACL IV SOLN	-	EXC
HYDROMORPHONE HCL-NACL INJ SOLN PREF SYR	-	EXC
HYDROMORPHONE HCL-SODIUM CHLORIDE 0.9% INJ	-	EXC
HYDROMORPHONE INJ	-	EXC
METHADONE INJ	-	EXC
MORPHINE SUL INJ	-	EXC
SUFENTANIL INJ	-	EXC
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Pref erred
ARYMO ER TAB (QL= 3 tabs/day)	QL	Non-Pref erred
CODEINE SULFATE SOLN	-	Non-Pref erred
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Pref erred
KADIAN CAP 200MG (QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
LAZANDA NASAL SPRAY (QL= 15 sprays/30 days)	PA-QL	Non-Pref erred
MEPERIDINE TAB (QL= 6 tabs/day)	QL	Non-Pref erred
METHADONE INJ	-	Non-Pref erred
MORPHABOND TAB (QL= 2 tabs/day)	QL	Non-Pref erred
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	Non-Pref erred
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
MORPHINE SULFATE TAB	-	Non-Pref erred
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	Non-Pref erred
NUCYNTA TAB (QL= 6 tabs/day)	QL	Non-Pref erred
OXYCONTIN CR TAB (QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
OXYCONTIN CR TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
OXYCONTIN TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred

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VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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**Moda Texas Individual Formulary
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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
OXYCONTIN TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
OXYCONTIN TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
OXYCONTIN TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
OXYCONTIN TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
OXYCONTIN TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
QDOLO SOLN (QL= 80ml/day)	QL	Non-Pref erred
ROXYBOND TAB (Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln)	ST	Non-Pref erred
RYBIX ODT	-	Non-Pref erred
SUBSYS SPRAY (QL= 180 sprays/30 days)	PA-QL	Non-Pref erred
TRAMADOL ER CAP (QL= 1 cap/day; Step Therapy requires trial of tramadol tab)	QL-ST	Non-Pref erred
TRAMADOL HCL ER TAB 100MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Pref erred
TRAMADOL HCL ER TAB 200MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Pref erred
TRAMADOL HCL ER TAB 300MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Pref erred
XTAMPZA ER CAP 13.5MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
XTAMPZA ER CAP 18MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
XTAMPZA ER CAP 27MG (QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
XTAMPZA ER CAP 36MG (QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
XTAMPZA ER CAP 9MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Pref erred
CODEINE SULFATE TAB	-	Preferred
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	Preferred
fantanyl patch (DURAGESIC equiv) (QL= 15 patches/30 days)	QL	Preferred
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	Preferred
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	QL	Preferred
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	QL	Preferred
hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day)	QL	Preferred
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	QL	Preferred
LEVORPHANOL TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Step Therapy requires trial of 2 short acting opioids (e.g. hydrocodone, hydromorphone oxycodone))	QL-ST	Preferred
levorphanol tab (LEVORPHANOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Step Therapy requires trial of 2 short acting opioids)	QL-ST	Preferred

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**Moda Texas Individual Formulary
Category/Class**

Last Updated* 7/1/2023

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
MEPERIDINE SOLN	-	Preferred
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
MORPHINE SULFATE SOLN	-	Preferred
MORPHINE SULFATE SUPP	-	Preferred
oxycodone conc (ROXICODONE equiv)	-	Preferred
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	QL	Preferred
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	QL	Preferred
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	QL	Preferred
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	QL	Preferred
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	Preferred
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Preferred
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	Preferred
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	QL	Preferred
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	QL	Preferred
tramadol ER tab (RYZOLT equiv)	-	Preferred
codeine sulfate tab	-	Select
hydromorphone liquid (DILAUDID equiv)	-	Select
HYDROMORPHONE SUPP	-	Select
hydromorphone tab (DILAUDID equiv)	-	Select
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Select
methadone soln (QL= 20ml/day)	QL	Select
methadone soln (QL= 4 ml/day)	QL	Select
methadone soln (QL= 40ml/day)	QL	Select
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Select
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Select
methadose tab (QL= 1 tab/day)	QL	Select
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	Select
MORPHINE SULFATE SOLN	-	Select
morphine sulfate tab	-	Select
oxycodone cap (OXYIR equiv)	-	Select
oxycodone soln (ROXICODONE equiv)	-	Select
oxycodone tab (ROXICODONE equiv)	-	Select
oxymorphone tab (OPANA equiv)	-	Select

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
tramadol ER tab 100mg (ULTRAM ER equiv)	-	Select
tramadol ER tab 200mg (ULTRAM ER equiv)	-	Select
tramadol ER tab 300mg (ULTRAM ER equiv)	-	Select
tramadol hcl tab 100mg (QL= 4 tabs/day)	QL	Select
tramadol tab (ULTRAM equiv)	-	Select
OPIOID COMBINATIONS		
FENTANYL CIT-ROPIV-NACL SOL PREF SYR	-	EXC
FENTANYL/BUPIVACAINE/NACL INJ	-	EXC
APADAZ TAB (QL= 12 tabs/day)	PA-QL	Non-Preferred
HYDROCODONE/ACETAMINOPHEN SOLN 10-325 MG/15ML (QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older)	QL	Non-Preferred
LORTAB ELIXIR	-	Non-Preferred
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	Non-Preferred
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG (QL=12 tabs/day)	QL	Non-Preferred
PRIMLEV TAB 10-300MG (QL= 13 tabs/day)	QL	Non-Preferred
PRIMLEV TAB 5-300MG (QL= 13 tabs/day)	QL	Non-Preferred
PROLATE TAB (QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325mg tab)	QL-ST	Non-Preferred
SEGLENTIS TAB (QL= 10 tabs/day; Trial of 3: tramad IR, celecox cap, oxycod tab/cap/sol, hydromorph tab/sol, oxymorph tab, morph sol)	QL-ST	Non-Preferred
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP (QL= 10 caps/day)	QL	Non-Preferred
XARTEMIS XR TAB (QL= 12 tabs/day)	QL	Non-Preferred
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 10 tabs/day)	QL	Preferred
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	Preferred
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	Preferred
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	Preferred
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	Preferred
ACETAMINOPHEN/CODEINE SOLN	-	Select
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Select
aspirin/codeine tab	-	Select
hydrocodone/acetaminophen cap (LORCET equiv)	-	Select
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day)	QL	Select
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	Select
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	Select
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	Select
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Select
HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day)	QL	Select
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	QL--	Select
oxycodone/acetaminophen cap (TYLOX equiv)	-	Select
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select

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Last Updated* 7/1/2023

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
OXYCODONE/ASPIRIN TAB	-	Select
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	Select
pentazocine/acetaminophen tab (TALACEN equiv)	-	Select
tramadol/acetaminophen tab (ULTRACET equiv)	-	Select
OPIOID PARTIAL AGONISTS		
nalbuphine inj	-	EXC
BELBUCA FILM (QL= 2 films/day; Step therapy requires trial of buprenorphine patch)	QL-ST	Non-Pref erred
BUNAVAIL FILM (QL= 1 film/day)	QL	Non-Pref erred
ZUBSOLV SL TAB (QL= 90 tabs/30 days)	QL	Non-Pref erred
buprenorphine hcl buccal film (BELBUCA equiv) (QL= 2 films/day; Step therapy requires trial of buprenorphine patch)	QL-ST	Preferred
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	Select
buprenorphine SL tab (SUBUTEX equiv) (QL= 3 tabs/day)	QL	Select
buprenorphine/naloxone sl film 12-3mg (SUBOXONE SL FILM equiv) (QL= 2 films/day)	QL	Select
buprenorphine/naloxone sl film 2-0.5MG (SUBOXONE equiv) (QL= 4 films/day)	QL	Select
buprenorphine/naloxone sl film 4-1MG (SUBOXONE equiv) (QL= 4 films/day)	QL	Select
buprenorphine/naloxone sl film 8-2mg (SUBOXONE SL FILM equiv) (QL= 3 films/day)	QL	Select
buprenorphine/naloxone SL tab (SUBOXONE equiv) (QL= 90 tabs/30 days)	QL	Select
butorphanol nasal spray (QL= 5ml/30 days)	QL	Select
pentazocine/naloxone tab (TALWIN NX equiv)	-	Select
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL TAB	PA	Non-Pref erred
oxandrolone tab (OXANDRIN equiv)	PA	Select
ANDROGENS		
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	Non-Pref erred
JATENZO CAP 158MG (QL= 4 caps/day)	PA-QL	Non-Pref erred
JATENZO CAP 198MG (QL= 4 caps/day)	PA-QL	Non-Pref erred
JATENZO CAP 237MG (QL= 2 caps/day)	PA-QL	Non-Pref erred
KYZATREX CAP, TLANDO CAP (QL= 4 caps/day)	PA-QL	Non-Pref erred
METHITEST TAB	PA	Non-Pref erred
NATESTO NASAL GEL (QL= 3 bottles/30 days)	QL	Non-Pref erred
STRIANT FILM (QL= 60 films/30 days)	PA-QL	Non-Pref erred
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	Non-Pref erred

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	Vaccine Program				

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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
VOGELXO PUMP (QL= 4 bottles/30 days)	PA-QL	Non-Pref erred
XYOSTED INJ (QL= 4 syringes/28 days)	PA-QL	Non-Pref erred
methyltestosterone cap	PA	Preferred
TESTOSTERONE ENANTHATE INJ (QL= 4 vials/28 days)	QL	Preferred
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Preferred
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	QL	Preferred
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	QL	Preferred
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	QL	Preferred
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Preferred
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Preferred
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	QL	Preferred
danazol cap (DANOCRINE equiv)	-	Select
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Select
testosterone gel 1% 25mg (ANDROGEL equiv)	-	Select
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Select
testosterone gel 1% pump (ANDROGEL equiv) (QL= 300gm/30 days)	QL	Select
testosterone gel pump 1.62% (ANDROGEL equiv)	-	Select

ANORECTAL AGENTS

INTRARECTAL STEROIDS

CORTIFOAM	-	Non-Pref erred
hydrocortisone enema (CORTENEMA equiv)	-	Select

RECTAL COMBINATIONS

ANALPRAM ADVANCED KIT	-	Non-Pref erred
ANALPRAM-E KIT	-	Non-Pref erred
PROCTOFOAM HC FOAM	-	Preferred
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	Select
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Select
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	Select

RECTAL STEROIDS

proctosol HC cream (ANUSOL HC equiv)	-	Select
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VASODILATING AGENTS

RECTIV OINT	-	Non-Pref erred
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ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

UCERIS RECTAL FOAM	-	Non-Pref erred
budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema)	QL-ST	Preferred

RECTAL COMBINATIONS

HYDROCORTISONE/PRAMOXINE SUPP	-	EXC
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RECTAL PRODUCTS - MISC.

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	Vaccine Program				

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Last Updated* 7/1/2023

DrugName	Special Code	Tier
ANORECTAL AND RELATED PRODUCTS Cont.		
BARRIGEL INJ	-	EXC
PHENYLEPHRINE HCL SUPPOSITORIES	OTC	EXC
ANTACIDS		
ANTACID COMBINATIONS		
ANTACID CHEW	-	EXC
CALCIUM/MAGNESIUM CARBONATES TAB	OTC	EXC
FOAM ANTACID CHEW	-	EXC
ANTACIDS - SODIUM CITRATE		
EMETROL CHEW TAB	-	EXC
ANTHELMINTICS		
ANTHELMINTICS		
EGATEN TAB	-	Non-Preferred
EMVERM TAB	-	Non-Preferred
BENZNIDAZOLE TAB	-	Preferred
ivermectin tab (STROMECTOL equiv)	-	Select
praziquantel tab (BILTRICIDE equiv)	-	Select
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab)	QL-ST	Preferred
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	Select
NITRATES		
GONITRO POWDER	-	Non-Preferred
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	Non-Preferred
NITROMIST SPRAY	-	Non-Preferred
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Preferred
NITRO-BID OINT	-	Preferred
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	Preferred
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Select
isosorbide mononitrate ER tab (IMDUR equiv)	-	Select
ISOSORBIDE MONONITRATE TAB	-	Select
isosorbide mononitrate tab (MONOKET equiv)	-	Select
NITROGLYCERIN ER CAP	-	Select
nitroglycerin patch (NITRO-DUR equiv)	-	Select
nitroglycerin SL tab (NITROSTAT equiv)	-	Select
ANTIANGIETY AGENTS		
ANTIANGIETY AGENTS - MISC.		
meprobamate tab (MILTOWN equiv)	-	Preferred
bupirone tab (BUSPAR equiv)	-	Select
hydroxyzine pamoate cap (VISTARIL equiv)	-	Select
hydroxyzine syrup (ATARAX equiv)	-	Select
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
ACA	NC =Not Covered Affordable Care Act	generic =small letters Plan Exclusion
M	Medical Benefit	LD Limited Distribution
QL	Quantity Limit	OTC Over-the-Counter
SF	Limited to two 15 day fills per month for first 3 months	RDX Restricted to Diagnosis
VAC	Vaccine Program	SMKG Smoking Cessation
		PA Prior Authorization
		RS Restricted to Specialist
		ST Step Therapy

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

**Moda Texas Individual Formulary
Category/Class**

Last Updated* 7/1/2023

DrugName	Special Code	Tier
ANTIANXIETY AGENTS Cont.		
hydroxyzine tab (ATARAX equiv)	-	Select
BENZODIAZEPINES		
ALPRAZOLAM INTENSOL CONC	-	Non-Preferred
LOREEV XR CAP (QL= 1 cap/day; Step therapy requires trial of lorazepam tab)	QL-ST	Non-Preferred
LOREEV XR CAP 3MG (QL= 3 caps/day; Step therapy requires trial of lorazepam tab)	QL-ST	Non-Preferred
alprazolam ODT (NIRAVAM equiv)	-	Preferred
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	Preferred
alprazolam ER tab (XANAX XR equiv)	-	Select
alprazolam tab (XANAX equiv)	-	Select
chlordiazepoxide cap (LIBRIUM equiv)	-	Select
clorazepate tab (TRANXENE-T equiv)	-	Select
diazepam conc (VALIUM equiv)	-	Select
diazepam oral soln (QL= 360ml/30 days)	QL	Select
diazepam tab (VALIUM equiv)	-	Select
lorazepam conc (ATIVAN equiv)	-	Select
lorazepam tab (ATIVAN equiv)	-	Select
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
PROCAINAMIDE INJ	-	EXC
NORPACE CR CAP	-	Preferred
quinidine gluconate CR tab	-	Preferred
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day)	QL	Preferred
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day)	QL	Preferred
disopyramide cap (NORPACE equiv)	-	Select
disopyramide ER cap (NORPACE CR equiv)	-	Select
quinidine sulfate tab	-	Select
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	Select
ANTIARRHYTHMICS TYPE I-C		
propafenone ER cap (RYTHMOL SR equiv)	-	Preferred
flecainide tab (TAMBOCOR equiv)	-	Select
propafenone tab (RYTHMOL equiv)	-	Select
ANTIARRHYTHMICS TYPE III		
AMIODARONE INJ	-	EXC
MULTAQ TAB	-	Non-Preferred
dofetilide cap (TIKOSYN equiv)	-	Preferred
amiodarone tab (CORDARONE equiv)	-	Select
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
TEZSPIRE SOLN	-	EXC

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

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Moda Texas Individual Formulary

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Last Updated* 7/1/2023

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
CINQAIR INJ (QL= 4 vials/28 days; Only available through Walgreens 888-347-3416)	LD-M-PA-QL	Non-Pref erred Specialty
FASENRA INJ (QL= 1 syringe/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-M-PA-QL	Non-Pref erred Specialty
FASENRA PEN INJ (QL= 1 pen/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
TEZSPIRE INJ (QL= 1 pen/30 days)	PA-QL	Non-Pref erred Specialty
NUCALA INJ (QL= 1 inj/28 days)	M-PA-QL	Preferred Specialty
XOLAIR INJ (QL= 1 syringe/28 days)	M-PA-QL	Preferred Specialty
XOLAIR INJ (QL= 1 vial/28 days)	M-PA-QL	Preferred Specialty

ANTI-INFLAMMATORY AGENTS

cromolyn neb soln (INTAL equiv)	-	Select
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BRONCHODILATORS - ANTICHOLINERGICS

LONHALA MAGNAIR SOLN (QL= 60ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER)	QL-ST	Non-Pref erred
SEEBRI NEOHALER CAP (QL= 60 caps/30 days; Step Therapy requires trial of INCRUSE ELLIPTA and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER)	QL-ST	Non-Pref erred
TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER)	QL-ST	Non-Pref erred
YUPELRI SOLN (QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT)	QL-ST	Non-Pref erred
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	QL	Preferred
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Preferred
SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device)	QL	Preferred
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler)	QL-ST	Preferred
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Preferred
ipratropium neb soln (ATROVENT equiv)	-	Select

LEUKOTRIENE MODULATORS

ZYFLO TAB (QL= 4 tabs/day)	QL	Non-Pref erred
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	Preferred
montelukast chew tab (SINGULAIR equiv)	-	Select
montelukast granule pack (SINGULAIR equiv)	-	Select
montelukast tab (SINGULAIR equiv)	-	Select
zafirlukast tab (ACCOLATE equiv)	-	Select

SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Select
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STEROID INHALANTS

ALVESCO INHALER (QL= 12.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Pref erred
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M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**Moda Texas Individual Formulary
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Last Updated* 7/1/2023

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ARMONAIR DIGITAL INHALER 113 MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Pref erred
ARMONAIR DIGITAL INHALER 232 MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Pref erred
ARMONAIR DIGITAL INHALER 55 MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Pref erred
ARMONAIR RESPICLICK 113 MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Pref erred
ARMONAIR RESPICLICK 232 MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Pref erred
ARMONAIR RESPICLICK 55 MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Pref erred
PULMICORT FLEXHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Pref erred
QVAR REDHALER (QL= 21.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Preferred
ARNUIITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Value
ASMANEX 14 AER 220MCG (QL= 1 inhaler/30 days)	QL	Value
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value
budesonide inh susp 1mg/2ml (QL= 60 units/30 days)	QL	Value
FLOVENT DISKUS INHALER 250MCG (QL= 2 inhalers/30 days)	QL	Value
FLOVENT DISKUS INHALER 50MCG, 100MCG (QL= 1 inhaler/30 days)	QL	Value
FLOVENT HFA INHALER 110MCG, FLUTICASONE HFA INHALER 110MCG (QL= 1 inhaler/30 days)	QL	Value
FLOVENT HFA INHALER 220MCG, FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Value
FLOVENT HFA INHALER 44MCG, FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Value
SYMPATHOMIMETICS		
ephedrine hcl tab (PRIMATENE equiv)	OTC	EXC
PRIMATENE TAB	OTC	EXC
AIRDUO POWDER INHALER W/SENSOR (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela)	QL-ST	Non-Pref erred
AIRDUO RESPICLICK (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela)	QL-ST	Non-Pref erred
ARCAPTA NEOHALER (Step Therapy requires trial of SEREVENT DISKUS, ANORO ELLIPTA or STIOLTO INHALER)	ST	Non-Pref erred
BEVESPI AEROSPHERE INHALER (QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER)	QL-ST	Non-Pref erred
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER (QL= 10.2gm/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela)	QL-ST	Non-Pref erred
DUAKLIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALE)	QL-ST	Non-Pref erred
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Pref erred
METAPROTERENOL TAB	-	Non-Pref erred
PROAIR RESPICLICK INHALER (Step Therapy requires trial of VENTOLIN HFA INHALER and albuterol hfa inhaler)	ST	Non-Pref erred

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VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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Moda Texas Individual Formulary
Category/Class
Last Updated* 7/1/2023

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of SEREVENT DISKUS)	QL-ST	Non-Pref erred
UTIBRON NEOHALER CAP (QL= 2 caps/day; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALE and TRELEGY ELLIPTA INHALER)	QL-ST	Non-Pref erred
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Pref erred
ADVAIR HFA INHALER (QL= 1 inhaler/30 days)	QL	Preferred
ALBUTEROL TAB ER	-	Preferred
ANORO ELLIPTA INHALER (QL= 60gm/30 days)	QL	Preferred
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Preferred
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred
BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days)	QL	Preferred
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	Preferred
DULERA AER 100-5MCG (QL= 1 inhaler/30 days)	QL	Preferred
DULERA AER 200-5MCG (QL= 1 inhaler/30 days)	QL	Preferred
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Preferred
FLUTICASONE/MILANTEROL INHALER (QL= 1 inhaler/30 days)	QL	Preferred
FLUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Preferred
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Preferred
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	Preferred
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Preferred
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	Select
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Select
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Select
albuterol neb soln	-	Select
ALBUTEROL NEBULIZER SOLN	-	Select
albuterol sulfate syrup	-	Select
albuterol sulfate tab	-	Select
albuterol/ipratropium neb soln (DUONEB equiv)	-	Select
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Select
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Select
levalbuterol neb soln (XOPENEX equiv)	-	Select
METAPROTERENOL SYRUP	-	Select
terbutaline sulfate tab (BRETHINE equiv)	-	Select
XANTHINES		
ELIXOPHYLLIN ELIXIR	-	Preferred
theophylline CR tab (QUIBRON-T equiv)	-	Select
theophylline ER tab (UNIPHYL equiv)	-	Select
theophylline soln	-	Select

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

warfarin tab (COUMADIN equiv)	-	Select
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DIRECT FACTOR XA INHIBITORS

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
BEVYXXA CAP (QL= 43 caps/42 days)	PA-QL	Non-Preferred
SAVAYSA TAB (QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO)	QL-ST	Non-Preferred
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Preferred
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Preferred
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Preferred
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Preferred
XARELTO SUSP (QL= 10ml/day)	QL	Preferred
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Preferred
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Preferred
XARELTO TAB 2.5MG (QL= 60 tabs/30 days)	QL	Preferred
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Preferred
HEPARINS AND HEPARINOID-LIKE AGENTS		
ENOXILUV KIT INJ	OTC	EXC
FRAGMIN INJ	-	Non-Preferred
FRAGMIN INJ 10000 (QL= 10ml/30 days)	QL	Non-Preferred
FRAGMIN INJ 12500 (QL= 5ml/30 days)	QL	Non-Preferred
FRAGMIN INJ 15000 (QL= 6ml/30 days)	QL	Non-Preferred
FRAGMIN INJ 18000 (QL= 7.2ml/30 days)	QL	Non-Preferred
FRAGMIN INJ 2500 (QL= 2ml/30 days)	QL	Non-Preferred
FRAGMIN INJ 5000 (QL= 2ml/30 days)	QL	Non-Preferred
FRAGMIN INJ 7500 (QL= 3ml/30 days)	QL	Non-Preferred
FRAGMIN INJ 95000 (QL= 7.6ml/30 days)	QL	Non-Preferred
enoxaparin inj (LOVENOX equiv)	-	Select
enoxaparin inj 300mg (LOVENOX equiv)	-	Select
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv)	-	Select
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)	-	Select
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv)	-	Select
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)	-	Select
heparin porcine inj	-	Select
THROMBIN INHIBITORS		
ARGATROBAN INJ	-	EXC
argatroban iv soln	-	EXC
PRADAXA CAP 110MG (QL= 2 caps/day; Step therapy requires trial of 2: ELIQUIS TAB, ELIQUIS STARTER PACK, XARELTO TAB or XARELTO STARTER PACK)	QL-ST	Non-Preferred
PRADAXA PELLETT PACK (QL= 2 packets/day)	QL	Non-Preferred
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Select

ANTICONVULSANTS

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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Last Updated* 7/1/2023

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB (QL= 4 tabs/day)	QL	Non-Pref erred
FYCOMPA SUSP	-	Non-Pref erred
ANTICONVULSANTS - BENZODIAZEPINES		
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 1 kit/30 days)	QL	Non-Pref erred
NAYZILAM SPRAY (QL= 2 packs/fill, 5 fills/month; Step therapy requires trial of midazolam inj; Restricted to Neurology Specialist)	QL-RS-ST	Non-Pref erred
SYMPAZAN ORAL FILM	-	Non-Pref erred
VALTOCO NASAL SPRAY	-	Non-Pref erred
DIAZEPAM RECTAL GEL (QL= 1 kit/30 days)	QL	Preferred
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Select
clobazam tab (ONFI equiv) (QL= 2 tabs/day)	QL	Select
clonazepam ODT (KLONOPIN equiv)	-	Select
clonazepam tab (KLONOPIN equiv)	-	Select
ANTICONVULSANTS - MISC.		
lacosamide iv inj (VIMPAT equiv)	-	EXC
BRIVIACT SOLN 10MG/ML (QL= 600ml/30 days)	QL	Non-Pref erred
BRIVIACT TAB (QL= 2 tabs/day)	QL	Non-Pref erred
ELEPSIA XR TAB 1000MG (QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Pref erred
ELEPSIA XR TAB 1500MG (QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Pref erred
EPRONTIA SOLN (QL= 473ml/30 days; Step therapy requires trial of topiramate sprinkle caps)	QL-ST	Non-Pref erred
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	Non-Pref erred
OXTELLAR XR TAB 150MG (QL= 1 tab/day)	QL	Non-Pref erred
OXTELLAR XR TAB 300MG (QL= 1 tab/day)	QL	Non-Pref erred
OXTELLAR XR TAB 600MG (QL= 4 tabs/day)	QL	Non-Pref erred
pregabalin cap 300mg (LYRICA equiv) (QL= 3 caps/day)	QL	Non-Pref erred
SPRITAM TAB (Step Therapy requires trial of levetiracetam or levetiracetam ER)	ST	Non-Pref erred
topiramate ER cap 100mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Pref erred
TROKENDI XR CAP (QL= 1 cap/day)	QL	Non-Pref erred
ZONISADE SUSP (QL= 900ml/30 days)	QL	Non-Pref erred

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

ACA	NC =Not Covered Affordable Care Act	EXC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS Limited Distribution
M	Medical Benefit	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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**Moda Texas Individual Formulary
Category/Class**

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
DIACOMIT CAP (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Pref erred Specialty
DIACOMIT POWDER PACK (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Pref erred Specialty
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Pref erred Specialty
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Pref erred Specialty
APTIOM TAB (QL= 1 tab/day)	QL	Preferred
rufinamide susp (BANZEL equiv) (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Preferred
rufinamide tab (BANZEL equiv) (QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Preferred
topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day)	QL	Preferred
topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day)	QL	Preferred
topiramate ER cap 150mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Preferred
topiramate ER cap 200mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Preferred
topiramate ER cap 25mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Preferred
topiramate ER cap 50mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Preferred
EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
carbamazepine chew tab (TEGRETOL equiv)	-	Select
carbamazepine ER cap (CARBATROL equiv)	-	Select
carbamazepine ER tab (TEGRETOL XR equiv)	-	Select
carbamazepine susp (TEGRETOL equiv)	-	Select
carbamazepine tab (TEGRETOL equiv)	-	Select
gabapentin cap (NEURONTIN equiv)	-	Select
gabapentin tab (NEURONTIN equiv)	-	Select
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Select
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine chew tab (LAMICTAL equiv)	-	Select
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Select
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine ODT 100mg (LAMICTAL equiv) (QL= 3 tabs/day)	QL	Select
lamotrigine ODT 200mg (LAMICTAL equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ODT 25mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine ODT 50mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	Select
lamotrigine tab (LAMICTAL equiv)	-	Select
levetiracetam ER tab (KEPPRA XR equiv)	-	Select

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M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
levetiracetam soln (KEPPRA equiv)	-	Select
levetiracetam tab (KEPPRA equiv)	-	Select
oxcarbazepine susp (TRILEPTAL equiv)	-	Select
oxcarbazepine tab (TRILEPTAL equiv)	-	Select
pregabalin cap 100mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin cap 150mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin cap 200mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin cap 225mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin cap 25mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin cap 50mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin cap 75mg (LYRICA equiv) (QL= 3 caps/day)	QL	Select
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Select
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Select
primidone tab (MYSOLINE equiv)	QL--	Select
topiramate sprinkle cap (TOPAMAX equiv)	-	Select
topiramate tab (TOPAMAX equiv)	-	Select
zonisamide cap (ZONEGRAN equiv)	-	Select

CARBAMATES

XCOPRI PAK 100-150MG (QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred
XCOPRI PAK 150-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred
XCOPRI PAK 50-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	Non-Pref erred
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	Non-Pref erred
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Pref erred
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Select
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Select
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Select

GABA MODULATORS

vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Preferred Specialty
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Select
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
HYDANTOINS		
PHENYTOIN INJ	-	EXC
phenytoin sodium inj	-	EXC
PEGANONE TAB	-	Non-Preferred
DILANTIN CAP 30MG	-	Preferred
phenytoin cap (DILANTIN equiv)	-	Select
phenytoin chew tab (DILANTIN equiv)	-	Select
phenytoin susp (DILANTIN equiv)	-	Select
SUCCINIMIDES		
CELONTIN CAP	-	Non-Preferred
methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	Preferred
ethosuximide cap (ZARONTIN equiv)	-	Select
ethosuximide soln (ZARONTIN equiv)	-	Select
VALPROIC ACID		
STAVZOR CAP	-	Non-Preferred
divalproex ER tab (DEPAKOTE ER equiv)	-	Select
divalproex sodium DR tab (DEPAKOTE equiv)	-	Select
divalproex sprinkle cap (DEPAKOTE equiv)	-	Select
valproic acid cap (DEPAKENE equiv)	-	Select
valproic acid syrup (DEPAKENE equiv)	-	Select
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	Select
mirtazapine tab (REMERON equiv)	-	Select
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB (QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone)	QL-ST	Non-Preferred
ANTIDEPRESSANTS - MISC.		
APLENZIN TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred
FORFIVO XL TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred
bupropion ER tab (WELLBUTRIN equiv)	-	Select
bupropion tab (WELLBUTRIN equiv)	-	Select
bupropion XL tab (WELLBUTRIN XL equiv)	-	Select
MAPROTILINE TAB	-	Select
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM PATCH	-	Non-Preferred
MARPLAN TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred
NARDIL TAB 15MG (QL= 4 tabs/day)	QL	Non-Preferred
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Select
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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
phenelzine tab (NARDIL equiv)	-	Select
tranylcypromine tab (PARNATE equiv)	-	Select
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN (QL= 4 kits/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CITALOPRAM CAP (QL= 1 cap/day; Step therapy requires trial of citalopram tab)	QL-ST	Non-Pref erred
PEXEVA TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred
SERTRALINE CAP (QL= 30 caps/30 days; Step therapy requires trial of sertraline tab)	QL-ST	Non-Pref erred
fluoxetine tab 60mg	-	Preferred
fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)	QL	Preferred
paroxetine ER tab (PAXIL CR equiv)	-	Preferred
paroxetine oral susp (PAXIL equiv) (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Preferred
PROZAC WEEKLY CAP	-	Preferred
citalopram soln (CELEXA equiv)	-	Select
escitalopram soln (LEXAPRO equiv)	-	Select
fluoxetine cap 90mg (PROZAC equiv) (QL= 4 caps/28 days)	QL	Select
fluvoxamine tab (LUVOX equiv)	-	Select
paroxetine tab (PAXIL equiv)	-	Select
citalopram tab (CELEXA equiv)	-	Value
escitalopram tab (LEXAPRO equiv)	-	Value
fluoxetine cap (PROZAC equiv)	-	Value
fluoxetine soln (PROZAC equiv)	-	Value
fluoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value
sertraline conc (ZOLOFT equiv)	-	Value
sertraline tab (ZOLOFT equiv)	-	Value
SEROTONIN MODULATORS		
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred
VIIBRYD STARTER KIT (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Pref erred
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	Preferred
NEFAZODONE TAB	-	Select
nefazodone tab 50mg, 250mg	-	Select
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Select
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial of 2 antidepressants)	QL-ST	Non-Pref erred
DRIZALMA DR CAP	-	Non-Pref erred

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QL	Quantity Limit	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				

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
FETZIMA CAP (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred
FETZIMA TITRATION PACK (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Pref erred
VENLAFAXINE TAB (QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab)	QL-ST	Non-Pref erred
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	Preferred
VENLAFAXINE ER TAB	-	Preferred
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	Select
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Select
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Select
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Select
venlafaxine ER cap (EFFEXOR XR equiv)	-	Select
venlafaxine tab (EFFEXOR equiv)	-	Select
TRICYCLIC AGENTS		
imipramine pamoate cap (TOFRANIL PM equiv)	-	Preferred
AMOXAPINE TAB	-	Select
clomipramine cap (ANAFRANIL equiv)	-	Select
desipramine tab (NORPRAMIN equiv)	-	Select
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Select
doxepin conc (SINEQUAN equiv)	-	Select
imipramine tab (TOFRANIL equiv)	-	Select
nortriptyline cap (PAMELOR equiv)	-	Select
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Select
NORTRIPTYLINE SOLN	-	Select
protriptyline tab (VIVACTIL equiv)	-	Select
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Select
amitriptyline tab (ELAVIL equiv)	-	Value
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
miglitol tab (MIGLITOL equiv)	-	Preferred
acarbose tab (PRECOSE equiv)	-	Select
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ 120 (QL= 11ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin or Novolog or Fiasp or generic insulin aspart insulin)	QL-ST	Non-Pref erred
SYMLINPEN INJ 60 (QL= 6ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin or Novolog or Fiasp or generic insulin aspart insulin)	QL-ST	Non-Pref erred
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET XR TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OF Jentadueto)	QL-ST	Non-Pref erred
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred
INVOKAMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Pref erred

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
INVOKAMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Pref erred
JANUMET TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred
JANUMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred
KOMBIGLYZE XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred
OSENI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred
QTERN TAB	-	Non-Pref erred
SEGLUROMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, c SYNJARDY XR)	QL-ST	Non-Pref erred
SOLIQUA INJ (QL= 18ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred
STEGLUJAN TAB (Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	ST	Non-Pref erred
TRIJARDY XR 10-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Pref erred
TRIJARDY XR 25-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Pref erred
TRIJARDY XR TAB 12.5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Pref erred
TRIJARDY XR TAB 5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Pref erred
XULTOPHY INJ (QL= 15ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Pref erred
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Preferred
JENTADUETO TAB (QL= 2 tabs/day)	QL	Preferred
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	Preferred
pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	Preferred
REPAGLINIDE TAB	-	Preferred
SYNJARDY TAB (QL= 2 tabs/day)	QL	Preferred
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	Preferred
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	Preferred
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	Preferred
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	Preferred
glipizide/metformin tab (METAGLIP equiv)	-	Select
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Select
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value
ANTIDIABETIC-ANTIBODIES		
TZIELD INJ	-	EXC
BIGUANIDES		
METFORMIN TAB (QL= 90 tabs/30 days; Step therapy requires trial of metformin 500mg, 850mg, or 1000mg tab AND metformin ER)	QL-ST	Non-Pref erred
RIOMET ER SUSP (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred
metformin ER osmotic tab (FORTAMET equiv)	-	Preferred

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
metformin ER osmotic tab (GLUMETZA equiv) (Step Therapy requires trial of metformin or metformin ER)	--ST	Preferred
metformin soln (RIOMET equiv)	-	Preferred
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value
metformin tab (GLUCOPHAGE equiv)	-	Value
DIABETIC OTHER		
glucose chew tab	OTC	EXC
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Preferred
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fill/month)	QL	Preferred
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill, 2 fill/month)	QL	Preferred
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Preferred
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Preferred
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	Preferred Specialty Select
diazoxide susp (PROGLYCEM equiv)	-	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN TAB, NESINA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred
JANUVIA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred
ONGLYZA TAB (QL= 30 tabs/30 days; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Pref erred
TRADJENTA TAB (QL= 1 tab/day)	QL	Preferred
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred
INCRETIN MIMETIC AGENTS		
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
ADLYXIN INJ (QL= 6ml/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred
ADLYXIN INJ (QL= 6ml/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred
BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred
BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred
BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred
MOUNJARO INJ (QL= 2ml/28 days; Step therapy requires trial of all of the following: Ozempic, Victoza, Trulicity, Jardiance, Farxiga; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred
RYBELSUS TAB (QL= 1 tab/day; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Pref erred
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred

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

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred
INSULIN		
ADMELOG INJ, INSULIN LISPRO INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR	QL-ST	Non-Pref erred
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= 60 units/30 days; Step Therapy requires trial NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
APIDRA INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
BASAGLAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo and Levemir and Tresiba)	QL-ST	Non-Pref erred
BASAGLAR KWIKPEN (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo and Levemir and Tresiba)	QL-ST	Non-Pref erred
BASAGLAR TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days)	QL	Non-Pref erred
HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred
HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred
HUMULIN N INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred
HUMULIN N PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred
HUMULIN R INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Pref erred
INSULIN GLARGINE INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Pref erred

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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ANTIDIABETICS Cont.		
LANTUS INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo and Levemir and Tresiba)	QL-ST	Non-Pref erred
LYUMJEV INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
LYUMJEV KWIKPEN (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
LYUMJEV KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Pref erred
LYUMJEV TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR)	QL-ST	Non-Pref erred
REZVOGLAR INJ (QL = 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo and Levemir and Tresiba)	QL-ST	Non-Pref erred
DEGLUDEC FLEXTOUCH INJ 100 UNIT (QL= 60ml/30 days)	QL	Preferred
DEGLUDEC FLEXTOUCH INJ 200 UNIT (QL= 60ml/30 days)	QL	Preferred
DEGLUDEC INJ 100 UNIT (QL= 60ml/30 days)	QL	Preferred
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	Preferred
FIASP INJ (QL= 60 units/30 days)	QL	Preferred
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	Preferred
INSULIN GLAR INJ 100U/ML (QL= 60ml/30 days)	QL	Preferred
LANTUS INJ (QL= 60 units/30 days)	QL	Preferred
LANTUS SOLOSTAR INJ (QL= 60ml/30 days)	QL	Preferred
LEVEMIR FLEXTOUCH INJ (QL= 60ml/30 days)	QL	Preferred
LEVEMIR INJ (QL= 60ml/30 days)	QL	Preferred
SEMGLEE INJ 100U/ML (QL= 60ml/30 days)	QL	Preferred
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30 days)	QL	Preferred
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 days)	QL	Preferred
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred
TOUJEO SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred
TRESIBA FLEXTOUCH INJ (QL= 60ml/30 days)	QL	Preferred
TRESIBA INJ (QL= 60ml/30 days)	QL	Preferred
HUMULIN R INJ U-500 (QL= 40 units/30 days)	QL	Select
HUMULIN R U-500 KWIKPEN INJ (QL= 24 units/30 days)	QL	Select
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	Select
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN 70/30 VIAL (QL= 60 units/30 days)	QL	Select
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Select
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG INJ (QL= 60 units/30 days)	QL	Select

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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ANTIDIABETICS Cont.		
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Select
INSULIN SENSITIZING AGENTS		
AVANDIA TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred
pioglitazone tab (ACTOS equiv)	-	Select
MEGLITINIDE ANALOGUES		
nateglinide tab (STARLIX equiv)	-	Select
repaglinide tab (PRANDIN equiv)	-	Select
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
INVOKANA TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred
STEGLATRO TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB)	QL-ST	Non-Preferred
FARXIGA TAB (QL= 1 tab/day)	QL	Preferred
JARDIANCE TAB (QL= 1 tab/day)	QL	Preferred
SULFONYLUREAS		
TOLBUTAMIDE TAB	-	Preferred
glyburide micronized tab (GLYNASE equiv)	-	Select
tolazamide tab (TOLINASE equiv)	-	Select
glimepiride tab (AMARYL equiv)	-	Value
glipizide ER tab (GLUCOTROL XL equiv)	-	Value
glipizide tab (GLUCOTROL equiv)	-	Value
glyburide tab (MICRONASE equiv)	-	Value
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
BISMUTH SUBSALICYLATE TAB	OTC	EXC
S. BOULARDII CAP PROBIOTIC	-	EXC
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
FRUCTOOLIGOSACCHARIDES (FOS)-INULIN POWDER	OTC	EXC
ANTIPERISTALTIC AGENTS		
ANTI-DIARRHEA LIQ	-	EXC
LOPERAMIDE SOLN	OTC	EXC
DIPHENOXYLATE/ATROPINE LIQUID	-	Preferred
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	Non-Preferred
ANTIDIARRHEAL AGENTS - MISC.		
VSL #3 CAP	-	Non-Preferred
REZYST CHEW TAB	-	Select
ANTIPERISTALTIC AGENTS		

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIDIARRHEALS Cont.		
MOTOFEN TAB	-	Non-Pref erred
PAREGORIC TINCTURE	-	Non-Pref erred
opium tincture	-	Preferred
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Select
loperamide cap (IMODIUM equiv)	-	Select

ANTIDOTES

ANTIDOTES		
methylene blue inj	-	EXC
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Preferred Specialty

ANTIDOTES - CHELATING AGENTS

CHEMET CAP	-	Non-Pref erred
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Pref erred Specialty

OPIOID ANTAGONISTS

EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Pref erred
VIVITROL INJ	-	Preferred Specialty
naltrexone tab (REVIA equiv)	-	Select

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

FERRIPROX 2 DAY TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Pref erred Specialty
deferasirox granules packet (JADENU equiv)	PA	Preferred Specialty
deferasirox tab (EXJADE equiv)	PA	Preferred Specialty
deferasirox tab 90mg, 360mg (JADENU equiv)	PA	Preferred Specialty
deferiprone tab (FERRIPROX equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty

ANTIDOTES AND SPECIFIC ANTAGONISTS

CETYLEV TAB	-	Non-Pref erred
OPIOID ANTAGONISTS		
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Pref erred
ZIMHI SOLN (QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj)	QL-ST	Non-Pref erred
KLOXXADO NASAL SPRAY	-	Preferred

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
naloxone hcl nasal spray (NARCAN equiv)	-	Select
naloxone inj	-	Select
naloxone prefilled inj	-	Select
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fill/month)	--QL	Select

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS		
PALONOSETRON INJ	-	EXC
ANZEMET TAB (QL= 1 tab/30 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Pref erred
GRANISOL SOLN (QL= 60ml/30 days)	QL	Non-Pref erred
SANCUSO PATCH (QL= 4 patches/28 days; Step Therapy requires trial of granisetron)	QL-ST	Non-Pref erred
ZUPLENZ SL FILM (Step Therapy requires trial of ondansetron)	ST	Non-Pref erred
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Select
ondansetron ODT (ZOFTRAN equiv)	-	Select
ondansetron soln (ZOFTRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Select
ONDANSETRON TAB	-	Select
ondansetron tab (ZOFTRAN equiv)	-	Select

ANTIEMETICS - ANTICHOLINERGIC

meclizine chew tab (BONINE equiv)	OTC	Select
meclizine tab (ANTIVERT equiv) (Rx Only)	-	Select
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Select
trimethobenzamide cap (TIGAN equiv)	-	Select

ANTIEMETICS - MISCELLANEOUS

AKYNZEO CAP (QL= 1 cap/28 days; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of aprepitant, granisetron, or ondansetron)	QL-RS-ST	Non-Pref erred
CESAMET CAP (Step Therapy requires trial of ondansetron)	ST	Non-Pref erred
SYNDROS SOLN (QL= 60ml/30 days)	QL	Non-Pref erred
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Preferred
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Select

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

APONVIE INJ	-	EXC
EMEND SUSP (QL= 3 doses/fill, 2 fills/month)	QL	Non-Pref erred
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of ondansetron)	QL-RS-ST	Preferred
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Select
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Select

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)

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DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
BREXAFEMME TAB (QL= 4 tabs/day, 2 fills/month; Step therapy requires trial of oral fluconazole)	QL-ST	Non-Pref erred

ANTIFUNGALS

AMBISOME INJ	-	EXC
amphotericin b liposome iv for susp (AMBISOME equiv)	-	EXC
griseofulvin micro tab (GRIFULVIN V equiv)	-	Preferred
griseofulvin tab (GRIS-PEG equiv)	-	Preferred
flucytosine cap (ANCOBON equiv)	-	Select
griseofulvin susp (GRIFULVIN equiv)	-	Select
nystatin powder	-	Select
nystatin tab	-	Select
terbinafine tab (LAMISIL equiv)	-	Select

IMIDAZOLE-RELATED ANTIFUNGALS

NOXAFIL INJ	-	EXC
posaconazole iv soln (NOXAFIL equiv)	-	EXC
CRESEMBA CAP (QL= 34 caps/30 days)	QL	Non-Pref erred
NOXAFIL PAK (QL= 31 packets/30 days; Step Therapy requires trial of fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab)	QL-ST	Non-Pref erred
TOLSURA CAP (QL= 4 caps/day; Step Therapy requires trial of itraconazole)	QL-ST	Non-Pref erred
VIVJOA CAP (QL= 18 caps/84 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty Preferred
itraconazole soln (SPORANOX equiv)	-	Preferred
NOXAFIL SUSP (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Preferred
posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	Preferred
posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Preferred
fluconazole susp (DIFLUCAN equiv)	-	Select
fluconazole tab (DIFLUCAN equiv)	-	Select
itraconazole cap (SPORANOX equiv)	-	Select
ketoconazole tab (NIZORAL equiv)	-	Select
voriconazole susp (VFEND equiv)	-	Select
voriconazole tab (VFEND equiv)	-	Select

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

RYCLORA SOLN	-	EXC
MICLARA LIQUID	-	Non-Pref erred
PEDIACLEAR PD LIQUID	-	Non-Pref erred
triprolidine hcl liquid (PEDIACLEAR equiv)	-	Non-Pref erred

ANTIHISTAMINES - ETHANOLAMINES

KARBINAL ER SUSP (QL= 960ml/30 days)	QL	Non-Pref erred
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VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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Moda Texas Individual Formulary

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DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
RYVENT TAB (QL= 4 tabs/day)	QL	Non-Pref erred
CARBINOXAMINE SOLN	-	Select
CARBINOXAMINE TAB (QL= 240 tabs/30 days)	QL	Select
clemastine tab	OTC	Select
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Select
diphenhydramine inj	-	Select
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl orally disintegrating tab (ZYRTEC equiv)	OTC	EXC
CLARINEX SYRUP	-	EXC
CLARITIN CAP	OTC	EXC
CLARITIN CHEW TAB	-	EXC
DESLORATADINE ODT	-	EXC
loratadine cap (CLARITIN equiv)	OTC	EXC
ZYRTEC CHILD CHEW ALLERGY	-	EXC
ZYRTEC CHILD TAB	OTC	EXC
desloratadine tab (CLARINEX equiv) (QL= 1 tab/day)	QL	Select
levocetirizine soln (XYZAL equiv) (QL= 10ml/day)	QL	Select
levocetirizine tab (XYZAL equiv)	-	Select
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine inj (PHENERGAN equiv)	-	Select
promethazine supp (PHENERGAN equiv)	-	Select
promethazine syrup	-	Select
promethazine tab (PHENERGAN equiv)	-	Select
PROMETHEGAN SUPP	-	Select
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	Select
cyproheptadine tab	-	Select
ANTIHYPERSLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred
ANTIHYPERSLIPIDEMICS - COMBINATIONS		
EZETIMIBE/ATORVASTATIN TAB (QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe)	QL-ST	Non-Pref erred
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred
ROSZET TAB (QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Pref erred
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	Preferred
ANTIHYPERSLIPIDEMICS - MISC.		
KYNAMRO INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Preferred
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Preferred
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Select
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ACA	NC =Not Covered Affordable Care Act	EXC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS Limited Distribution
M	Medical Benefit	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
BILE ACID SEQUESTRANTS		
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	Preferred
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Select
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Select
cholestyramine powder (QUESTRAN equiv)	-	Select
cholestyramine powder pack (QUESTRAN equiv)	-	Select
colesevelam tab (WELCHOL equiv)	-	Select
colestipol granule (COLESTID equiv)	-	Select
colestipol powder packet (COLESTID equiv)	-	Select
colestipol tab (COLESTID equiv)	-	Select
FIBRIC ACID DERIVATIVES		
ANTARA CAP	-	Non-Preferred
FENOFIBRIC TAB, FIBRICOR TAB	-	Non-Preferred
TRIGLIDE TAB	-	Non-Preferred
FENOFIBRATE CAP	-	Preferred
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Preferred
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	Preferred
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG (QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Preferred Specialty
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG (QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Preferred Specialty
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Select
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Select
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Select
fenofibric acid DR cap (TRILIPIX equiv)	-	Select
gemfibrozil tab (LOPID equiv)	-	Select
HMG COA REDUCTASE INHIBITORS		
ADVICOR TAB 1000-20MG (QL= 2 tabs/day)	QL	Non-Preferred
ADVICOR TAB 500-20MG, 1000-40MG (QL= 1 tab/day)	QL	Non-Preferred
ADVICOR TAB 750-20MG (QL= 2 tabs/day)	QL	Non-Preferred
ALTOPREV TAB (QL= 1 tab/day)	QL	Non-Preferred
ATORVALIQ SUSP (QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab)	QL-ST	Non-Preferred
EZALLOR SPRINKLE CAP (QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, fluvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin)	QL-ST	Non-Preferred
FLOLIPID SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Non-Preferred
LIVALO TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Preferred

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	Vaccine Program				

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
SIMCOR TAB (QL= 1 tab/day)	QL	Non-Pref erred
ZYPITAMAG TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Pref erred
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Preferred
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventiv e
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventiv e
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventiv e
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventiv e
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventiv e
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventiv e
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventiv e
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventiv e

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Select
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MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS

JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
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NICOTINIC ACID DERIVATIVES

NIACOR TAB	-	Non-Pref erred
niacin ER tab (NIASPAN equiv)	-	Preferred

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

LEQVIO SOLN	-	EXC
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	Non-Pref erred
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Preferred
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Preferred
PRALUENT INJ (QL= 1 inj/28 days)	PA-QL	Preferred Specialty

ANTIHYPERTENSIVES

ACE INHIBITORS

QBRELIS SOLN	-	Non-Pref erred
captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors)	ST	Preferred
enalapril maleate oral soln (EPANED equiv) (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	Preferred
benazepril tab (LOTENSIN equiv)	-	Select
fosinopril tab (MONOPRIL equiv)	-	Select

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	Vaccine Program				

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
moexipril tab (UNIVASC equiv)	-	Select
PERINDOPRIL TAB	-	Select
perindopril tab (ACEON equiv)	-	Select
quinapril tab (ACCUPRIL equiv)	-	Select
ramipril cap (ALTACE equiv)	-	Select
trandolapril tab (MAVIK equiv)	-	Select
enalapril tab (VASOTEC equiv)	-	Value
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine cap (DEMSEER equiv) (QL= 448 caps/28 days)	QL	Preferred
phenoxybenzamine cap (DIBENZYLININE equiv)	-	Preferred
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
EDARBI TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred
VALSARTAN ORAL SOLN (QL= 2400ml/30 days)	QL	Non-Preferred
candesartan tab (ATACAND equiv) (Step Therapy requires trial of 2: irbesartan, losartan, or valsartan)	ST	Select
irbesartan tab (AVAPRO equiv)	-	Select
olmesartan tab (BENICAR equiv)	-	Select
telmisartan tab (MICARDIS equiv)	-	Select
valsartan tab (DIOVAN equiv)	-	Select
losartan tab (COZAAR equiv)	-	Value
ANTIADRENERGIC ANTIHYPERTENSIVES		
NEXICLON XR TAB (QL= 3 tabs/day)	QL	Non-Preferred
clonidine patch (CATAPRES-TTS equiv)	-	Preferred
METHYLDOPA TAB	-	Preferred
clonidine tab (CATAPRES equiv)	-	Select
doxazosin tab (CARDURA equiv)	-	Select
guanfacine IR tab (TENEX equiv)	-	Select
methylidopa tab (ALDOMET equiv)	-	Select
prazosin cap (MINIPRESS equiv)	-	Select
terazosin cap (HYTRIN equiv)	-	Select
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB	-	Non-Preferred
BYVALSON TAB	-	Non-Preferred
DUTOPROL TAB (QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers)	QL-ST	Non-Preferred
EDARBYCLOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred
PRESTALIA TAB (Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor)	ST	Non-Preferred
TARKA TAB	-	Non-Preferred
TEKTURNA HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred

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	Vaccine Program				

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
TELMISARTAN/AMLODIPINE TAB (Step therapy requires trial of amlodipine-olmesartan OR amlodipine-valsartan)	ST	Non-Preferred
TRANDOLAPRIL/VERAPAMIL ER TAB 2-180MG, 4-240MG	-	Non-Preferred
TRANDOLAPRIL/VERAPAMIL ER TAB 2-240MG	-	Non-Preferred
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of olmesartan-amlodipine-HCTZ)	QL-ST	Preferred
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	Preferred
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	Preferred
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	Preferred
telmisartan/amlodipine tab (TWINSTA equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Preferred
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Preferred
telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Preferred
telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Preferred
amlodipine/benazepril cap (LOTREL equiv)	-	Select
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Select
amlodipine/valsartan tab (EXFORGE equiv)	-	Select
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Select
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Select
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Select
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	Select
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Select
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Select
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Select
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	Select
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	Select
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	Select
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days)	QL	Select
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Select
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Select
QUINAPRIL/HCTZ TAB	-	Select
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Select
trandolapril/verapamil ER tab (TARKA equiv)	-	Select
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Select
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value

ANTIHYPERTENSIVES - MISC.

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	Vaccine Program				

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
VECAMYL TAB	PA	Non-Pref erred Specialty
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	Preferred
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPIRA equiv)	-	Select
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	Select
minoxidil tab (LONITEN equiv)	-	Select
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
BACITRACIN INJ	-	EXC
AEMCOLO TAB (QL= 12 tabs/fill, 2 fills/month)	QL	Non-Pref erred
FIRST METRONIDAZOLE SUSP	-	Non-Pref erred
XIFAXAN TAB 200MG (QL= 9 tabs/fill, 2 fills/month)	PA-QL	Non-Pref erred
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	Non-Pref erred
metronidazole cap (FLAGYL equiv)	-	Preferred
pentamidine neb soln (NEBUPENT equiv)	-	Preferred
PRIMSOL SOLN	-	Preferred
tinidazole tab (TINDAMAX equiv)	-	Preferred
TRIMETHOPRIM TAB	-	Preferred
IMPAVIDO CAP (QL= 3 caps/day; Restricted to Infectious Disease Specialist)	QL-RS	Preferred Specialty
metronidazole tab (FLAGYL equiv)	-	Select
trimethoprim tab (PROLOPRIM equiv)	-	Select
ANTI-INFECTIVE MISC. - COMBINATIONS		
methenamine-sodium salicylate tab	-	EXC
UTA CAP	-	Non-Pref erred
HYOPHEN TAB	-	Preferred
methenamine-hyosc-meth blue-sod phos-phen sal cap (USTELL equiv)	-	Preferred
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Select
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Select
UTA cap	-	Select
ANTIPROTOZOAL AGENTS		
ALINIA SUSP (QL= 60ml/fill, 2 fills/month)	QL	Non-Pref erred
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Preferred
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Preferred
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/fill, 2 fills/month)	QL	Preferred
atovaquone susp (MEPRON equiv)	-	Select

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
GLYCOPEPTIDES		
VANCOMYCIN SOLN	-	Non-Preferred
FIRVANQ SOLN (QL= 300ml/30 days)	QL	Preferred
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Select
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Select
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Select
LEPROSTATICS		
dapsone tab	-	Select
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	Select
clindamycin soln (CLEOCIN equiv)	-	Select
MONOBACTAMS		
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
OXAZOLIDINONES		
SIVEXTRO INJ	-	EXC
SIVEXTRO TAB (QL= 6 tabs/fill)	QL-RS	Preferred
linezolid susp	-	Select
linezolid tab (ZYVOX equiv)	-	Select
PLEUROMUTILINS		
XENLETA TAB (QL= 10 tabs/fill, 1 fill/month)	PA-QL	Non-Preferred Specialty
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powder pack (MONUROL equiv)	-	Preferred
methenamine hippurate tab (HIPREX equiv)	-	Select
methenamine mandelate tab	-	Select
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Select
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Select
nitrofurantoin susp (FURADANTIN equiv)	-	Select
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
COARTEM TAB	-	Non-Preferred
atovaquone/proguanil tab (MALARONE equiv)	-	Select
ANTIMALARIALS		
ARAKODA TAB	-	Non-Preferred
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Preferred
mefloquine tab (LARIAM equiv)	-	Preferred
primaquine tab (PRIMAQUINE equiv)	-	Preferred
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
chloroquine tab (ARALEN equiv)	-	Select
hydroxychloroquine tab (PLAQUENIL equiv)	-	Select
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		Restricted to Specialist
		Step Therapy

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ANTIMALARIALS Cont.		
quinine sulfate cap (QUALAQUIN equiv)	-	Select
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
NEOSTIGMINE METHYLSULFATE INJ	-	EXC
neostigmine methylsulfate soln pref syringe	-	EXC
PYRIDOSTIGMINE TAB 30MG	-	Non-Pref erred
FIRDAPSE TAB (QL= 8 tabs/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Pref erred Specialty
RUZURGI TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Pref erred Specialty Preferred
pyridostigmine soln (MESTINON equiv)	-	Select
GUANIDINE TAB	-	Select
pyridostigmine CR tab (MESTINON equiv)	-	Select
pyridostigmine tab (MESTINON equiv)	-	Select
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	Non-Pref erred
RIFATER TAB	-	Non-Pref erred
ANTIMYCOBACTERIAL AGENTS		
PASER GRANULE	-	Non-Pref erred
PRIFTIN TAB	-	Non-Pref erred
TRECATOR TAB	-	Non-Pref erred
PRETOMANID TAB (QL= 1 tab/day)	QL	Non-Pref erred Specialty
SIRTURO TAB (Restricted to Infectious Disease Specialist; Only available through MMS Solutions 855-691-0963)	LD-RS	Preferred Specialty
cycloserine cap (CYCLOSERINE equiv)	-	Select
ethambutol tab (MYAMBUTOL equiv)	-	Select
ISONIAZID TAB	-	Select
pyrazinamide tab	-	Select
rifabutin cap (MYCOBUTIN equiv)	-	Select
rifampin cap (RIFADIN equiv)	-	Select
ANTINEOPLASTICS		
ALKYLATING AGENTS		
LEUKERAN TAB	-	Non-Pref erred
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty

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M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTINEOPLASTICS Cont.		
MYLERAN TAB	-	Preferred Specialty
cyclophosphamide tab (CYTOXAN equiv)	-	Select
ANTIMETABOLITES		
TABLOID TAB (QL= 4 tabs/day)	QL	Non-Preferred
mercaptopurine tab (PURINETHOL equiv)	-	Select
methotrexate tab (TREXALL equiv)	-	Select
ANTINEOPLASTIC ENZYME INHIBITORS		
ZOLINZA CAP	PA-SF	Preferred Specialty
ANTINEOPLASTICS MISC.		
ALFERON-N INJ	-	EXC
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
INTRON-A INJ	-	Preferred Specialty
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
tretinoin cap (VESANOID equiv)	-	Preferred Specialty
hydroxyurea cap (HYDREA equiv)	-	Select
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
MESNEX TAB	-	Preferred Specialty
leucovorin tab	-	Select
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	-	Select
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	PA	Preferred Specialty
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
bendamustine hcl for iv soln (TREANDA equiv)	-	EXC
CARMUSTINE INJ	-	EXC
CISPLATIN INJ 50MG/50ML	-	EXC
CYCLOPHOSPHAMIDE INJ	-	EXC
CYCLOPHOSPHAMIDE IV SOLN	-	EXC
PEPAXTO INJ	-	EXC
TREANDA INJ	-	EXC
CYCLOPHOSPHAMIDE TAB	-	Non-Preferred
GLEOSTINE/LOMUSTINE CAP	-	Non-Preferred Specialty
cyclophosphamide cap	-	Preferred Specialty

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QL	Quantity Limit	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				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
melphalan tab (ALKERAN equiv)	PA	Preferred Specialty
temozolomide cap (TEMODAR equiv)	-	Preferred Specialty
ANTIMETABOLITES		
ALIMTA INJ	-	EXC
ARRANON INJ	-	EXC
CYTARABINE INJ	-	EXC
FLOXURIDINE INJ	-	EXC
FLUDARABINE INJ	-	EXC
FOLOTYN INJ	-	EXC
nelarabine iv soln (ARRANON equiv)	-	EXC
pemetrexed disodium for iv soln (ALIMTA equiv)	-	EXC
PEMETREXED INJ	-	EXC
PEMETREXED SOLN	-	EXC
PEMFEXY SOL	-	EXC
XATMEP SOLN (QL= 60ml/30 days)	PA-QL	Non-Preferred
ONUREG TAB (QL= 14 tabs/28 days)	PA-QL	Non-Preferred Specialty
capecitabine tab (XELODA equiv)	-	Preferred Specialty
PURIXAN SUSP	PA	Preferred Specialty
METHOTREXATE INJ	-	Specialty Select
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
ALYMSYS IV SOLN	-	EXC
VEGZELMA IV SOLN	-	EXC
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
ANTINEOPLASTIC - ANTIBODIES		
ELAHERE INJ	-	EXC
EPKINLY INJ	-	EXC
IMJUDO INJ	-	EXC
JEMPERLI SOLN	-	EXC
KIMMTRAK SOLN	-	EXC
LUNSUMIO INJ	-	EXC
OPDIVO INJ	-	EXC
RYBREVANT SOLN	-	EXC
TECVAYLI INJ	-	EXC
TIVDAK INJ	-	EXC
ZYNLONTA SOLN	-	EXC
ZYNYZ INJ	-	EXC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
MARGENZA INJ	-	EXC

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QL	Quantity Limit	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				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TUKYSA TAB (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
VENCLEXTA TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
ABECMA INJ	-	EXC
CARVYKTI INJ	-	EXC
TECARTUS SUSP	-	EXC
ANTINEOPLASTIC - EGFR INHIBITORS		
EXKIVITY CAP (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
VIZIMPRO TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
erlotinib tab 100mg (TARCEVA equiv)	PA-QL-SF	Preferred Specialty
erlotinib tab 150mg (TARCEVA equiv)	PA-QL-SF	Preferred Specialty
erlotinib tab 25mg (TARCEVA equiv) (QL= 2 tabs/day)	PA-QL-SF	Preferred Specialty
gefitinib tab (IRESSA equiv) (QL= 1 tab/day)	PA-QL-SF	Preferred Specialty
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
IRESSA TAB (Only available through Optum 877-445-6874)	LD-PA-SF	Preferred Specialty
TAGRISO TAB (QL= 1 tab/day)	PA-QL	Preferred Specialty
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
DAURISMO TAB 25MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
ERIVEDGE CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
ODOMZO CAP	PA-SF	Preferred Specialty
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
CAMCEVI INJ	-	EXC
EMCYT CAP	-	Non-Preferred
EULEXIN CAP (QL= 6 caps/day)	QL	Non-Preferred

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
FLUTAMIDE CAP (QL= 6 caps/day)	QL	Non-Pref erred
SOLTAMAX SOLN	-	Non-Pref erred
ORGOVYX TAB (QL= 28 tabs/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Pref erred Specialty
XTANDI CAP (QL= 4 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
XTANDI TAB 40MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
XTANDI TAB 80MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
YONSA TAB (QL= 4 tabs/day)	PA-QL-SF	Non-Pref erred Specialty
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	PA-QL-SF	Preferred Specialty
abiraterone tab 250mg (ZYTIGA equiv) (QL= 3 tabs/day)	PA-QL-SF	Preferred Specialty
ERLEADA TAB (QL= 4 tabs/day)	PA-QL	Preferred Specialty
ERLEADA TAB 240MG (QL= 1 tab/day)	PA-QL	Preferred Specialty
FIRMAGON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	PA-QL	Preferred Specialty
LEUPROLIDE INJ (QL= 1 kit/90 days)	PA-QL	Preferred Specialty
LUPRON DEPOT INJ	PA	Preferred Specialty
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	PA-QL	Preferred Specialty
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Preferred Specialty
anastrozole tab (ARIMIDEX equiv)	-	Preventiv e
exemestane tab (AROMASIN equiv)	-	Preventiv e
letrozole tab (FEMARA equiv)	-	Preventiv e
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	Preventiv e
bicalutamide tab (CASODEX equiv)	-	Select

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VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
flutamide cap (EULEXIN equiv)	-	Select
megestrol susp (MEGACE equiv)	-	Select
megestrol tab (MEGACE equiv)	-	Select
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO TAB (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC ANTIBIOTICS		
doxorubicin hcl inj (ADRIAMYCIN equiv)	-	EXC
ELLENCEN INJ	-	EXC
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO SOLN	-	EXC
OPDUALAG SOLN	-	EXC
INQOVI TAB (QL= 5 tabs/28 days; Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
KISQALI PAK (QL= 91 tabs/28 days)	PA-QL	Preferred Specialty
LONSURF TAB (Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty
ANTINEOPLASTIC ENZYME INHIBITORS		
BORTEZOMIB INJ	-	EXC
bortezomib inj (VELCADE equiv)	-	EXC
FYARRO INJ	-	EXC
ISTODAX OVR INJ	-	EXC
romidepsin for iv inj (ISTODAX equiv)	-	EXC
VELCADE INJ	-	EXC
ALUNBRIG PAK (QL= 1 pack/365 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
BALVERSA TAB 3MG (QL= 3 tabs/day)	PA-QL-SF	Non-Preferred Specialty
BALVERSA TAB 4MG (QL= 2 tabs/day)	PA-QL-SF	Non-Preferred Specialty

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
BALVERSA TAB 5MG (QL= 1 tab/day)	PA-QL-SF	Non-Pref erred Specialty
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Pref erred Specialty
BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty
COPIKTRA CAP (QL= 2 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Pref erred Specialty
FOTIVDA CAP (QL= 21 caps/28 days)	PA-QL	Non-Pref erred Specialty
GAVRETO CAP (QL= 120 caps/30 days)	PA-QL	Non-Pref erred Specialty
IBRANCE CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
IBRANCE TAB (QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
IDHIFA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
INREBIC CAP (QL= 4 caps/day)	PA-QL-SF	Non-Pref erred Specialty
JAYPIRCA TAB 100MG (QL= 60 tabs/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Non-Pref erred Specialty
JAYPIRCA TAB 50MG (QL= 30 tabs/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Non-Pref erred Specialty
KOSELUGO CAP (QL= 120 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Pref erred Specialty
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Pref erred Specialty
KRAZATI TAB (QL= 60 tabs/30 days)	PA-QL-SF	Non-Pref erred Specialty
LORBRENA TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
LORBRENA TAB 25MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
LUMAKRAS TAB (QL= 240 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty
LUMAKRAS TAB 320MG (QL= 90 tabs/30 days)	PA-QL-SF	Non-Pref erred Specialty
LYTGOBI TAB (12MG DAILY DOSE) (QL= 84 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Pref erred Specialty
LYTGOBI TAB (16MG DAILY DOSE) (QL= 112 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Pref erred Specialty
LYTGOBI TAB (20MG DAILY DOSE) (QL= 140 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Pref erred Specialty
MEKTOVI TAB (QL= 6 tabs/day; Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
NERLYNX TAB (QL= 6 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Non-Pref erred Specialty
PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty
PIQRAY TAB	PA-SF	Non-Pref erred Specialty
QINLOCK TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty
RETEVMO CAP 40MG (QL= 180 caps/30 days)	PA-QL-SF	Non-Pref erred Specialty
RETEVMO CAP 80MG (QL= 120 caps/30 days)	PA-QL-SF	Non-Pref erred Specialty
REZLIDHIA CAP (QL= 60 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty
ROZLYTREK CAP 100MG (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
ROZLYTREK CAP 200MG (QL= 3 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
RYDAPT CAP	PA	Non-Pref erred Specialty
TABRECTA TAB (QL= 112 tabs/28 days)	PA-QL-SF	Non-Pref erred Specialty

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TALZENNA CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
TALZENNA CAP 0.25MG (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
TALZENNA CAP 1MG (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Pref erred Specialty
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Pref erred Specialty
TEPMETKO TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty
TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Pref erred Specialty
TRUSELTIQ PACK 175MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Pref erred Specialty
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Pref erred Specialty
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Pref erred Specialty
VITRAKVI CAP 25MG (QL= 8 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Pref erred Specialty
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Pref erred Specialty
VONJO CAP (QL= 120 tabs/30 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty
XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Pref erred Specialty
ALECENSA CAP (QL= 8 caps/day)	PA-QL	Preferred Specialty
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty

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ACA	NC =Not Covered Affordable Care Act	EXC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS Limited Distribution
M	Medical Benefit	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Preferred Specialty
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
CALQUENCE CAP (QL= 2 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
CALQUENCE TAB (QL= 2 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	Preferred Specialty
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
COTELLIC TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	PA-QL-SF	Preferred Specialty
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	PA-QL-SF	Preferred Specialty
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Preferred Specialty
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	PA-QL	Preferred Specialty
imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	PA-QL	Preferred Specialty
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
IMBRUVICA SUSP (QL= 216ml/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty
IMBRUVICA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
KISQALI TAB (QL= 63 tabs/28 days)	PA-QL	Preferred Specialty
lapatinib ditosylate tab (TYKERB equiv)	PA	Preferred Specialty
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty
MEKINIST SOLN (QL= 40ml/day)	PA-QL	Preferred Specialty
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	PA-QL	Preferred Specialty
MEKINIST TAB 2MG (QL= 1 tab/day)	PA-QL	Preferred Specialty
NINLARO CAP	PA	Preferred Specialty
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
sorafenib tosylate tab (NEXAVAR equiv)	PA-SF	Preferred Specialty
SPRYCEL TAB	PA-SF	Preferred Specialty
STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
TAFINLAR CAP (QL= 4 caps/day)	PA-QL	Preferred Specialty
TAFINLAR TAB (QL= 12 tabs/day)	PA-QL	Preferred Specialty
TASIGNA CAP	PA-SF	Preferred Specialty
VERZENIO TAB (QL= 2 tabs/day)	PA-QL-SF	Preferred Specialty
VOTRIENT TAB	PA-SF	Preferred Specialty
XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
ZEJULA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
ZELBORAF TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
ZYKADIA CAP (QL= 3 caps/day)	PA-QL-SF	Preferred Specialty
ZYKADIA TAB (QL= 3 tabs/day)	PA-QL-SF	Preferred Specialty
ANTINEOPLASTIC ENZYMES		
RYLAZE INJ	-	EXC
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
PLUVICTO INJ	-	EXC
ANTINEOPLASTICS MISC.		
BESREMI INJ (QL= 2 inj/28 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
SYLATRON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
bexarotene cap (TARGRETIN equiv)	PA-SF	Preferred Specialty
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Preferred Specialty
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
LEUCOVORIN INJ	-	EXC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
PEDMARK INJ	-	EXC

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
MITOTIC INHIBITORS		
ABRAXANE INJ	-	EXC
DOCETAXEL INJ	-	EXC
VINCRIStINE INJ	-	EXC
ETOPOSIDE CAP	-	Preferred
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	Select
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	Select
trihexyphenidyl tab (ARTANE equiv)	-	Select
ANTIPARKINSON COMT INHIBITORS		
tolcapone tab (TASMAR equiv) (QL= 3 caps/day)	QL	Preferred
entacapone tab (COMTAN equiv)	-	Select
ANTIPARKINSON DOPAMINERGICS		
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	Non-Preferred
GOCOVRI CAP (Step Therapy requires trial of amantadine)	ST	Non-Preferred
NEUPRO PATCH (QL= 1 patch/day)	QL	Non-Preferred
RYTARY CAP 23.75-95MG (QL= 750 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Preferred
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	Preferred
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	Preferred
amantadine cap (SYMMETREL equiv)	-	Select
amantadine syrup (SYMMETREL equiv)	-	Select
amantadine tab	-	Select
bromocriptine cap (PARLODEL equiv)	-	Select
bromocriptine tab (PARLODEL equiv)	-	Select
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Select
carbidopa/levodopa ODT (PARCOPA equiv)	-	Select
carbidopa/levodopa tab (SINEMET equiv)	-	Select
pramipexole tab (MIRAPEX equiv)	-	Select
ropinirole tab (REQUIP equiv)	-	Select
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
XADAGO TAB (QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa)	QL-ST	Non-Preferred
ZELAPAR ODT	-	Non-Preferred
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Select
selegiline cap (ELDEPRYL equiv)	-	Select
selegiline tab (ELDEPRYL equiv)	-	Select

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUVANTS

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.		
NOURIANZ TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	Select
TRIHEXYPHENIDYL SOLN	-	Select
ANTIPARKINSON COMT INHIBITORS		
ONGENTYS CAP (Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline)	ST	Non-Pref erred
ANTIPARKINSON DOPAMINERGICS		
CARBIDOPA/LEVODOPA ODT	-	Non-Pref erred
DHIVY TAB (QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab)	QL-ST	Non-Pref erred
OSMOLEX ER TAB (QL= 1 tab/day; Step Therapy requires trial of amantadine)	QL-ST	Non-Pref erred
OSMOLEX ER TAB (Step Therapy requires trial of amantadine)	QL-ST	Non-Pref erred
RYTARY CAP 36.25-145MG (QL= 480 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Pref erred
RYTARY CAP 48.75-195MG (QL= 360 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Pref erred
RYTARY CAP 61.25-245MG (QL= 300 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Pref erred
INBRIJA INH POWDER (QL= 4 units/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
KYNMOBI FILM (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
KYNMOBI TITRATION KIT (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Preferred Specialty
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Select
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline tab (ELDEPRYL equiv)	-	Select

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS		
LITHIUM CITRATE SOLN	-	Non-Pref erred
lithium carbonate cap (ESKALITH ER equiv)	-	Select
lithium carbonate ER tab (LITHOBID equiv)	-	Select

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
lithium carbonate tab	-	Select
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP (QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine)	QL-ST	Non-Pref erred
EQUETRO CAP	-	Non-Pref erred
VRAYLAR CAP (QL= 1 cap/day)	QL	Non-Pref erred
VRAYLAR PACK (QL= 2 packs/plan year)	QL	Non-Pref erred
NUPLAZID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
NUPLAZID TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
LATUDA TAB (QL= 1 tab/day)	QL	Preferred
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Select
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Select
BENZISOXAZOLES		
FANAPT TAB (QL= 2 tabs/day)	QL	Non-Pref erred
FANAPT TITRATION PACK (QL= 1 pack/plan year)	QL	Non-Pref erred
UZEDY INJ	-	Non-Pref erred Specialty
RISPERIDONE ODT	-	Preferred
INVEGA HAFYERA INJ	-	Preferred Specialty
INVEGA INJ	-	Preferred Specialty
PERSERIS INJ	PA	Preferred Specialty
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Select
risperidone ODT (RISPERDAL M equiv)	-	Select
risperidone soln (RISPERDAL equiv)	-	Select
risperidone tab (RISPERDAL equiv)	-	Select
BUTYROPHENONES		
haloperidol decanoate inj	-	Preferred Specialty
haloperidol lactate conc (HALDOL equiv)	-	Select
haloperidol tab (HALDOL equiv)	-	Select
DIBENZAPINES		
CLOZAPINE ODT, FAZACLO ODT (QL= 3 tabs/day)	QL	Non-Pref erred
QUETIAPINE TAB 150MG (QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs)	QL-ST	Non-Pref erred

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M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
SECUADO PATCH (QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Pref erred
VERSACLOZ SUSP	-	Non-Pref erred
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Preferred
ZYPREXA RELPREVV INJ	-	Preferred Specialty
CLOZAPINE ODT (QL= 3 tabs/day)	QL	Select
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Select
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Select
loxapine cap (LOXITANE equiv)	-	Select
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Select
olanzapine tab (ZYPREXA equiv) (QL= 1 tab/day)	QL	Select
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Select
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Select
DIHYDROINDOLONES		
MOLINDONE TAB	-	Preferred
PHENOTHIAZINES		
chlorpromazine hcl inj	-	EXC
CHLORPROMAZINE CONC (QL= 800ml/30 days)	QL	Select
chlorpromazine tab (THORAZINE equiv)	-	Select
fluphenazine tab (PROLIXIN equiv)	-	Select
perphenazine tab (TRILAFON equiv)	-	Select
prochlorperazine supp (COMPAZINE equiv)	-	Select
prochlorperazine tab (COMPAZINE equiv)	-	Select
thioridazine tab (MELLARIL equiv)	-	Select
trifluoperazine tab (STELAZINE equiv)	-	Select
QUINOLINONE DERIVATIVES		
REXULTI TAB (QL= 1 tab/day)	QL	Non-Pref erred
ABILIFY MYCITE PACK (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Pref erred Specialty
ABILIFY MYCITE TAB (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Pref erred Specialty
ABILIFY MAINTENA	-	Preferred Specialty
ARISTADA INJ	-	Preferred Specialty
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Select
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Select
aripiprazole tab (ABILIFY equiv)	-	Select
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	Select

ANTISEPTICS & DISINFECTANTS

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M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTISEPTICS & DISINFECTANTS Cont.		
IODINE ANTISEPTICS		
BETADINE SOLN	-	EXC
FIRST AID OINTMENT	-	EXC
IODOFLEX PAD	-	Non-Preferred
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP	-	EXC
SUNLENCA INJ	-	EXC
VOCABRIA TAB	-	EXC
DOVATO TAB	-	Non-Preferred Specialty
RUKOBIA ER TAB (QL= 60 tabs/30 days)	PA-QL	Non-Preferred Specialty
STAVUDINE CAP (QL= 2 caps/day)	QL	Non-Preferred Specialty
TRIZIVIR TAB (QL= 2 tabs/day)	QL	Non-Preferred Specialty
TYBOST TAB	-	Preferred
VIREAD POWDER	-	Preferred
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Preferred Specialty
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Preferred Specialty
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Preferred Specialty
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Preferred Specialty
APTIVUS CAP (QL= 4 caps/day)	QL	Preferred Specialty
APTIVUS SOLN (QL= 380ml/30 days)	QL	Preferred Specialty
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Preferred Specialty
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Preferred Specialty
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Preferred Specialty
BIKTARVY TAB (QL= 1 tab/day)	QL	Preferred Specialty
CIMDUO TAB	-	Preferred Specialty
COMPLERA TAB (QL= 1 tab/day)	QL	Preferred Specialty
CRIXIVAN CAP	-	Preferred Specialty

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
DELSTRIGO TAB	-	Preferred Specialty
DESCOVY TAB (QL= 1 tab/day)	PA-QL	Preferred Specialty
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Preferred Specialty
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Preferred Specialty
EDURANT TAB (QL= 1 tab/day)	QL	Preferred Specialty
EFAVIRENZ CAP	-	Preferred Specialty
efavirenz tab (SUSTIVA equiv)	-	Preferred Specialty
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Preferred Specialty
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Preferred Specialty
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day)	QL	Preferred Specialty
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Preferred Specialty
EMTRIVA SOLN (QL= 850ml/30 days)	QL	Preferred Specialty
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Preferred Specialty
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Preferred Specialty
EVOTAZ TAB (QL= 1 tab/day)	QL	Preferred Specialty
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Preferred Specialty
FUZEON INJ	-	Preferred Specialty
GENVOYA TAB (QL= 1 tab/day)	QL	Preferred Specialty
INTELENCE TAB (QL= 4 tabs/day)	QL	Preferred Specialty
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Preferred Specialty
INVIRASE CAP (QL= 10 caps/day)	QL	Preferred Specialty
INVIRASE TAB (QL= 4 tabs/day)	QL	Preferred Specialty
ISENTRESS (HD) TAB (QL= 2 tabs/day)	QL	Preferred Specialty
ISENTRESS CHEW TAB (QL= 6 tabs/day)	QL	Preferred Specialty
ISENTRESS POWDER PACK (QL= 2 packets/day)	QL	Preferred Specialty
JULUCA TAB (QL= 1 tab/day)	QL	Preferred Specialty

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ACA	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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

**Moda Texas Individual Formulary
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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Preferred Specialty
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Preferred Specialty
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Preferred Specialty
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Preferred Specialty
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Preferred Specialty
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day)	QL	Preferred Specialty
LEXIVA SUSP (QL= 1800ml/30 days)	QL	Preferred Specialty
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days)	QL	Preferred Specialty
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day)	QL	Preferred Specialty
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day)	QL	Preferred Specialty
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Preferred Specialty
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Preferred Specialty
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Preferred Specialty
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Preferred Specialty
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Preferred Specialty
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Preferred Specialty
NORVIR CAP (QL= 12 caps/day)	QL	Preferred Specialty
NORVIR POWDER PACK (QL= 12 packets/day)	QL	Preferred Specialty
NORVIR SOLN (QL= 480ml/30 days)	QL	Preferred Specialty
ODEFSEY TAB (QL= 1 tab/day)	QL	Preferred Specialty
PIFELTRO TAB	-	Preferred Specialty
PREZCOBIX TAB (QL= 1 tab/day)	QL	Preferred Specialty
PREZISTA SUSP (QL= 400ml/30 days)	QL	Preferred Specialty
PREZISTA TAB (QL= 1 tab/day)	QL	Preferred Specialty
PREZISTA TAB 150MG (QL= 8 tabs/day)	QL	Preferred Specialty
PREZISTA TAB 75MG (QL= 16 tabs/day)	QL	Preferred Specialty

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
RESCRIPTOR TAB	-	Preferred Specialty
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Preferred Specialty
ritonavir tab (NORVIR equiv) (QL= 12 tabs/30 days)	QL	Preferred Specialty
SELZENTRY SOLN (QL= 31ml/day)	QL	Preferred Specialty
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Preferred Specialty
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Preferred Specialty
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Preferred Specialty
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Preferred Specialty
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Preferred Specialty
STRIBILD TAB (QL= 1 tab/day)	QL	Preferred Specialty
SYMTUZA TAB	-	Preferred Specialty
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day)	QL	Preferred Specialty
TIVICAY PD TAB (QL= 180 tabs/30 days)	QL	Preferred Specialty
TIVICAY TAB (QL= 180 tabs/30 days)	QL	Preferred Specialty
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Preferred Specialty
TRIUMEQ TAB (QL= 1 tab/day)	QL	Preferred Specialty
VIDEX SOLN (QL= 600ml/30 days)	QL	Preferred Specialty
VIRACEPT TAB	-	Preferred Specialty
VIREAD TAB (QL= 1 tab/day)	QL	Preferred Specialty
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Preferred Specialty
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Preferred Specialty
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Preferred Specialty
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Preventive
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day)	QL	Select
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day)	QL	Select
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB (QL= 30 tabs/fill)	QL	Preventive

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
PAXLOVID TAB 100-150MG (QL= 20 tabs/fill)	QL	Preventive
CMV AGENTS		
PREVYMIS TAB	PA	Non-Preferred Specialty
valganciclovir soln (VALCYTE equiv)	-	Select
valganciclovir tab (VALCYTE equiv)	-	Select
HEPATITIS AGENTS		
DAKLINZA TAB	PA	Non-Preferred Specialty
EPCLUSA PAK (QL= 1 packet/day)	PA-QL	Non-Preferred Specialty
EPCLUSA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Specialty
HARVONI PELLETT PAK (QL= 28 tabs/28 days)	PA-QL	Non-Preferred Specialty
HARVONI TAB (QL= 28 tabs/28 days)	PA-QL	Non-Preferred Specialty
MODERIBA TAB	PA	Non-Preferred Specialty
OLYSIO CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
SOVALDI PELLETT PAK	-	Non-Preferred Specialty
SOVALDI TAB (QL= 28 tabs/28 days)	PA-QL	Non-Preferred Specialty
TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
VIEKIRA PAK TAB (QL= 4 tabs/day)	PA-QL	Non-Preferred Specialty
VIEKIRA XR TAB (QL= 3 tabs/day)	PA-QL	Non-Preferred Specialty
ZEPATIER TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Specialty
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	QL	Preferred Specialty

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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Moda Texas Individual Formulary
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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
BARACLUDE SOLN (QL= 630ml/30 days)	PA-QL	Preferred Specialty
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Preferred Specialty
EPIVIR HBV SOLN (QL= 720ml/30 days)	QL	Preferred Specialty
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	PA-QL	Preferred Specialty
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	PA-QL	Preferred Specialty
MAVYRET PAK (QL= 5 packets/day)	PA-QL	Preferred Specialty
MAVYRET TAB (QL= 3 tabs/day)	PA-QL	Preferred Specialty
PEGASYS INJ	-	Preferred Specialty
PEG-INTRON INJ	-	Preferred Specialty
REBETOL SOLN	-	Preferred Specialty
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	ST	Preferred Specialty
RIBAVIRIN CAP	-	Preferred Specialty
ribavirin cap (REBETOL equiv)	-	Preferred Specialty
RIBAVIRIN TAB	-	Preferred Specialty
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	PA-QL	Preferred Specialty
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
VEMLIDY TAB (QL= 1 tab/day)	QL	Preferred Specialty
VOSEVI TAB (QL= 1 tab/day)	PA-QL	Preferred Specialty
HERPES AGENTS		
SITAVIG TAB (QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir)	QL-ST	Non-Preferred
acyclovir cap (ZOVIRAX equiv)	-	Select
acyclovir susp (ZOVIRAX equiv)	-	Select
acyclovir tab (ZOVIRAX equiv)	-	Select
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select
famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/fill, 2 fills/month)	QL	Select
valacyclovir tab (VALTREX equiv)	-	Select
INFLUENZA AGENTS		
XOFLUZA TAB (QL= 2 tabs/120 days)	QL	Non-Preferred

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
XOFLUZA TAB THERAPY PACK 40MG (QL= 2 tabs/120 days)	QL	Non-Preferred
XOFLUZA TAB THERAPY PACK 80MG (QL= 2 tabs/120 days)	QL	Non-Preferred
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Preferred
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Select
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Select
RIMANTADINE TAB	-	Select
MISC. ANTIVIRALS		
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	EXC
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	Preferred
HOMEOPATHIC PRODUCTS		
STREPTOCOCCINUM MIS	-	EXC
IMMUNOMODULATORS		
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
IMMUNOSUPPRESSIVE AGENTS		
ENVARUSUS XR TAB	-	Non-Preferred Specialty
SANDIMMUNE SOLN 100MG/ML	-	Non-Preferred Specialty
cyclosporine cap (SANDIMMUNE equiv)	-	Preferred Specialty
sirolimus tab (RAPAMUNE equiv)	-	Preferred Specialty
azathioprine tab (IMURAN equiv)	-	Select
cyclosporine modified cap (NEORAL equiv)	-	Select
cyclosporine modified soln (NEORAL equiv)	-	Select
mycophenolate DR tab (MYFORTIC equiv)	-	Select
mycophenolate mofetil cap (CELLCEPT equiv)	-	Select
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Select
mycophenolate mofetil tab (CELLCEPT equiv)	-	Select
tacrolimus cap (PROGRAF equiv)	-	Select
POTASSIUM REMOVING RESINS		
VELTASSA POWDER (QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, Lokelma)	QL-ST	Non-Preferred
sodium polystyrene powder (KAYEXALATE equiv)	-	Preferred
sodium polystyrene susp (SPS equiv)	-	Preferred

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

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DrugName	Special Code	Tier			
BETA BLOCKERS					
ALPHA-BETA BLOCKERS					
LABETALOL HCL IV SOLN	-	EXC			
carvedilol phosphate ER cap (COREG CR equiv)	-	Preferred			
labetalol tab (NORMODYNE equiv)	-	Select			
carvedilol tab (COREG equiv)	-	Value			
BETA BLOCKERS CARDIO-SELECTIVE					
KAPSPARGO CAP	-	Non-Preferred			
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day; Step therapy requires trial of 2: carvedilol IR tab, metoprolol succ/tart tab, bisoprolol tab)	QL-ST	Preferred			
acebutolol cap (SECTRAL equiv)	-	Select			
betaxolol tab (KERLONE equiv)	-	Select			
bisoprolol tab (ZEBETA equiv)	-	Select			
atenolol tab (TENORMIN equiv)	-	Value			
metoprolol ER tab (TOPROL XL equiv)	-	Value			
metoprolol tab (LOPRESSOR equiv)	-	Value			
BETA BLOCKERS NON-SELECTIVE					
HEMANGEOL SOLN	-	Non-Preferred			
INDERAL XL CAP, INNOPRAN XL CAP	-	Non-Preferred			
SOTYLIZE SOLN	-	Non-Preferred			
nadolol tab (CORGARD equiv)	-	Select			
pindolol tab (VISKEN equiv)	-	Select			
propranolol ER cap (INDERAL LA equiv)	-	Select			
propranolol oral soln	-	Select			
PROPRANOLOL SOLN	-	Select			
propranolol tab (INDERAL equiv)	-	Select			
sotalol AF tab (BETAPACE AF equiv)	-	Select			
sotalol tab (BETAPACE equiv)	-	Select			
timolol maleate tab (BLOCADREN equiv)	-	Select			
BIOLOGICALS MISC					
ALLERGENIC EXTRACTS					
GRASTEK SL TAB	PA	Non-Preferred			
ORALAIR SL TAB	PA	Non-Preferred			
RAGWITEK SL TAB	PA	Non-Preferred			
CALCIUM CHANNEL BLOCKERS					
CALCIUM CHANNEL BLOCKER COMBINATIONS					
CONSENSI TAB (QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib)	QL-ST	Non-Preferred			
CALCIUM CHANNEL BLOCKERS					
CONJUPRI TAB, LEVAMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine)	QL-ST	Non-Preferred			
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
ACA M QL SF VAC	NC =Not Covered Affordable Care Act Medical Benefit Quantity Limit Limited to two 15 day fills per month for first 3 months Vaccine Program	EXC OTC RDX SMKG	generic =small letters Plan Exclusion Over-the-Counter Restricted to Diagnosis Smoking Cessation	LD PA RS ST	BRANDS =CAPITAL LETTERS Limited Distribution Prior Authorization Restricted to Specialist Step Therapy

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DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
KATERZIA SUSP (Step Therapy requires trial of amlodipine)	ST	Non-Pref erred
NORLIQVA ORAL SOLN (QL= 300ml/30 days)	QL	Non-Pref erred
NYMALIZE SOLN	-	Non-Pref erred
VERELAN PM ER CAP 100MG, 300MG	-	Non-Pref erred
VERELAN SR CAP 360mg	-	Non-Pref erred
nimodipine cap (NIMOTOP equiv)	-	Preferred
nisoldipine ER tab (SULAR equiv)	-	Preferred
VERAPAMIL CAP ER	-	Preferred
VERAPAMIL SR CAP 360mg	-	Preferred
diltiazem ER cap (CARDIZEM CD equiv)	-	Select
diltiazem ER cap (CARDIZEM SR equiv)	-	Select
diltiazem ER cap (DILACOR XR equiv)	-	Select
diltiazem ER cap (TIAZAC equiv)	-	Select
diltiazem ER tab (CARDIZEM LA equiv)	-	Select
diltiazem tab (CARDIZEM equiv)	-	Select
felodipine ER tab (PLENDIL equiv)	-	Select
isradipine cap (DYNACIRC equiv)	-	Select
nicardipine cap (CARDENE equiv)	-	Select
nifedipine cap (PROCARDIA equiv)	-	Select
nifedipine ER tab (ADALAT CC equiv)	-	Select
VERAPAMIL ER CAP 100MG	-	Select
VERAPAMIL ER CAP 200MG	-	Select
VERAPAMIL ER CAP 300MG	-	Select
verapamil SR cap (VERELAN equiv)	-	Select
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Select
verapamil tab (CALAN equiv)	-	Select
amlodipine tab (NORVASC equiv)	-	Value

CARDIOTONICS

CARDIAC GLYCOSIDES

LANOXIN INJ 0.1MG/ML	-	Non-Pref erred
digoxin soln (LANOXIN equiv)	-	Preferred
digoxin tab (LANOXIN equiv)	-	Select
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Select

INOTROPES

dobutamine hcl inj	-	EXC
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CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP (QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA-QL	Non-Pref erred Specialty
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CARDIOPLEGIC SOLUTIONS

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M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
ADENOCAINE INJ	-	EXC
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv) (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin))	QL-ST	Preferred
ENTRESTO TAB (QL= 2 tabs/day)	QL	Preferred
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Select
IMPOTENCE AGENTS		
tadalafil tab (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Select
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Preferred
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB MONTH PAK (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Preferred Specialty
ORENITRAM TAB (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferred Specialty
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv)	PA	Preferred Specialty
bosentan tab (TRACLEER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
LIQREV SUSP (QL= 6ml/day)	PA-QL	Non-Preferred Specialty

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	Vaccine Program				

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
TADLIQ SUSP (QL= 10ml/day)	PA-QL	Non-Pref erred Specialty
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	PA-QL	Preferred Specialty
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Select
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Select
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	EXC
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty
SINUS NODE INHIBITORS		
CORLANOR SOLN	PA	Non-Pref erred
CORLANOR TAB	PA	Non-Pref erred
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB (QL= 30 tabs/30 days)	QL	Non-Pref erred
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
CEFAZOLIN INJ	-	EXC
CEFAZOLIN SODIUM IV SOLN PREF SYRINGE	-	EXC
CEFADROXIL TAB	-	Non-Pref erred
CEPHALEXIN CAP (QL= 5 caps/day, Step therapy requires trial of cephalexin 250mg cap or cephalexin 500mg cap)	QL-ST	Non-Pref erred
cefadroxil cap (DURICEF equiv)	-	Select
cefadroxil susp (DURICEF equiv)	-	Select
cefadroxil tab (DURICEF equiv)	-	Select
cephalexin cap (KEFLEX equiv)	-	Select
cephalexin susp (KEFLEX equiv)	-	Select
CEPHALEXIN TAB	-	Select
CEPHALOSPORINS - 2ND GENERATION		
CEFOTETAN INJ	-	EXC
CEFACLOR CAP	-	Non-Pref erred

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

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

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DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CEFACLOR ER TAB	-	Non-Pref erred
CEFACLOR SUSP	-	Non-Pref erred
cefprozil susp (CEFZIL equiv)	-	Select
cefprozil tab (CEFZIL equiv)	-	Select
cefuroxime tab (CEFTIN equiv)	-	Select
CEPHALOSPORINS - 3RD GENERATION		
CEFDITOREN TAB	-	Non-Pref erred
SPECTRACEF TAB	-	Non-Pref erred
SUPRAX CAP	-	Non-Pref erred
SUPRAX CHEW TAB	-	Non-Pref erred
SUPRAX SUSP	-	Non-Pref erred
cefdinir cap (OMNICEF equiv)	-	Select
cefdinir susp (OMNICEF equiv)	-	Select
cefixime cap (SUPRAX equiv)	-	Select
cefixime susp (SUPRAX equiv)	-	Select
cefpodoxime proxetil susp (VANTIN equiv)	-	Select
cefpodoxime proxetil tab (VANTIN equiv)	-	Select
CHEMICALS		
BULK CHEMICALS - E'S		
ERLOTINIB HCL (BULK) POWDER	-	EXC
BULK CHEMICALS - P'S		
CASTOR OIL POLY 40	-	EXC
BULK CHEMICALS - S'S		
SQUALENE LIQ 98%	-	EXC
BULK CHEMICALS - T'S		
TRAMETINIB POWDER	-	EXC
BULK CHEMICALS - V'S		
VITAMIN A OIL	-	EXC
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
FALESSA KIT	-	Non-Pref erred
amethyst tab (LYBREL equiv)	-	Preventiv e
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventiv e
BALCOLTRA TAB	-	Preventiv e
cryselle tab	-	Preventiv e
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
ACA	NC =Not Covered Affordable Care Act	generic =small letters Plan Exclusion
M	Medical Benefit	LD Limited Distribution
QL	Quantity Limit	OTC Over-the-Counter
SF	Limited to two 15 day fills per month for first 3 months	RDX Restricted to Diagnosis
VAC	Vaccine Program	SMKG Smoking Cessation
		PA Prior Authorization
		RS Restricted to Specialist
		ST Step Therapy

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive
enpresse tab (TRI-LEVELLEN equiv)	-	Preventive
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive
junel FE tab (LOESTRIN FE equiv)	-	Preventive
junel tab (LOESTRIN equiv)	-	Preventive
kelnor tab (DEMULEN equiv)	-	Preventive
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive
LO LOESTRIN TAB	-	Preventive
mibelas chew tab (MINASTRIN equiv)	-	Preventive
NATAZIA TAB	-	Preventive
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventive
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	Preventive
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive
nortrel tab (OVCON 35 equiv)	-	Preventive
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive
tri-legest tab (ESTROSTEP FE equiv)	-	Preventive
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventive
TYBLUME TAB	-	Preventive
VELIVET PAK	-	Preventive
velivet tab (CYCLESSA equiv)	-	Preventive
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventive
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventive
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA PATCH	-	Preventive

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
zafemy patch (XULANE equiv)	-	Preventive
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA RING	-	Preventive
eluryng vaginal ring (NUVARING equiv)	-	Preventive
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	-	Preventive
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	Preventive
levonorgestrel tab (PLAN B equiv)	OTC	Preventive
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive
NEXPLANON IMPLANT	-	Preventive
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD	-	Preventive
MIRENA IUD	-	Preventive
SKYLA IUD	-	Preventive
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	Preventive
SLYND TAB	-	Preventive

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS		
HEXATRIONE SUSP	-	EXC
ALKINDI SPRINKLE CAP	-	Non-Preferrred
DXEVO 11-DAY PAK (Step Therapy requires trial of prednisone)	ST	Non-Preferrred
FLO-PRED SUSP	-	Non-Preferrred
MILLIPRED DP PAK	-	Non-Preferrred

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
MILLIPRED TAB	-	Non-Preferred
ORAPRED ODT TAB	-	Non-Preferred
ORTIKOS ER CAP	-	Non-Preferred
RAYOS TAB	PA	Non-Preferred
TARPEYO CAP (QL= 120 caps/30 days)	PA-QL	Non-Preferred
EMFLAZA SUSP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
EMFLAZA TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
budesonide ER tab (UCERIS equiv)	-	Preferred
CORTISONE ACETATE TAB	-	Preferred
DEXAMETHASONE CONC	-	Preferred
DEXAMETHASONE SOLN	-	Preferred
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Preferred
prednisolone ODT (ORAPRED equiv)	-	Preferred
PREDNISOLONE ODT TAB	-	Preferred
PREDNISOLONE SOLN	-	Preferred
prednisolone soln (PEDIAPRED equiv)	-	Preferred
prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Preferred
SOLU-CORTEF INJ	-	Preferred
budesonide SR cap (ENTOCORT EC equiv)	-	Select
dexamethasone elixir	-	Select
dexamethasone pak (DEXPAK equiv)	-	Select
dexamethasone tab (DECADRON equiv)	-	Select
hydrocortisone tab (CORTEF equiv)	-	Select
methylprednisolone dose pack (MEDROL equiv)	-	Select
methylprednisolone tab (MEDROL equiv)	-	Select
prednisolone soln	-	Select
prednisone pack	-	Select
PREDNISON SOLN	-	Select
prednisone tab (DELTASONE equiv)	-	Select

MINERALOCORTICIDS

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

ANTITUSSIVES

benzonatate cap (TESSALON equiv)	-	Select
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Select
tussion tab (HYCODAN equiv)	-	Select

COUGH/COLD/ALLERGY COMBINATIONS

ADVIL COLD/SINUS CAP	-	EXC
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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
ALLEGRA-D 24-HOUR TAB	-	EXC
ALLEGRA-D TAB	-	EXC
ALLEGRA-D TAB 12 HOUR	-	EXC
ALLERGY CONGESTION TAB	-	EXC
BENADRYL SOLN CHILD	OTC	EXC
BROMFED DM SYRUP	-	EXC
cetirizine/pseudoephedrine tab 5-120mg	-	EXC
CLARINEX-D TAB	-	EXC
CLARINEX-D TAB 12 HOUR	-	EXC
CLARITIN-D TAB 10-240MG	-	EXC
CLARITIN-D TAB 5-120MG	-	EXC
CPB WC LIQUID	-	EXC
DECON-A LIQUID	OTC	EXC
dextromethorphan-guaifenesin liquid 20-200mg/20ml (ROBITUSSIN equiv)	-	EXC
DIMETAPP LIQUID	-	EXC
diphenhydramine-phenylephrine tab	-	EXC
diphenhydramine-phenylephrine-apap liquid (DIMETAPP equiv)	-	EXC
doxylamine-dm liquid (ROBITUSSIN equiv)	-	EXC
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	-	EXC
fexofenadine/pseudoephedrine tab 60-120mg	-	EXC
GLENTUSS LIQUID	-	EXC
guaifenesin-DM oral liquid 10-100mg/5ml (ROBITUSSIN equiv)	-	EXC
HYCOFENIX SOLN	-	EXC
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv)	-	EXC
loratadine/pseudoephedrine tab 10-240mg	-	EXC
loratadine/pseudoephedrine tab 5-120mg	-	EXC
LORTUSS DM LIQUID	-	EXC
MUCINEX CAP DAY/NITE	-	EXC
MUCINEX COLD/FLU CAP	OTC	EXC
PEDIACARE MS LIQ COLD	-	EXC
pe-dm-gg-apap cap and pe-doxyl-dm-apap cap therapy pack (RA DAY/NIGHT equiv)	-	EXC
PHENYLEPHRINE W/ DM-GG TAB	OTC	EXC
PHENYLEPHRINE-CHLORPHEN-DM TAB	OTC	EXC
pseudoephedrine/brompheniramine/DM syrup (DALLERGY DM equiv)	-	EXC
pseudoephedrine-dexchlorpheniramine-dm liquid (ABATUSS DMX equiv)	OTC	EXC
pseudoephedrine-guaifenesin er tab 12hr	OTC	EXC
pseudoephedrine-ibuprofen cap	-	EXC
ROBITUSSIN COUGH DM LIQUID	-	EXC
ROBITUSSIN COUGH DM LIQUID 20-200MG/20ML	-	EXC
ROBITUSSIN LIQ DM	-	EXC
SB FLU HBP TAB	OTC	EXC
SEMPREX-D CAP 8-60MG	-	EXC
TRIPROLIDINE-DEXTROMORPHAN LIQUID	OTC	EXC
TUSNEL C SYRUP	-	EXC
TUSNEL SYRUP	-	EXC
VANACOF LIQUID	-	EXC
ZYRTEC-D TAB 5-120MG	-	EXC

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
ACTINEL PEDIATRIC LIQUID (QL= 2400ml/30 days)	QL	Non-Pref erred
MUCINEX LIQUID	-	Non-Pref erred
OBREDON SOLN (QL= 1800ml/30 days)	QL	Non-Pref erred
POLY-TUSSIN DM SYRUP	-	Non-Pref erred
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	Non-Pref erred
TUXARIN ER TAB (QL= 20 tabs/fill, 2 fills/30 days)	QL	Non-Pref erred
TUZISTRA XR SUSP (QL= 120ml/fill, 2 fills/30 days)	QL	Non-Pref erred
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Preferred
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Preferred
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Preferred
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Preferred
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Preferred
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Preferred
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Preferred
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Preferred
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Preferred
cold/allergy elx children (QL= 2400ml/30 days)	QL	Select
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Select
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Select
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	OTC-QL	Select
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Select
promethazine DM syrup	-	Select
PROMETHAZINE VC SYRUP	-	Select
promethazine VC syrup (PHENERGAN VC equiv)	-	Select
PROMETHAZINE VC/CODEINE SYRUP	-	Select
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Select
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Select
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Select
trispesic pse liquid (QL= 1200ml/30 days)	OTC-QL	Select
tussin cf liquid (QL= 1200ml/30 days)	OTC-QL	Select

EXPECTORANTS

potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days)	QL	Select
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MISC. RESPIRATORY INHALANTS

NEBUSAL NEB SOLN	-	Non-Pref erred
sodium chloride neb soln (HYPER-SAL equiv)	-	Select

MUCOLYTICS

acetylcysteine soln (MUCOMYST equiv)	-	Select
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DERMATOLOGICALS

ACNE PRODUCTS

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M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	EXC
ADAPALENE/BENZOYL PEROXIDE PAD	-	EXC
ADAPALENE/BENZOYL PEROXIDE/NIACINAMIDE GEL	-	EXC
adapalene-benzoyl peroxide gel 0.3-2.5% (EPIDUO equiv)	-	EXC
AVAR AEROSOL FOAM	-	EXC
AVAR GEL	-	EXC
AVAR PAD	-	EXC
BENZAC WASH	-	EXC
BENZACLIN GEL	-	EXC
BENZAMYCIN GEL	-	EXC
BENZAMYCIN GEL PACK	-	EXC
BENZEPRO LIQUID CREAMY	OTC	EXC
benzoyl peroxide foam	-	EXC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	EXC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	EXC
CLARIFOAM EF FOAM	-	EXC
CLENIA PLUS SUSP	-	EXC
CLINDACIN KIT	-	EXC
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	EXC
CLINDAVIX KIT	-	EXC
DEOXIATAR SOLN	-	EXC
DIASAXIATAR GEL	-	EXC
EPIDUO FORTE GEL 0.3-2.5%	-	EXC
EPIDUO GEL 0.1-2.5%	-	EXC
erythromycin/benzoyl peroxide gel	-	EXC
FLUOXIA CREAM	-	EXC
INZDEAXIATAR GEL	-	EXC
NIACINAMIDE/SULFACETAMIDE CREAM	-	EXC
NIACINAMIDE-TRETINOIN GEL	-	EXC
NUCARARXPAK KIT	-	EXC
ONEXTON GEL	-	EXC
ONZDEAXIADEM GEL	-	EXC
ONZDEAXIAZAR GEL	-	EXC
OXIACE LOTION	-	EXC
PLEXION LOTION	-	EXC
PLEXION SCT CREAM	-	EXC
PRASCION RA CREAM	-	EXC
ROSULA EMULSION	-	EXC
ROSULA GEL	-	EXC
ROSULA WASH	-	EXC
SALICYLIC ACID/SULFACETAMIDE SUSP	-	EXC
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	EXC
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	EXC
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	EXC
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	EXC
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	EXC
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	EXC

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	Vaccine Program				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	EXC
SODIUM SULFACETAMIDE/SULFUR LOTION	-	EXC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	EXC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	EXC
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	EXC
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	EXC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	EXC
SUMADAN XLT KIT	-	EXC
SUMAXIN PAD	-	EXC
SUMAXIN WASH	-	EXC
TRETIN-X KIT	-	EXC
ZMA CLEAR SUSP	-	EXC
ABSORICA LD CAP (QL= 2 caps/day)	QL	Non-Preferred
ACZONE GEL 7.5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred
ADAPALENE SOLN (QL= 1 bottle/30 days; Step therapy requires trial of two preferred acne products)	QL-ST	Non-Preferred
AKLIEF CREAM (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel, tretinoin cream, or tretinoin gel)	ST	Non-Preferred
ALTRENO LOTION (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Preferred
AMZEEQ FOAM (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Preferred
ARAZLO LOTION (QL= 1 bottle/30 days; Step Therapy requires trial of tretinoin and adapalene)	QL-ST	Non-Preferred
AZELEX CREAM	-	Non-Preferred
DAPSONE GEL 7.5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred
DAPSONE GEL 7.5% (QL= 90 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred
DIFFERIN LOTION (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin cream)	ST	Non-Preferred
FABIOR AEROSOL FOAM (Step Therapy requires trial of tazarotene cream)	ST	Non-Preferred
RETIN-A MICRO GEL 0.08%, 0.06% (Step Therapy requires trial of adapalene or tretinoin)	ST	Non-Preferred
TRETIN-X CREAM (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Non-Preferred
TWYNEO CREAM (QL= 30 grams/30 days; Step therapy requires trial of 2 preferred acne agents)	QL-ST	Non-Preferred
WINLEVI CREAM (QL= 60 grams/30 days; Step Therapy requires trial of 1 topical antibiotic AND 1 of the following: adapalene OR tretinoin)	QL-ST	Non-Preferred
clindamycin foam (EVOCLIN equiv)	-	Preferred
clindamycin/tretinoin gel (ZIANA equiv)	-	Preferred
dapsone gel (ACZONE equiv) (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Preferred
tretinoin gel (Step Therapy requires trial of adapalene or tretinoin)	ST	Preferred
adapalene cream (DIFFERIN equiv)	-	Select

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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
adapalene gel (DIFFERIN equiv)	-	Select
amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv)	-	Select
clindamycin gel (CLEOCIN GEL equiv)	-	Select
clindamycin lotion (CLEOCIN- T equiv)	-	Select
clindamycin pad (CLEOCIN-T equiv)	-	Select
clindamycin topical soln (CLEOCIN-T equiv)	-	Select
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	Select
ERY PAD	-	Select
erythromycin gel	-	Select
erythromycin pad	-	Select
erythromycin soln	-	Select
sodium sulfacetamide lotion (KLARON equiv)	-	Select
tretinoin cream (RETIN-A CREAM equiv)	-	Select
tretinoin gel (RETIN-A GEL equiv)	-	Select
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	Non-Pref erred
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
ANALGESICS - TOPICAL		
menthol gel (RA COLD GEL THERAPY equiv)	-	EXC
MENTHOL GEL 5.5%	-	EXC
PRAKETAMIDE CREAM	-	EXC
RA COLD GEL THERAPY	-	EXC
ANTIBIOTICS - TOPICAL		
IDARAN OINT	-	EXC
NANRAN OINT	-	EXC
ALTABAX OINT	-	Non-Pref erred
CENTANY OINT	-	Non-Pref erred
CORTISPORIN CREAM	-	Non-Pref erred
CORTISPORIN OINT	-	Non-Pref erred
NEO-SYNALAR CREAM	-	Non-Pref erred
NEO-SYNALAR KIT	-	Non-Pref erred
XEPI CREAM (QL= 30gm/30 days)	QL	Non-Pref erred
gentamicin sulfate cream	-	Select
gentamicin sulfate oint	-	Select
mupirocin cream (BACTROBAN CREAM equiv)	-	Select
mupirocin oint (BACTROBAN OINT equiv)	-	Select
ANTIFUNGALS - TOPICAL		
DERMETAZOLE PAK	-	EXC

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DERMATOLOGICALS Cont.		
HEXIOUNYL LOTION	-	EXC
HIXDEFRIMA SOLN	-	EXC
NIZORAL A-D SHAMPOO	-	EXC
PHEDRAX SHAMPOO	-	EXC
PHEOXIA CREAM	-	EXC
RIMI SOLN	-	EXC
TINACTIN AERSOL	OTC	EXC
ALOQUIN GEL	-	Non-Pref erred
ECOZA FOAM	-	Non-Pref erred
ERTACZO CREAM	-	Non-Pref erred
EXELDERM CREAM, SULCONAZOLE CREAM	-	Non-Pref erred
EXELDERM SOLN, SULCONAZOLE SOLN	-	Non-Pref erred
JUBLIA SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Pref erred
LULICONAZOLE CREAM, LUZU CREAM (QL= 60gm/28 days)	QL	Non-Pref erred
MENTAX CREAM	-	Non-Pref erred
NAFTIN GEL	-	Non-Pref erred
NAFTIN GEL (QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	--QL-ST	Non-Pref erred
NAFTIN GEL 2%	-	Non-Pref erred
OXISTAT LOTION	-	Non-Pref erred
XOLEGEL	-	Non-Pref erred
XOLEGEL COREPAK KIT	-	Non-Pref erred
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	Preferred
ketoconazole foam 2% (EXTINA equiv)	-	Preferred
naftifine cream (NAFTIN equiv)	-	Preferred
NAFTIFINE CREAM 1%	-	Preferred
naftifine gel (NAFTIN equiv)	-	Preferred
naftifine hcl gel 2%	-	Preferred
oxiconazole nitrate cream (OXISTAT equiv)	-	Preferred
tavaborole soln (KERYDIN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Preferred
ciclopirox cream (LOPROX CREAM equiv)	-	Select
ciclopirox gel (LOPROX GEL equiv)	-	Select
ciclopirox nail soln (PENLAC SOLN equiv)	-	Select
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Select
ciclopirox topical susp (LOPROX SUSP equiv)	-	Select
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	Select

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DERMATOLOGICALS Cont.		
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Select
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Select
econazole cream (SPECTAZOLE equiv)	-	Select
iodoquinol/hydrocortisone cream 1% (VYTONA equiv)	-	Select
ketoconazole cream (NIZORAL CREAM equiv)	-	Select
ketoconazole shampoo	-	Select
nizoral a-d shampoo (NIZORAL equiv)	OTC	Select
nystatin cream (MYCOSTATIN CREAM equiv)	-	Select
nystatin oint	-	Select
nystatin topical powder	-	Select
nystatin/triamcinolone cream	-	Select
nystatin/triamcinolone oint	-	Select
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac sodium gel kit (VENNGEL equiv)	-	EXC
diclofenac sodium soln (XRYLIX equiv)	-	EXC
DICLONA GEL	-	EXC
DICLONA+ PAD	-	EXC
VENNGEL ONE KIT	OTC	EXC
XRYLIX PAK	-	EXC
DICLOFENAC PATCH, FLECTOR PATCH (QL= 60 patches/30 days)	QL	Non-Preferred
LICART PATCH	-	Non-Preferred
VOPAC 5 CREAM	-	Non-Preferred
diclofenac sodium soln 2% (PENNSAID equiv) (Step therapy requires trial of diclofenac 1.5% soln)	ST	Preferred
diclofenac soln 1.5% (PENNSAID equiv)	-	Preferred
diclofenac gel 1% (VOLTAREN equiv)	-	Select
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
QUIDROXZAR GEL	-	EXC
QUITAR GEL	-	EXC
ROAOXIA GEL	-	EXC
CARAC CREAM	-	Non-Preferred
FLUOROPLEX CREAM	-	Non-Preferred
FLUOROURACIL CREAM 0.5%	-	Non-Preferred
KLISYRI OINT (QL= 5 grams/5 days)	PA-QL	Non-Preferred
PANRETIN GEL	-	Non-Preferred
PICATO GEL (QL= 2 tubes/60 days)	QL	Non-Preferred
PICATO GEL (QL= 3 tubes/60 days)	QL	Non-Preferred
FLUOROURACIL SOLN	-	Preferred
bexarotene gel (TARGRETIN equiv)	PA	Preferred Specialty

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LEVULAN SOLN	-	Preferred Specialty
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Select
fluorouracil cream (EFUDEX CREAM equiv)	-	Select
ANTIPRURITICS - TOPICAL		
DOXEPIN HCL CREAM (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Non-Preferred
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Preferred
ANTIPSORIATICS		
DIOOXIA CREAM	-	EXC
ILUMYA INJ	-	EXC
SPEVIGO INJ	-	EXC
TRIONEX PACK	-	EXC
CALCIPOTRIENE FOAM (QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred
CALCIPOTRIENE FOAM, SORILUX FOAM (QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred
CALCITRIOL OINT	-	Non-Preferred
METHOXSALEN CAP	-	Non-Preferred
TAZORAC CREAM 0.05% (Step Therapy requires trial of tazarotene cream)	ST	Non-Preferred
VTAMA CREAM (QL= 60 grams/30 days)	PA-QL	Non-Preferred
ZITHRANOL SHAMPOO	-	Non-Preferred
ZORYVE CREAM (QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AND topical tacrolimus oint)	QL-ST	Non-Preferred
SILIQ INJ (QL= 4 inj/28 days)	PA-QL	Non-Preferred Specialty
SOTYKTU TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Specialty
TALTZ INJ (QL= 1 inj/28 days)	PA-QL	Non-Preferred Specialty
TREMFYA INJ (QL= 1 inj/56 days)	PA-QL	Non-Preferred Specialty
acitretin cap (SORIATANE equiv) (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Preferred
tazarotene cream 0.1% (TAZORAC equiv)	-	Preferred
tazarotene gel 0.05% (TAZORAC equiv) (QL= 100g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Preferred
tazarotene gel 0.05% (TAZORAC equiv) (QL= 30g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Preferred
tazarotene gel 0.1% (TAZORAC equiv) (QL= 100g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Preferred
tazarotene gel 0.1% (TAZORAC equiv) (QL= 30g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Preferred

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DERMATOLOGICALS Cont.			
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	PA-QL	Preferred Specialty	
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	PA-QL	Preferred Specialty	
SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days)	PA-QL	Preferred Specialty	
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	PA-QL	Preferred Specialty	
SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days)	PA-QL	Preferred Specialty	
STELARA INJ (QL= 1 inj/84 days)	PA-QL	Preferred Specialty	
STELARA INJ (QL= 1 inj/84 days)	PA-QL	Preferred Specialty	
calcipotriene cream (DOVONEX CREAM equiv)	-	Select	
calcipotriene oint	-	Select	
calcipotriene soln (DOVONEX SOLN equiv)	-	Select	
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Select	
ANTISEBORRHEIC PRODUCTS			
DERMAZINC BAR SOAP	-	EXC	
ESKATA SOLN	-	EXC	
OVACE PLUS CREAM	-	EXC	
OVACE PLUS LOTION	-	EXC	
OVACE PLUS FOAM	-	EXC	
SODIUM SULFACETAMIDE CLEANSER	-	EXC	
sodium sulfacetamide gel (OVACE PLUS equiv)	-	EXC	
sodium sulfacetamide shampoo (OVACE equiv)	-	EXC	
sodium sulfacetamide wash (OVACE WASH equiv)	-	EXC	
selenium sulfide lotion	-	Select	
selenium sulfide shampoo (SELSEB equiv)	-	Select	
ANTIVIRALS - TOPICAL			
DENAVIR CREAM	-	Non-Preferred	
XERESE CREAM	-	Non-Preferred	
acyclovir cream (ZOVIRAX equiv)	-	Preferred	
acyclovir oint (ZOVIRAX OINT equiv)	-	Preferred	
penciclovir cream (DENAVIR equiv)	-	Preferred	
BURN PRODUCTS			
RAYASORE KIT	-	EXC	
SULFAMYLON CREAM	-	Preferred	
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Select	
CAUTERIZING AGENTS			
SILVER NITRATE SOLN	-	Preferred	
ARZOL SILVER NITRATE APPLICATOR	-	Select	
CORTICOSTEROIDS - TOPICAL			
ACIOXIA GEL	-	EXC	
ALA-SCALP LOTION	-	EXC	
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	EXC		
	OTC		
	RDX		
	SMKG		
	generic =small letters Plan Exclusion		
	Over-the-Counter		
	Restricted to Diagnosis		
	Smoking Cessation		

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
HC BUTYRATE CREAM	-	EXC
HC/PRAMOXINE CREAM 1-2.35%	-	EXC
hydrocortisone lotion	-	EXC
hydrocortisone oint	-	EXC
HYDROCORTISONE STICK	OTC	EXC
APEXICON E CREAM (PSORCON E equiv)	-	Non-Pref erred
BRYHALI LOTION, ULTRAVATE LOTION (Step Therapy requires trial of 1 topical corticosteroid lotion)	ST	Non-Pref erred
CAPEX SHAMPOO	-	Non-Pref erred
CLODERM CREAM	-	Non-Pref erred
CORDRAN CREAM 0.025%	-	Non-Pref erred
CORDRAN OINTMENT	-	Non-Pref erred
CORDRAN TAPE	-	Non-Pref erred
DESONATE GEL	-	Non-Pref erred
DESOWEN CREAM KIT	-	Non-Pref erred
DESOWEN LOTION KIT	-	Non-Pref erred
DESOWEN OINT KIT	-	Non-Pref erred
DIFLORASONE CREAM, PSORCON CREAM	-	Non-Pref erred
DUOBRII LOTION (Step Therapy requires trial of 2: high potency corticosteroids, tazarotene cream)	ST	Non-Pref erred
ENSTILAR FOAM	-	Non-Pref erred
EPIFOAM AEROSOL	-	Non-Pref erred
HALOG OINT	-	Non-Pref erred
HALOG SOLN	-	Non-Pref erred
IMPEKLO LOTION	-	Non-Pref erred
IMPOYZ CREAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Pref erred
LEXETTE FOAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Pref erred
NOVACORT GEL	-	Non-Pref erred
PANDEL CREAM	-	Non-Pref erred
PRAMOSONE LOTION	-	Non-Pref erred

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DERMATOLOGICALS Cont.		
SERNIVO SPRAY (Step Therapy requires trial of betamethasone dipropionate)	ST	Non-Preferred
SILALITE PAK MIS	-	Non-Preferred
TRIANEX OINT	-	Non-Preferred
VERDESO FOAM	-	Non-Preferred
WYNZORA CREAM	-	Non-Preferred
AMCINONIDE LOTION	-	Preferred
AMCINONIDE OINT	-	Preferred
betamethasone valerate foam (LUXIQ FOAM equiv)	-	Preferred
calcipotriene/betamethasone oint (TACLONEX equiv)	-	Preferred
calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/ BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	Preferred
clobetasol E foam (OLUX E equiv)	-	Preferred
clocortolone pivalate cream (CLOCORTOLONE equiv)	-	Preferred
desonate gel	-	Preferred
desoximetasone spray (TOPICORT equiv)	-	Preferred
diflorasone oint	-	Preferred
fluocinonide cream 0.1%	-	Preferred
flurandrenolide cream (CORDRAN equiv)	-	Preferred
flurandrenolide lotion (CORDRAN equiv)	-	Preferred
flurandrenolide oint (CORDRAN equiv)	-	Preferred
fluticasone propionate lotion (CUTIVATE equiv)	-	Preferred
halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Preferred
HC BUTYRATE SOLN	-	Preferred
hydrocortisone lotion (LOCOID equiv)	-	Preferred
MICORT-HC CREAM	-	Preferred
PRAMOSONE CREAM 1-1%	-	Preferred
PRAMOSONE E CREAM	-	Preferred
PREDNICARBATE CREAM	-	Preferred
PREDNICARBATE OIN	-	Preferred
triamcinolone acetonide oint (TRIANEX equiv) (Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%)	ST	Preferred
triamcinolone spray (KENALOG equiv)	-	Preferred
alclometasone cream (ACLOVATE equiv)	-	Select
alclometasone oint (ACLOVATE OINT equiv)	-	Select
AMCINONIDE CREAM 0.1%	-	Select
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	Select
BETAMETHASONE AUGMENTED GEL	-	Select
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	Select
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Select
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	Select
betamethasone dipropionate lotion	-	Select
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	Select
betamethasone valerate cream	-	Select
betamethasone valerate lotion	-	Select

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DERMATOLOGICALS Cont.		
betamethasone valerate oint	-	Select
clobetasol foam (OLUX equiv)	-	Select
clobetasol lotion (CLOBEX equiv)	-	Select
clobetasol propionate cream (TEMOVATE equiv)	-	Select
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	Select
clobetasol propionate gel (TEMOVATE GEL equiv)	-	Select
clobetasol propionate oint (TEMOVATE equiv)	-	Select
clobetasol propionate soln (TEMOVATE equiv)	-	Select
clobetasol shampoo (CLOBEX equiv)	-	Select
clobetasol spray (CLOBEX equiv)	-	Select
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Select
desonide cream	-	Select
desonide lotion	-	Select
desonide oint	-	Select
desoximetasone cream (TOPICORT CREAM equiv)	-	Select
desoximetasone gel (TOPICORT equiv)	-	Select
desoximetasone oint (TOPICORT equiv)	-	Select
fluocinolone acetonide cream	-	Select
fluocinolone acetonide oil	-	Select
fluocinolone acetonide oint	-	Select
fluocinolone acetonide soln	-	Select
fluocinonide cream 0.05% (LIDEX equiv)	-	Select
fluocinonide emollient cream	-	Select
fluocinonide gel	-	Select
fluocinonide oint	-	Select
fluocinonide soln	-	Select
fluticasone propionate cream (CUTIVATE equiv)	-	Select
fluticasone propionate oint (CUTIVATE equiv)	-	Select
halobetasol propionate cream (ULTRAVATE equiv)	-	Select
halobetasol propionate oint (ULTRAVATE equiv)	-	Select
halonate pac kit (ULTRAVATE KIT equiv)	-	Select
hydrocortisone butyrate cream (LOCOID equiv)	-	Select
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Select
hydrocortisone butyrate oint (LOCOID equiv)	-	Select
hydrocortisone butyrate soln (LOCOID equiv)	-	Select
hydrocortisone cream (PROCTOCORT equiv)	-	Select
hydrocortisone lotion (HYTONE equiv)	-	Select
hydrocortisone oint	-	Select
hydrocortisone valerate cream	-	Select
hydrocortisone valerate oint (WESTCORT equiv)	-	Select
mometasone cream (ELOCON equiv)	-	Select
mometasone oint (ELOCON equiv)	-	Select
mometasone soln (ELOCON equiv)	-	Select
paramox hc gel (NOVACORT GEL equiv)	-	Select
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Select
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Select
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Select

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
triamcinolone cream	-	Select
triamcinolone lotion	-	Select
ECZEMA AGENTS		
OPZELURA CREAM (QL= 120 grams/28 days)	PA-QL	Non-Preferred
ADBRY INJ (QL= 4 syringes/28 days)	PA-QL	Non-Preferred Specialty
CIBINQO TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Specialty
DUPIXENT INJ (QL= 2 inj/28 days)	PA-QL	Preferred Specialty
DUPIXENT PEN INJ (QL= 2 inj/28 days)	PA-QL	Preferred Specialty
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	PA-QL	Preferred Specialty
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	EXC
HYDRO 35 FOAM	-	EXC
KERALAC CREAM	-	EXC
PRONAL GEL	-	EXC
UMECTA SUSP	-	EXC
URAMAXIN GEL	-	EXC
urea cream	-	EXC
UREA EMULSION	-	EXC
UREA FOAM	-	EXC
urea gel (URAMAXIN equiv)	-	EXC
urea lotion (KERALAC LOTION equiv)	-	EXC
UREA SOLN	-	EXC
UREA SUSP	-	EXC
urea susp 40% (UMECTA equiv)	-	EXC
UREA-LACTIC ACID CREAM	OTC	EXC
KERAFOAM	-	Non-Preferred
UMECTA EMULSION	-	Non-Preferred
UMECTA PD EMULSION	-	Non-Preferred
UREA NAIL KIT	-	Non-Preferred
umecta mouss aer (HYDRO 40 equiv)	-	Preferred
EMOLLIENTS		
LACTIC ACID E CREAM	-	EXC
LACTIC ACID LOTION	-	EXC
ammonium lactate cream (LAC-HYDRIN equiv)	-	Select
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Select
ENZYMES - TOPICAL		

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
NEXOBRID GEL	-	EXC
SANTYL OINT (QL= 90gm/30 days)	QL	Non-Preferred
GLABELLAR LINES (FROWN LINES) AGENTS		
JEUVEAU INJ	-	EXC
HAIR GROWTH AGENTS		
bimatoprost ophth soln	-	EXC
FINAPID SOLN	-	EXC
FINAPODTAR SOLN	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
FLYPROGPIDTA SOLN	-	EXC
OXOPIDAXIAQU SOLN	-	EXC
PIDPROGTAR SOLN	-	EXC
PODOXIA SOLN	-	EXC
PODTAR SOLN	-	EXC
TETPIDTAR SOLN	-	EXC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - TOPICAL		
ZYCLARA CREAM 2.5% (QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream)	QL-ST	Non-Preferred
imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	Preferred
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Select
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
NUJO SOLN	-	EXC
OXIANUJI OINT	-	EXC
OXIANUJO CREAM	-	EXC
HYFTOR GEL (QL= 20 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	Specialty Preferred
tacrolimus oint (PROTOPIC OINT equiv)	-	Select
KERATOLYTIC/ANTIMITOTIC AGENTS		
ATRIX SYSTEM KIT	-	EXC
COMPOUND W AER NITROFRE	-	EXC
GEAMETDRAY GEL	-	EXC
KERALYT GEL	-	EXC
METDRAY GEL	-	EXC
RAYASAL CREAM	-	EXC
salicylic acid soln	-	EXC
salicylic AC gel 6%	-	EXC
salicylic acid cream	-	EXC
SALICYLIC ACID GEL W/ EMOLLIENT CREAM KIT	-	EXC
salicylic acid liquid	-	EXC
SALIMEZ FORTE CREAM	-	EXC

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	Vaccine Program				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
UREA/SALICYLIC CREAM	-	EXC
VIRASAL LIQUID	-	EXC
XALIX SOL	-	EXC
CONDYLOX GEL	-	Non-Preferred
SALEX SHAMPOO	-	Non-Preferred
SALVAX DUO PLUS KIT	-	Non-Preferred
PODOCON SOLN	-	Preferred
salicylic acid aerosol	-	Preferred
podofilox soln (CONDYLOX equiv)	-	Select
salicylic acid shampoo (SALEX equiv)	-	Select
LINIMENTS		
BABY CHEST CREAM RUB	-	EXC
CAMPHOR-MENTHOL-METHYL SALICYLATE PATCH	-	EXC
MENTHOZEN CREAM	-	EXC
METHYL SALIC OIL	-	EXC
NEURACIN GEL	-	EXC
LOCAL ANESTHETICS - TOPICAL		
ALOCANE SPRAY	-	EXC
BAND-AID SPRAY ANTISEPTIC	-	EXC
BENZOCAINE-LIDOCAINE-TETRACAINE CREAM	OTC	EXC
BURN RELIEF GEL	-	EXC
capsaicin cream	-	EXC
CIRCATA CREAM	-	EXC
lidocaine patch	-	EXC
lidocaine-benzalkonium liquid (ALOCANE equiv)	-	EXC
lidocaine-menthol gel (LIDOZENGEL equiv)	-	EXC
LIDOGEL GEL	-	EXC
LIDOZENGEL GEL/LIDO-MENTHOL GEL	-	EXC
MENTHOREAL10 THERAPY PACK	-	EXC
methyl salicylate-lidocaine-menthol patch (TRICEPTIN equiv)	OTC	EXC
NENDRUX GEL	-	EXC
TRICEPTIN PAD	OTC	EXC
ZYLOTROL-L KIT	-	EXC
ADAZIN CREAM	-	Non-Preferred
ANACAINE OINT	-	Non-Preferred
ANASTIA LOTION	-	Non-Preferred
APRIZIO PAK KIT	-	Non-Preferred
GEN7T PLUS PAD	-	Non-Preferred
L.E.T. GEL	-	Non-Preferred

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LIDOCAINE CREAM	-	Non-Pref erred
LIDOCAINE HC CREAM	-	Non-Pref erred
LIDOCIN GEL	-	Non-Pref erred
LIDOSTREAM KIT	-	Non-Pref erred
LIDOTREX GEL	-	Non-Pref erred
PLIAGLIS CREAM	-	Non-Pref erred
PROZENA PAD	-	Non-Pref erred
SILVERA PAD	-	Non-Pref erred
SOLAICE PATCH	-	Non-Pref erred
SYNERA PATCH	-	Non-Pref erred
SYNVEXIA TC CREAM	-	Non-Pref erred
WPR PLUS	-	Non-Pref erred
capsaicin/menthol topical patch (SINELEE equiv)	-	Preferred
lidocaine cream 3% (LIDAMANTLE equiv)	-	Preferred
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	Preferred
lidocaine gel (XYLOCAINE equiv)	-	Preferred
lidocaine lotion	-	Preferred
LIDOCAINE GEL	-	Select
lidocaine gel (GLYDO equiv)	-	Select
lidocaine oint (QL= 8gm/day)	QL	Select
lidocaine soln (XYLOCAINE equiv)	-	Select
lidocaine/prilocaine cream (EMLA equiv)	-	Select
MISC. DERMATOLOGICAL PRODUCTS		
HALUCORT GEL	-	Non-Pref erred
NEOSALUS FOAM	-	Non-Pref erred
MISC. TOPICAL		
ADULT BARRIER OINT	-	EXC
isopropyl alcohol spray	-	EXC
isopropyl alcohol wipes	OTC	EXC
zinc oxide oint	-	EXC
ZINCTRAL PASTE	OTC	EXC
HYCLODEX SOLN	-	Non-Pref erred
QBREXZA PAD (QL= 1 pad/day)	PA-QL	Non-Pref erred
DRYSOL SOLN	-	Preferred

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT (Step Therapy requires trial of 2: High potency corticosteroids, tacrolimus oint, pimecrolimus cream)	ST	Non-Preferred
PIGMENTING-DEPIGMENTING AGENTS		
HYDROQUINONE-HYDROCORTISONE-TRETINOIN EMULSION	-	EXC
HYDROQUINONE-TRETINOIN EMULSION	-	EXC
HYDROQUINONE-TRETINOIN-TRIAMCINOLONE ACE EMUL	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
AVEIDA GEL	-	EXC
DAZAVEIDAOXI GEL	-	EXC
DAZOMON GEL	-	EXC
IDAOXIA GEL	-	EXC
DOXYCYCLINE CAP, ORACEA CAP (QL= 1 cap/day; Step Therapy requires trial of doxycycline hyclate, doxycycline hyclate DR, or doxycycline monohydrate)	QL-ST	Non-Preferred
FINACEA FOAM	-	Non-Preferred
IVERMECTIN CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Preferred
NORITATE CREAM (Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT)	ST	Non-Preferred
ROSADAN KIT (Step Therapy requires trial of metronidazole cream)	ST	Non-Preferred
azelaic acid gel (FINACEA equiv)	-	Preferred
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Preferred
metronidazole gel (METROGEL equiv)	-	Preferred
metronidazole cream (METROCREAM equiv)	-	Select
metronidazole lotion (METROLOTION equiv)	-	Select
SCABICIDES & PEDICULICIDES		
IVERMECTIN LOTION	OTC	EXC
SKLICE LOTION	OTC	EXC
NATROBA SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Non-Preferred
ULESFIA LOTION (QL= 4 bottles/fill, 2 fills/month)	QL	Non-Preferred
CROTAN LOTION	-	Preferred
EURAX CREAM	-	Preferred
LINDANE SHAMPOO	-	Preferred
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Preferred
malathion lotion (OVIDE equiv)	-	Select
permethrin cream (ELIMITE CREAM equiv)	-	Select
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	Non-Preferred
SILIPAC KIT	-	Non-Preferred
SUNSCREENS		

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	Vaccine Program				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
age shield lotion (CERAVE equiv)	-	EXC
TAR PRODUCTS		
coal tar shampoo (IONIL-T equiv)	-	EXC
IONIL-T SHAMPOO	-	EXC
MG217 PSORIA GEL COAL 2%	-	EXC
WOUND CARE PRODUCTS		
AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	EXC
BIOSTEP SHEET, INNOVAMATRIX SHEET	-	EXC
CALCIUM ALGINATE-SILVER ROPE 1/4"X12"	OTC	EXC
CHORION MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	EXC
INNOVAMATRIX DISK	-	EXC
KERASTAT CREAM	-	EXC
KERASTAT GEL	-	EXC
MIRO3D WOUND PAD	-	EXC
VYJUVEK GEL	-	EXC
ZENIFIBER AG PAD	-	EXC
ALEVICYN SOLN DERMAL	-	Non-Pref erred
BIAFINE EMULSION	-	Non-Pref erred
REGRANEX GEL (QL= 30gm/30 days)	QL	Non-Pref erred
cicatrace kit (REXASIL equiv)	-	Preferred
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
BLUDIGO INJ	-	EXC
GLEOLAN SOLN	-	EXC
INDOCYANINE INJ	-	EXC
KINEVAC INJ	-	EXC
LEXISCAN INJ	-	EXC
PAFOLACIANINE SODIUM IV SOLN	-	EXC
regadenoson iv inj (LEXISCAN equiv)	-	EXC
GLUCAGEN INJ	-	Preferred
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred
DIAGNOSTIC RADIOPHARMACEUTICALS		
FLORTAUCIPIR F 18 IV SOLN	-	EXC
LYMPHOSEEK KIT	-	EXC
NEUROLITE KIT	-	EXC
POSLUMA SOLN	-	EXC
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	EXC
KETO-DIASTIX TEST STRIP	OTC	EXC
KETOSTIX	OTC	EXC
LIPID PANEL+ MIS EGLU	-	EXC
PRECISION XTRA KETONE TEST STRIP	OTC	EXC

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DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
PTS PANELS TEST CHOL+GLU	-	EXC
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Preferred
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Preferred
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	Preventive
CUE COVID-19 INJ TEST CARTRIDGE (QL= 8 cartridges/30 days)	QL	Preventive
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive
MISCELLANEOUS CONTRAST MEDIA		
CLARISCAN INJ, DOTAREM INJ	-	EXC
gadoterate meglumine iv soln (CLARISCAN INJ, DOTAREM INJ equiv)	-	EXC
gadoterate meglumine iv soln prefilled syringe (CLARISCAN INJ, DOTAREM INJ equiv)	-	EXC
VUEWAY INJ	-	EXC
XENON XE 129 HYPERPOLARIZED INHALATION GAS	-	EXC
RADIOGRAPHIC CONTRAST MEDIA		
iodixanol inj (VISIPAQUE equiv)	-	EXC
OMNIPAQUE SOLN	-	EXC
VISIPAQUE INJ	-	EXC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
CARAWAY SEED-LEVOMENTHOL CAP DELAYED RELEASE ER	OTC	EXC
DENOVO PLUS CAP B12	OTC	EXC
FOLAFY ER TAB	OTC	EXC
levomefolate glucosamine cap	OTC	EXC
METAFOLBIC PLUS TAB	-	Non-Preferred
ZYTAZE CAP	-	Non-Preferred
NUTRITIONAL SUPPLEMENTS		
NUTRITIONAL SUPPLEMENT EFFERVESCENT POWDER	OTC	EXC
OSAPLEX CAP	OTC	EXC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
DIGESTIVE ENZYME CAP DELAYED RELEASE	OTC	EXC
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP (Step Therapy requires trial of Creon)	ST	Non-Preferred
PANCRELIPASE CAP (Step Therapy requires trial of Creon)	ST	Non-Preferred
VIOKACE TAB (Step Therapy requires trial of Creon)	ST	Non-Preferred
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ST	Step Therapy	

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DrugName	Special Code	Tier
DIGESTIVE AIDS Cont.		
SUCRAID SOLN (Step Therapy requires trial of Creon; Only available through Optum Frontier Therapies 855-768-9727)	LD-ST	Non-Preferred
CREON CAP	-	Specialty Preferred

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

methazolamide tab (NEPTAZANE equiv)	-	Preferred
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day)	PA-QL	Preferred Specialty
KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Select
acetazolamide tab	-	Select

DIURETIC COMBINATIONS

AMILORIDE/HCTZ TAB	-	Select
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Select
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Select
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Select
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Select

LOOP DIURETICS

FUROSCIX KIT (QL= 1 kit/day; Step requires a trial of furosemide tabs or furosemide soln)	QL-ST	Non-Preferred
SOAANZ TAB (QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred
SOAANZ TAB 60MG (QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred
ethacrynic tab (EDECIN equiv)	-	Preferred
bumetanide tab (BUMEX equiv)	-	Select
torsemide tab (DEMADEX equiv)	-	Select
torsemide tab 20mg (SOAANZ equiv)	-	Select
FUROSEMIDE SOLN	-	Value
furosemide soln (LASIX equiv)	-	Value
furosemide tab (LASIX equiv)	-	Value

POTASSIUM SPARING DIURETICS

CAROSPIR SUSP	PA	Non-Preferred
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	Preferred
amiloride tab (MIDAMOR equiv)	-	Select
spironolactone tab (ALDACTONE equiv)	-	Value

THIAZIDES AND THIAZIDE-LIKE DIURETICS

THALITONE TAB (QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg)	QL-ST	Non-Preferred
DIURIL SUSP	-	Preferred
CHLOROTHIAZIDE TAB	-	Select
chlorothiazide tab (DIURIL equiv)	-	Select
indapamide tab (LOZOL equiv)	-	Select
METHYCLOTHIAZIDE TAB	-	Select

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	Vaccine Program				

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DrugName	Special Code	Tier
DIURETICS Cont.		
metolazone tab (ZAROXOLYN equiv)	-	Select
chlorthalidone tab	-	Value
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value

ENDOCRINE AND METABOLIC AGENTS - MISC.

ADRENAL STEROID INHIBITORS

ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Pref erred Specialty
ISTURISA TAB 1MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Pref erred Specialty
ISTURISA TAB 5MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Pref erred Specialty
RECORLEV TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Pref erred Specialty

BONE DENSITY REGULATORS

XGEVA INJ	-	EXC
BINOSTO TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate)	QL-ST	Non-Pref erred
FORTICAL NASAL SPRAY	-	Non-Pref erred
FOSAMAX+D TAB (Step Therapy requires trial of alendronate and ibandronate)	ST	Non-Pref erred
FORTEO INJ (QL= 2.4 units/28 days)	PA-QL	Non-Pref erred Specialty
NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
calcitonin inj (MIACALCIN equiv)	-	Preferred
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	Preferred
risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	Preferred
PROLIA INJ	PA	Preferred Specialty
TERIPARATIDE INJ (QL= 2.48 units/28 days)	PA-QL	Preferred Specialty
TYMLOS INJ (QL= 1.56 units/30 days)	PA-QL	Preferred Specialty
alendronate sodium oral soln (FOSAMAX equiv)	-	Select
calcitonin nasal spray (MIACALCIN equiv)	-	Select
ibandronate tab 150mg (BONIVA equiv)	-	Select
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	Select
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select
alendronate tab (FOSAMAX equiv)	-	Value
ALENDRONATE TAB 40MG	-	Value

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

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
CORTICOTROPIN		
CORTROPHIN GEL 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	ACA-LD-PA-VAC	Non-Preferred Specialty
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	ACA-LD-PA-VAC	Preferred Specialty
FERTILITY REGULATORS		
CLOMID TAB	-	EXC
OVIDREL INJ	-	EXC
GNRH/LHRH ANTAGONISTS		
cetorelix acetate for inj kit (CETROTIDE equiv)	-	EXC
CETROTIDE KIT	-	EXC
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Preferred
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	Non-Preferred
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	Non-Preferred
GROWTH HORMONES		
HUMATROPE INJ	PA	Non-Preferred Specialty
NORDITROPIN INJ, NUTROPIN AQ INJ	PA	Non-Preferred Specialty
OMNITROPE INJ	PA	Non-Preferred Specialty
OMNITROPE INJ, ZOMACTON INJ	PA	Non-Preferred Specialty
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	PA	Non-Preferred Specialty
SOGROYA INJ (QL= 6ml/28 days)	PA-QL	Non-Preferred Specialty
ZOMACTON INJ	PA	Non-Preferred Specialty
GENOTROPIN INJ (QL= 21 syringes/28 days)	QL	Preferred Specialty
GENOTROPIN INJ (QL= 35 syringes/28 days)	QL	Preferred Specialty

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
GENOTROPIN INJ (QL= 4 cartridges/28 days)	QL	Preferred Specialty
GENOTROPIN INJ (QL= 7 cartridges/28 days)	QL	Preferred Specialty
GENOTROPIN INJ (QL= 9 cartridges/28 days)	QL	Preferred Specialty
SKYTROFA INJ (QL= 4 inj/28 days)	PA-QL	Preferred Specialty
HORMONE RECEPTOR MODULATORS		
OSPHENA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD	Preferred Specialty
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	Preferred
FENSOLVI INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	PA-QL	Preferred Specialty
LUPRON INJ	PA	Preferred Specialty
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB (QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial of 1: gabapen, pregab, clonidine)	QL-ST	Non-Preferred
METABOLIC MODIFIERS		
CITRULLINE EASY TAB	-	EXC
ELFABRIO SOLN	-	EXC
LAMZEDE INJ	-	EXC
NEXVIAZYME INJ	-	EXC
NULIBRY INJ	-	EXC
XENPOZYME SOLN	-	EXC
RAYALDEE CAP (QL= 2 caps/day)	PA-QL	Non-Preferred
GALAFOLD CAP (QL= 15 caps/30 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
MYALEPT INJ (QL= 1 inj/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
NITYR TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
OLPRUVA PACK (QL=3 packets/day)	PA-QL	Non-Preferred Specialty

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ORFADIN SUSP (Only available through Eversana 636-519-2400)	LD-PA	Non-Pref erred Specialty
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD-PA	Non-Pref erred Specialty
RAVICTI LIQUID (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
XURIDEN POWDER (Only available through Biomatrix 855-359-9679)	LD-PA	Non-Pref erred Specialty
doxercalciferol cap (HECTOROL equiv)	-	Preferred
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
CYSTADANE POWDER	PA	Preferred Specialty
nitisinone cap (ORFADIN equiv)	PA	Preferred Specialty
sapropterin dihydrochloride powder packet (KUVAN equiv)	PA	Preferred Specialty
sapropterin dihydrochloride soluble tab (KUVAN equiv)	PA	Preferred Specialty
sodium phenylbutyrate powder (BUPHENYL equiv)	PA	Preferred Specialty
sodium phenylbutyrate tab (BUPHENYL equiv)	PA	Preferred Specialty
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Preferred Specialty
calcitriol cap (ROCALTRIOLEQUIV)	-	Select
calcitriol soln (CALCITRIOL equiv)	-	Select
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Select
levocarnitine inj (CARNITOR equiv)	-	Select
levocarnitine soln (CARNITOR equiv)	-	Select
levocarnitine tab (CARNITOR equiv)	-	Select
paricalcitol cap (ZEMPLAR equiv)	-	Select

MINERALOCORTICOID RECEPTOR ANTAGONISTS

KERENDIA TAB (QL= 30 tabs/30 days)	PA-QL	Non-Pref erred
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NATRIURETIC PEPTIDES

VOXZOGO INJ (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty
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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
POSTERIOR PITUITARY HORMONES		
TERLIVAZ INJ	-	EXC
VASOPRE/NACL INJ	-	EXC
vasopressin iv soln (VASOSTRICT equiv)	-	EXC
VASOPRESSIN SOLN	-	EXC
VASOPRESSIN-NACL INJ SOLN PREF SYRINGE	-	EXC
VASOSTRICT INJ	-	EXC
DDAVP NASAL SOLN	-	Non-Preferred
NOCDURNA SL TAB	-	Non-Preferred
NOCTIVA EMULSION SPRAY (QL= 3.8gm/30 days)	QL	Non-Preferred
STIMATE NASAL SOLN	-	Preferred
desmopressin acetate inj (DDAVP equiv)	-	Select
desmopressin acetate nasal spray (DDAVP equiv)	-	Select
desmopressin acetate tab (DDAVP equiv)	-	Select
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab (MIFEPREX equiv)	-	Select
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	Select
SOMATOSTATIC AGENTS		
MYCAPSSA CAP (Only available through AcariaHealth 800-511-5144)	LD-PA	Non-Preferred Specialty
octreotide inj (SANDOSTATIN equiv)	PA	Preferred Specialty
OCTREOTIDE INJ 100MCG	PA	Preferred Specialty
SANDOSTATIN LAR INJ KIT	-	Preferred Specialty
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
SOMATULINE INJ	PA	Preferred Specialty
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB, TOLVAPTAN TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty

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VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ESTROGENS		
ESTROGEN COMBINATIONS		
ANGELIQ TAB	-	Non-Pref erred
BIJUVA CAP	-	Non-Pref erred
CLIMARA PRO PATCH	-	Non-Pref erred
COMBIPATCH	-	Non-Pref erred
PREFEST TAB	-	Non-Pref erred
MYFEMBREE TAB (QL= 28 tabs/28 days)	PA-QL	Non-Pref erred Specialty
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	Non-Pref erred Specialty
PREMPHASE TAB, PREMPRO TAB	-	Preferred
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Select
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	Select
jinteli tab (FEMHRT equiv)	-	Select
ESTROGENS		
ALORA PATCH (QL= 8 patches/28 days)	QL	Non-Pref erred
DEPO-ESTRADIOL INJ	-	Non-Pref erred
DIVIGEL GEL, ELESTRIN GEL	-	Non-Pref erred
EVAMIST SPRAY	-	Non-Pref erred
MENOSTAR PATCH	-	Non-Pref erred
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Preferred
estradiol valerate inj	-	Preferred
MENEST TAB	-	Preferred
PREMARIN TAB	-	Preferred
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Select
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Select
estradiol tab (ESTRACE equiv)	-	Select

FLUOROQUINOLONES

FLUOROQUINOLONES		
BAXDELA TAB (QL= 2 tabs/day)	PA-QL	Non-Pref erred
CIPROFLOXACIN 100MG TAB	-	Non-Pref erred
FACTIVE TAB	-	Non-Pref erred

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
FLUOROQUINOLONES Cont.		
OFLOXACIN TAB	-	Non-Pref erred
PROQUIN XR TAB	-	Non-Pref erred
CIPRO SUSP	-	Select
ciprofloxacin susp (CIPRO equiv)	-	Select
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Select
LEVOFLOXACIN INJ 25MG/ML	-	Select
levofloxacin soln (LEVAQUIN equiv)	-	Select
LEVOFLOXACIN SOLN 25MG/ML	-	Select
levofloxacin tab (LEVAQUIN equiv)	-	Select
moxifloxacin tab (AVELOX equiv)	-	Select
ofloxacin tab (FLOXIN equiv)	-	Select

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

MOTEGRITY TAB (QL= 30 tabs/30 days; Step Therapy requires trial of Trulance)	QL-ST	Non-Pref erred
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AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB (QL= 30 tabs/30 days)	QL	Preferred
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ANTIFLATULENTS

BEANO TAB	-	EXC
PHAZYME CAP	OTC	EXC
simethicone cap (PHAZYME equiv)	OTC	EXC

BILE ACID SYNTHESIS DISORDER AGENTS

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

OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
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GALLSTONE SOLUBILIZING AGENTS

RELTONE CAP (Step therapy requires trial of ursodiol tab)	ST	Non-Pref erred
URSODIOL CAP (Step therapy requires trial of ursodiol tab)	ST	Non-Pref erred
CHENODAL TAB	PA	Preferred Specialty
ursodiol cap (ACTIGALL equiv)	-	Select
ursodiol tab (URSO (FORTE) equiv)	-	Select

GASTROINTESTINAL ANTIALLERGY AGENTS

cromolyn conc (GASTROCROM equiv)	-	Select
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GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

AMITIZA CAP (QL= 60 caps/30 days; Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC)	QL-ST	Non-Pref erred
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Select

GASTROINTESTINAL STIMULANTS

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
GIMOTI NASAL SPRAY (QL= 1 bottle/28 days)	PA-QL	Non-Pref erred
METOZOLV ODT (Step Therapy requires trial of metoclopramide)	ST	Non-Pref erred
metoclopramide soln (REGLAN equiv)	-	Select
metoclopramide tab (REGLAN equiv)	-	Select
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP (Only available through Accredo 800-803-2523 or PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Pref erred Specialty
INFLAMMATORY BOWEL AGENTS		
mesalamine kit	-	EXC
ROWASA KIT	-	EXC
SKYRIZI SOLN	-	EXC
ASACOL HD TAB, MESALAMINE TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Pref erred
DIPENTUM CAP	-	Non-Pref erred
PENTASA CAP (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Pref erred
CIMZIA INJ (QL= 2 inj/28 days)	PA-QL	Non-Pref erred Specialty
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	PA-QL	Non-Pref erred Specialty
mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	Preferred
mesalamine tab (ASACOL equiv)	-	Preferred
MESALAMINE TAB DR 800MG	-	Preferred
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	PA-QL	Preferred Specialty
SKYRIZI INJ (QL= 1 cartridge/56 days)	PA-QL	Preferred Specialty
balsalazide cap (COLAZAL equiv)	-	Select
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Select
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Select
mesalamine enema (ROWASA equiv)	-	Select
mesalamine ER cap (APRISO equiv) (QL= 4 caps/day)	QL	Select
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Select
sulfasalazine EC tab (AZULFIDINE equiv)	-	Select
sulfasalazine tab (AZULFIDINE equiv)	-	Select
INTESTINAL ACIDIFIERS		
lactulose soln	-	Select
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
IBSRELA TAB (QL= 60 tabs/30 days)	PA-QL	Non-Pref erred
LINZESS CAP (QL= 30 caps/30 days; Step therapy requires trial of TRULANCE)	QL-ST	Non-Pref erred

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
VIBERZI TAB	-	Non-Pref erred
alosetron tab (LOTRONEX equiv)	-	Select
LIVE FECAL MICROBIOTA		
REBYOTA SUSP FECAL	-	EXC
VOWST CAP (QL= 12 caps/30 days)	PA-QL	Non-Pref erred Specialty
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
RELISTOR INJ (QL= 0.4ml/day)	PA-QL	Non-Pref erred Specialty
RELISTOR INJ (QL= 0.6ml/day)	PA-QL	Non-Pref erred Specialty
RELISTOR INJ KIT (QL= 0.6ml/day)	PA-QL	Non-Pref erred Specialty
RELISTOR TAB (QL= 3 tabs/day)	PA-QL	Non-Pref erred Specialty
MOVANTI TAB (QL= 30 tabs/30 days)	PA-QL	Preferred
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Preferred
PHOSPHATE BINDER AGENTS		
AURYXIA TAB	-	Non-Pref erred
FOSRENOL POWDER PACK	-	Non-Pref erred
VELPHORO CHEW TAB	-	Non-Pref erred
lanthanum carbonate chew tab (FOSRENOL equiv)	-	Preferred
PHOSLYRA SOLN	-	Preferred
RENAGEL TAB	-	Preferred
sevelamer powder pak (RENVELA equiv)	-	Preferred
sevelamer tab (RENVELA TAB equiv)	-	Preferred
calcium acetate cap (PHOSLO equiv)	-	Select
sevelamer hydrochloride tab (RENAGEL equiv)	-	Select
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT (Only available through CVS Specialty 800-237-2767)	LD-PA	Non-Pref erred Specialty
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB (QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306)	LD-PA-QL-ST	Non-Pref erred Specialty
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMINE HCL INJ NAACL	-	EXC

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

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**Moda Texas Individual Formulary
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Last Updated* 7/1/2023

DrugName	Special Code	Tier
GENERAL ANESTHETICS Cont.		
KETAMINE INJ	-	EXC
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB	-	Non-Preferred
ALKALINIZERS		
ORACIT SOLN	-	Preferred
CYTRA K CRYSTALS	-	Select
CYTRA-3 SYRUP	-	Select
potassium citrate CR tab (UROKIT-K TAB equiv)	-	Select
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Select
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	Select
sodium citrate/citric acid soln (BICITRA equiv)	-	Select
tricitrates soln (POLYCITRA-LC equiv)	-	Select
CYSTINOSIS AGENTS		
PROCYSBI CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
PROCYSBI GRANULES PACKET (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
CYSTAGON CAP (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferred Specialty
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	Preferred
PROSTATIC HYPERTROPHY AGENTS		
CARDURA XL TAB	-	Non-Preferred
ENTADFI CAP (QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil)	QL-ST	Non-Preferred
dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	Preferred
silodosin cap (RAPAFLO equiv)	-	Preferred
alfuzosin SR tab (UROXATRAL equiv)	-	Select
dutasteride cap (AVODART equiv)	-	Select
finasteride tab (PROSCAR equiv)	-	Select
tamsulosin cap (FLOMAX equiv)	-	Select
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	Select
URINARY STONE AGENTS		
LITHOSTAT TAB	-	Non-Preferred
THIOLA EC TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Preferred Specialty

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VAC	Vaccine Program				

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**Moda Texas Individual Formulary
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DrugName	Special Code	Tier
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
DUZALLO TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred
colchicine/probenecid tab (COL-BENEMID equiv)	-	Select
GOUT AGENTS		
ALLOPURINOL TAB (QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs)	QL-ST	Non-Pref erred
GLOPERBA SOLN (QL= 300ml/30 days; Step Therapy requires trial of colchicine)	QL-ST	Non-Pref erred
MITIGARE CAP (QL= 2 caps/day)	QL	Non-Pref erred
ZURAMPIC TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred
COLCHICINE CAP (QL= 2 caps/day)	QL	Preferred
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	Preferred
allopurinol tab (ZYLOPRIM equiv)	-	Select
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Select
URICOSURICS		
probenecid tab (BENEMID equiv)	-	Select
HEMATOLOGICAL AGENTS - MISC.		
ANTHEMOPHILIC PRODUCTS		
HEMGENIX INJ	-	EXC
NUWIQ INJ	PA	Non-Pref erred Specialty
NUWIQ KIT	PA	Non-Pref erred Specialty
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
HEMLIBRA INJ	PA	Preferred Specialty
REBINYN INJ	-	Preferred Specialty
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	PA-QL	Preferred Specialty
COMPLEMENT INHIBITORS		
ENJAYMO SOLN	-	EXC
GOHIBIC INJ	-	EXC
BERINERT INJ (QL= 20ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty
EMPAVELI INJ (QL= 160ml/28 days)	PA-QL	Non-Pref erred Specialty
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
ACA M QL SF VAC	NC =Not Covered Affordable Care Act Medical Benefit Quantity Limit Limited to two 15 day fills per month for first 3 months Vaccine Program	EXC OTC RDX SMKG
generic =small letters Plan Exclusion Over-the-Counter Restricted to Diagnosis Smoking Cessation	LD PA RS ST	BRANDS =CAPITAL LETTERS Limited Distribution Prior Authorization Restricted to Specialist Step Therapy

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
RUCONEST INJ (QL= 16 vials/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty
TAVNEOS CAP (QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Pref erred Specialty
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
HEMATOALOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	Select
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP (QL= 28 caps/28 days; Only available through Optime Care 1-888-287-2017)	LD-PA-QL	Non-Pref erred Specialty
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PLASMA PROTEINS		
ALBUKED INJ	-	EXC
RYPLAZIM SOLN	-	EXC
PLATELET AGGREGATION INHIBITORS		
YOSPRALA TAB	-	EXC
BRILINTA TAB (QL= 2 tabs/day)	QL	Non-Pref erred
DURLAZA CAP	-	Non-Pref erred
ZONTIVITY TAB (Step Therapy requires trial of clopidogrel)	ST	Non-Pref erred
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty
aspirin/dipyridamole cap (AGGRENEX equiv)	-	Preferred
anagrelide cap (AGRYLIN equiv)	-	Select
cilostazol tab (PLETAL equiv)	-	Select
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Select
clopidogrel tab 75mg (PLAVIX equiv)	-	Select
dipyridamole tab (PERSANTINE equiv)	-	Select
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	PA-QL	Select
PYRUVATE KINASE ACTIVATORS		

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M	Affordable Care Act	EXC	Plan Exclusion	LD	Limited Distribution
QL	Medical Benefit	OTC	Over-the-Counter	PA	Prior Authorization
SF	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
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	Vaccine Program				

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Moda Texas Individual Formulary

Category/Class

Last Updated* 7/1/2023

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
PYRUKYND TAB (QL= 56 tabs/28 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty
PYRUKYND THERAPY PACK (QL= 7 tabs/7 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP	PA	Preferred Specialty
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	Preferred Specialty
AGENTS FOR SICKLE CELL ANEMIA		
SIKLOS TAB (Step Therapy requires trial of DROXIA CAP)	ST	Non-Pref erred
OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	Non-Pref erred Specialty
DROXIA CAP	-	Preferred
ENDARI POWDER PACK	-	Preferred Specialty
AGENTS FOR SICKLE CELL DISEASE		
OXBRYTA TAB 300MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	Non-Pref erred Specialty
COBALAMINS		
B-12 TAB ODT	OTC	EXC
CVS B12 CHEW	-	EXC
ENERGY B-12 TAB	-	EXC
METHYL B-12 CHW	-	EXC
methylcobalamin orally disintegrating tab (B-12 equiv)	OTC	EXC
VITAMIN B-12 TAB 1500 TR	-	EXC
CALOMIST NASAL SPRAY	-	Non-Pref erred
NASCOBAL NASAL SPRAY	-	Non-Pref erred
cyanocobalamin inj	-	Select
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	Preventiv e
folic acid tab 400mcg (Covered for females only)	OTC	Preventiv e
folic acid tab 800mcg (Covered for females only)	OTC	Preventiv e
HEMATOPOIETIC GENE THERAPY		
ZYNTEGLO INJ	-	EXC
HEMATOPOIETIC GROWTH FACTORS		
ROLVEDON INJ	-	EXC

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
EPOGEN INJ (QL= 12 vials/30 days)	PA-QL	Non-Pref erred Specialty
FYLNETRA INJ (QL= 2 syringes/28 days)	PA-QL	Non-Pref erred Specialty
GRANIX INJ (QL= 15 syringes/30 days)	PA-QL	Non-Pref erred Specialty
GRANIX INJ (QL= 15 vials/30 days)	PA-QL	Non-Pref erred Specialty
LEUKINE INJ	PA	Non-Pref erred Specialty
MIRCERA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Pref erred Specialty
MUPLETA TAB (QL= 7 tabs/fill, 3 fills/365 days)	PA-QL	Non-Pref erred Specialty
NEULASTA INJ (QL= 1.2 units/28 days)	PA-QL	Non-Pref erred Specialty
NEUPOGEN INJ (QL= 15 syringes/30 days)	PA-QL	Non-Pref erred Specialty
NIVESTYM INJ (QL= 15 syringes/30 days)	PA-QL	Non-Pref erred Specialty
NYVEPRIA INJ (QL= 2 inj/28 days)	PA-QL	Non-Pref erred Specialty
PROCRIT INJ	PA	Non-Pref erred Specialty
PROCRIT INJ (QL= 4 vials/30 days)	PA-QL	Non-Pref erred Specialty
PROMACTA POWDER	PA	Non-Pref erred Specialty
RELEUKO INJ (QL= 15 syringes/30 days)	PA-QL	Non-Pref erred Specialty
RELEUKO INJ (QL= 15 vials/30 days)	PA-QL	Non-Pref erred Specialty
STIMUFEND INJ (QL = 1.2 units/28 days)	PA-QL	Non-Pref erred Specialty

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

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
UDENYCA INJ (QL = 2 injectors/28 days)	PA-QL	Non-Pref erred Specialty
UDENYCA INJ (QL= 2 syringes/28 days)	PA-QL	Non-Pref erred Specialty
ARANESP INJ (QL= 4 syringes/30 days)	QL	Preferred Specialty
ARANESP INJ (QL= 4 vials/30 days)	QL	Preferred Specialty
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
FULPHILA INJ (QL= 2 syringes/28 days)	PA-QL	Preferred Specialty
PROMACTA TAB	PA	Preferred Specialty
RETACRIT INJ (QL= 12 vials/30 days)	QL	Preferred Specialty
RETACRIT INJ (QL= 4 vials/30 days)	QL	Preferred Specialty
ZARXIO INJ (QL= 15 syringes/30 days)	QL	Preferred Specialty
ZIEXTENZO INJ (QL= 1.2 units/28 days)	PA-QL	Preferred Specialty

HEMATOPOIETIC MIXTURES

BENTIVITE TAB	-	EXC
CORVITE TAB	-	EXC
FERRO-PLEX TAB	-	EXC
ferrous fumarate-folic acid tab	-	EXC
FOLDITAM TAB	-	EXC
HEMATINIC/FA TAB	-	EXC
HEMAX TAB	OTC	EXC
MAXFE TAB	OTC	EXC
NEUROPHX CAP	OTC	EXC
TANDEM CAP	OTC	EXC
BIFERARX TAB	-	Non-Pref erred
NEPHRON FA TAB	-	Preferred
multigen plus tab (CHROMAGEN FORTE equiv)	-	Select
multigen tab (CHROMAGEN equiv)	-	Select

IRON

ACCRUFER CAP	-	EXC
FERAHEME INJ	-	EXC
ferumoxytol inj (FERAHEME equiv)	-	EXC
INJECTAFER INJ	-	EXC
IRON GLYCINATE CAP	OTC	EXC
IRON TAB	-	EXC
SLOW RELEASE IRON TAB	-	EXC
TRIFERIC AVNU INJ	-	EXC

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	Preventive
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	Preventive
ferrous sulfate liquid (FERROUS SULF equiv) (Covered for members 1 year or younger)	OTC	Preventive
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	Preventive
ferrous sulfate syrup (FERROUS SULFATE equiv)	OTC	Preventive

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

aminocaproic acid tab (AMICAR equiv)	-	Preferred
aminocaproic acid soln (AMICAR equiv)	-	Preferred
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Specialty Select

HEMOSTATICS - TOPICAL

GELATIN ABSORBABLE POW	-	EXC
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HYPNOTICS

NON-BARBITURATE HYPNOTICS

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

BELSOMRA TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred
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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTIHISTAMINE HYPNOTICS

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

SEZABY INJ	-	EXC
BUTISOL TAB	-	Non-Preferred
SECONAL CAP	-	Non-Preferred
phenobarbital elixir	-	Select
phenobarbital tab	-	Select

HYPNOTICS - TRICYCLIC AGENTS

doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Preferred
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NON-BARBITURATE HYPNOTICS

IGALMI FILM	-	EXC
MIDAZOLAM/NACL INJ	-	EXC
midazolam-sodium chloride 0.9% iv soln (MIDAZOLAM/NACL equiv)	-	EXC
DORAL TAB	-	Non-Preferred
EDLUAR SL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Non-Preferred

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	Vaccine Program				

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DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
SOMNOTE CAP	-	Non-Pref erred
ZOLPIDEM CAP (QL= 1 cap/day; ST requires trial of zolpidem tab AND Trial of 1: eszopiclone, zaleplon, zolpidem ER or zolpidem SL)	QL-ST	Non-Pref erred
ZOLPIMIST SPRAY (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	ST	Non-Pref erred
temazepam cap 22.5mg (RESTORIL equiv)	-	Preferred
temazepam cap 7.5mg (RESTORIL equiv)	-	Preferred
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	Preferred
estazolam tab (PROSOM equiv)	-	Select
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Select
FLURAZEPAM CAP	-	Select
midazolam hcl syrup	-	Select
midazolam inj	-	Select
temazepam cap 15mg (RESTORIL equiv)	-	Select
temazepam cap 30mg (RESTORIL equiv)	-	Select
triazolam tab (HALCION equiv)	-	Select
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	Select
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	QL	Select
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Select

OREXIN RECEPTOR ANTAGONISTS

DAYVIGO TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Pref erred
QUVIVIQ TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Pref erred

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Pref erred Specialty
HETLIOZ SUSP (QL= 158ml/30 days)	PA-QL	Non-Pref erred Specialty
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Preferred
tasimelteon capsule (HETLIOZ equiv)	PA	Preferred Specialty

LAXATIVES

BULK LAXATIVES

FIBER LIQUID	OTC	EXC
METAMUCIL POWDER	OTC	EXC
NATURL FIBER POWDER	-	EXC
psyllium powder (METAMUCIL equiv)	OTC	EXC

LAXATIVE COMBINATIONS

FIBER/VITAMIN D3 CHEW TAB	-	EXC
PLENVU SOLN	-	Non-Pref erred
SUCLEAR KIT	-	Non-Pref erred

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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Last Updated* 7/1/2023

DrugName	Special Code	Tier
LAXATIVES Cont.		
SUTAB TAB (Step Therapy requires trial of 2: CLENPIQ SOLN, trilyte soln, gavilyte-h kit, peg 3350/electrolytes soln, peg 3350 soln, or GAVILYTE-C SOLN)	ST	Non-Pref erred
CLENPIQ SOLN	-	Preferred
gavilyte-h kit	-	Preferred
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	Preferred
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Preferred
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	Preventiv e
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	Preventiv e
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventiv e

LAXATIVES - MISCELLANEOUS

VIBRANT	-	EXC
VIBRANT STARTER KIT	-	EXC
GIALAX KIT	-	Non-Pref erred
KRISTALOSE PACK	-	Non-Pref erred
KRISTALOSE PACKET	-	Non-Pref erred
LACTULOSE PACK (Step Therapy requires trial of lactulose)	ST	Non-Pref erred
lactulose soln	-	Select

SALINE LAXATIVES

MAGNESIUM HYDROXIDE CHEW TAB	OTC	EXC
MILK OF MAGNESIUM SUSP	-	EXC
OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	Non-Pref erred

SURFACTANT LAXATIVES

benzocaine-docusate sodium rectal enema	OTC	EXC
DOCUSATE SYRUP	-	EXC

LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

LIDOCAINE (BUFFERED) W/ EPINEPHRINE	-	EXC
LIDOCAINE/EPINEPHRINE INJ	-	EXC
SENSORCAINE-MPF EPINEPHRINE INJ	-	EXC

LOCAL ANESTHETICS - AMIDES

LIDOCAINE INJ	-	EXC
POLOCAINE INJ -MPF	-	EXC
ZINGO INJ	-	EXC

MACROLIDES

AZITHROMYCIN

ZITHROMAX POWDER PACK	-	Preferred
azithromycin susp (ZITHROMAX equiv)	-	Select
azithromycin tab (ZITHROMAX equiv)	-	Select

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

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**Moda Texas Individual Formulary
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DrugName	Special Code	Tier
MACROLIDES Cont.		
CLARITHROMYCIN		
CLARITHROMYC SUSP	-	Preferred
clarithromycin ER tab (BIAXIN XL equiv)	-	Select
clarithromycin tab (BIAXIN equiv)	-	Select
ERYTHROMYCINS		
ERYTHROCIN INJ	-	EXC
erythromycin lactobionate for inj (ERYTHROCIN equiv)	-	EXC
ERYTHROCIN TAB	-	Non-Preferred
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	Non-Preferred
ERYTHROMYCIN EC CAP	-	Preferred
PCE TAB	-	Preferred
erythromycin DR cap (ERYC equiv)	-	Select
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Select
erythromycin tab (ERY-TAB equiv)	-	Select
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Select
FIDAXOMICIN		
DIFICID SUSP (QL= 136 mL/30 days)	QL	Preferred
DIFICID TAB (QL= 20 tabs/30 days)	QL	Preferred
MEDICAL DEVICES		
PARENTERAL THERAPY SUPPLIES		
HYPODERMIC NEEDLES	OTC	Preferred
MEDICAL DEVICES AND SUPPLIES		
AUDITORY SUPPLIES		
CLEVER CHOIC MIS HEAR AID	-	EXC
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS/DRESSINGS 10" X 9"	OTC	EXC
CONTRACEPTIVES		
CERVICAL CAP	-	Preventive
DIAPHRAGM	-	Preventive
FEMALE CONDOMS	OTC	Preventive
DIABETIC SUPPLIES		
CARDIOCHEK MIS PLUS	-	EXC
INSULIN INFUSION DISPOSABLE PUMP - ACCESSORIES	-	EXC
GUARDIAN 4 MIS SENSOR (QL= 5 sensors/35 days)	PA-QL	Non-Preferred
GUARDIAN 4 TRANSMITTER (QL= 1 transmitter/year)	PA-QL	Non-Preferred
Non-preferred CGM Monitor Supplies Kit	PA	Non-Preferred
V-GO INJ KIT (QL= 1 kit/day)	QL	Non-Preferred

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
CALIBRATION LIQUID	OTC	Preferred
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
LANCET KIT	OTC	Preferred
LANCETS	OTC	Preferred
OMNIPOD 5 G6 KIT (QL= 1 kit/year)	QL	Preferred
OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days)	QL	Preferred
OMNIPOD 5 PACK PODS (QL= 15 pods/30 days)	QL	Preferred
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	Preferred
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	Preferred
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	Preferred
MISC. DEVICES		
ALCOHOL SWABS	OTC	EXC
OPTICAL AND OPHTHALMIC SUPPLIES		
SUSVIMO IMP	-	EXC
PARENTERAL THERAPY SUPPLIES		
ALLERGY TRAY	-	Non-Preferred
TB SYRINGE	-	Non-Preferred
HYPODERMIC NEEDLES	OTC	Preferred
SAFETY SYRINGE	-	Preferred
SYRINGE LUER-LOK	OTC	Preferred
B-D INSULIN SYRINGE	--OTC	Select
BD NEEDLES	OTC	Select
B-D PEN NEEDLE	OTC	Select
NOVOFINE PEN NEEDLE	OTC	Select
NOVOTWIST PEN NEEDLE	OTC	Select
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	Select
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	-	Non-Preferred
PEAK FLOW METER	-	Non-Preferred
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
QULIPTA TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
UBRELVY TAB 100MG (QL= 16 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred
UBRELVY TAB 50MG (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred
ZAVZPRET SPRAY (QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal)	QL-ST	Non-Pref erred
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Preferred Specialty

MIGRAINE COMBINATIONS

SUMANSETRON PAK (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	ST	Non-Pref erred
TREXIMET TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Preferred
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	Preferred
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Preferred
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Preferred
sumatriptan/naproxen tab (TREXIMET equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Preferred
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Select
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Select

MIGRAINE PRODUCTS

ERGOMAR SL TAB	-	Non-Pref erred
TRUDHESA NASAL SPRAY (QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan)	QL-ST	Non-Pref erred
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	Preferred
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Preferred

MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES

NURTEC ODT (QL= 8 tabs/30 days)	PA-QL	Non-Pref erred
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	Non-Pref erred Specialty
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	Non-Pref erred Specialty
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	Non-Pref erred Specialty
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Preferred Specialty

MIGRAINE PRODUCTS - NSAIDS

CAMBIA POWDER (QL= 9 packets/30 days)	QL	Non-Pref erred
ELYXYB SOLN (QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension)	QL-ST	Non-Pref erred

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MIGRAINE PRODUCTS Cont.		
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days)	QL	Preferred
SEROTONIN AGONISTS		
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ (QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred
IMITREX INJ (QL= 1 inj/7 days)	QL	Non-Preferred
ONZETRA XSAIL (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	ST	Non-Preferred
REYVOW TAB 100mg (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred
REYVOW TAB 50mg (QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred
SUMAVEL DOSEPRO INJ	-	Non-Preferred
TOSYMRA SOLN (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred
ZECUITY PAD (QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred
almotriptan tab 12.5mg (AXERT equiv) (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, or sumatriptan)	QL-ST	Preferred
almotriptan tab 6.25mg (AXERT equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, or sumatriptan)	QL-ST	Preferred
eletriptan tab (RELPAK equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Preferred
frovatriptan tab (FROVA equiv) (QL= 10 tabs/30 days)	QL	Preferred
sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days)	QL	Preferred
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Preferred
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Preferred
sumatriptan vial inj (IMITREX equiv) (QL= 1 inj/7 days)	QL	Preferred
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT)	QL-ST	Preferred
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Preferred
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Preferred
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Select
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Select

MINERALS & ELECTROLYTES

BICARBONATES

SOD ACETATE INJ	-	EXC
sodium acetate inj	-	EXC

CALCIUM

CALC CIT+D3 TAB	OTC	EXC
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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
CALCIUM 1200 CHEW	-	EXC
CALCIUM 600 TAB +D	-	EXC
CALCIUM CHEW	-	EXC
CALCIUM GLUCONATE INJ	-	EXC
calcium gluconate inj (CALCIUM GLUCONATE equiv)	-	EXC
CALCIUM W/ MAGNESIUM POWDER	OTC	EXC
CALCIUM GLUCONATE/NACL INJ	-	EXC
HYDROXYAPATITE CMPD-CHOLECAL-MG CAP	OTC	EXC
OSSOPAN 1100 CAP	-	EXC
ELECTROLYTE MIXTURES		
D2.5W/NACL INJ	-	EXC
D5W/NACL INJ	-	EXC
dextrose w/ sodium chloride inj 2.5%-0.45% (D2.5W/NACL equiv)	-	EXC
dextrose w/ sodium chloride inj 5%-0.225% (DW5-NACL equiv)	-	EXC
dextrose w/ sodium chloride inj 5%-0.3% (D5W/NACL equiv)	-	EXC
DW5-NACL INJ	-	EXC
electrolyte-148 solution (PLASMA-LYTE equiv)	-	EXC
electrolyte-a solution (PLASMA-LYTE equiv)	-	EXC
kcl in dextrose/nacl inj (KCL/D5W/NACL INJ equiv)	-	EXC
KCL/D5W/NACL INJ	-	EXC
KCL/NACL INJ	-	EXC
PLASMA-LYTE INJ -148	-	EXC
PLASMA-LYTE INJ -A	-	EXC
potassium chloride in nacl inj	-	EXC
FLUORIDE		
FLORIVA DROPS	-	Preferred
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
IODINE PRODUCTS		
XYMODINE CAP	OTC	EXC
LITHIUM		
LITH-ORO CAP 5MG	OTC	EXC
MAGNESIUM		
MAGNESIUM CAP	OTC	EXC
MAGNESIUM CITRATE CHEW TAB	OTC	EXC
MAGNESIUM W/ POTASSIUM CAP	OTC	EXC
magnesium-policosanol cap	OTC	EXC
PHOSPHATE		
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day)	QL	Select
POTASSIUM		

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MINERALS & ELECTROLYTES Cont.		
potassium chloride inj	-	EXC
POTASSIUM GLUCONATE TAB	-	EXC
POTASSIUM INJ	-	EXC
potassium bicarbonate effer tab (K-LYTE equiv)	-	Preferred
potassium chloride powder packet (KLOR-CON equiv)	-	Preferred
potassium chloride soln	-	Preferred
K-TAB	-	Select
POT/CHLORIDE EFFER TAB	-	Select
potassium chloride effer tab (K-LYTE/CL equiv)	-	Select
potassium chloride ER cap (MICRO-K equiv)	-	Select
potassium chloride ER tab (K-TAB equiv)	-	Select
potassium chloride micro tab (K-DUR equiv)	-	Select
POTASSIUM CHLORIDE TAB ER	-	Select
SODIUM		
SOD CHLORIDE INJ	-	Select
sodium chloride inj	-	Select
TRACE MINERALS		
SELENIUM AC SOLN	-	EXC
SELENIUM TAB	-	EXC
ZINC		
ZINC CHLORID INJ	-	EXC
zinc chloride inj	-	EXC
ZINC SULFATE INJ	-	EXC
GALZIN CAP	-	Non-Preferred
MISCELLANEOUS THERAPEUTIC CLASSES		
ALLOGENEIC TISSUE		
RETHYMIC IMPLANT	-	EXC
CHELATING AGENTS		
CUVRIOR TAB (QL= 10 tabs/day)	PA-QL	Non-Preferred
penicillamine cap (CUPRIMINE equiv)	-	Preferred
trientine cap (SYPRINE equiv) (Step Therapy requires trial of penicillamine tab)	ST	Preferred
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Select
DIGITAL THERAPY		
LUMINOPIA MIS	-	EXC
DIGITAL THERAPY APPLICATION (QL= 1 membership/lifetime)	PA-QL	Non-Preferred
SOMRYST (QL= 1 membership/lifetime)	PA-QL	Preferred
IMMUNOMODULATORS		
VYVGART HYTRULO INJ	-	EXC
VYVGART INJ	-	EXC
REZUROCK TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty

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MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
IMMUNOSUPPRESSIVE AGENTS		
PROGRAF PACKET	-	Non-Preferred
ASTAGRAF XL CAP	-	Non-Preferred Specialty
ENSPRYNG INJ (QL= 1 inj/28 days)	PA-QL	Non-Preferred Specialty
LUPKYNIS CAP (QL= 180 caps/30 days)	PA-QL-SF	Non-Preferred
azathioprine tab 100mg (AZASAN equiv) (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	Preferred Specialty
azathioprine tab 75mg (AZASAN equiv) (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	Preferred
everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv)	-	Preferred Specialty
sirolimus soln (RAPAMUNE equiv)	-	Preferred Specialty
MISC NATURAL PRODUCTS		
MISC NATURAL PRODUCTS CAP ER	OTC	EXC
MITOCHONDRIAL RENEWAL KIT	OTC	EXC
MISCELLANEOUS THERAPEUTIC CLASSES		
AMMONIA AROM INH	OTC	EXC
GELATIN CAP	OTC	EXC
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Specialty
POTASSIUM REMOVING AGENTS		
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of bumetanide, ethacrynic acid, furosemide, torsemide, metolazone, methyclothiazide, indapamide, hydrochlorothiazide, chlorthalidone, or chlorothiazide)	QL-ST	Preferred
SPS SUSP	-	Preferred
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP	PA	Non-Preferred Specialty
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
SAPHNELO SOLN	-	EXC
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	PA-QL	Non-Preferred Specialty
BENLYSTA INJ (QL= 4 inj/28 day)	PA-QL	Non-Preferred Specialty

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MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
UREMIC PRURITUS AGENTS		
KORSUVA INJ	-	EXC
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
benzocaine dental cream	-	EXC
ZILACTIN BABY GEL	-	EXC
FIRST MOUTHWASH BLM	-	Non-Preferred
LIDOCAINE ORAL SOLN 4%	-	Preferred
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Select
ANTI-INFECTIVES - THROAT		
GLY-OXIDE SOLN	-	EXC
ORAVIG TAB	-	Non-Preferred
clotrimazole troches (MYCELEX TROCHES equiv)	-	Select
nystatin susp	-	Select
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	Select
DENTAL PRODUCTS		
PREVIDENT SOLN	-	EXC
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
FLUORIDEX SENSITIVITY PASTE	-	Select
sodium fluoride gel (PREVIDENT equiv)	-	Select
sodium fluoride paste (PREVIDENT equiv)	-	Select
sodium fluoride rinse (PREVIDENT equiv)	-	Select
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	Select
LOZENGES		
pectin lozenge on a handle	-	EXC
SORE THROAT LOLLIPOP	-	EXC
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Select
THROAT PRODUCTS - MISC.		
SILATRIX GEL	-	EXC
XYLITOL GEL	OTC	EXC
GELCLAIR GEL	-	Non-Preferred
PROTHELIAL PASTE	-	Non-Preferred
cevimeline cap (EVOXAC equiv)	-	Select
pilocarpine tab (SALAGEN equiv)	-	Select
MULTIVITAMINS		
B-COMPLEX VITAMINS		
EB-N3 DR CAP	-	EXC
B-COMPLEX W/ FOLIC ACID		

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VAC	Vaccine Program				

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MULTIVITAMINS Cont.		
DIALYVITE TAB	-	Select
DIALYVITE/ZINC TAB	-	Select
FOLBEE PLUS CZ TAB	-	Select
IRON W/ VITAMINS		
iron w/ vitamin tab	-	EXC
PED MV W/ FLUORIDE		
FLORIVA PLUS DROPS	-	Non-Pref erred
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Non-Pref erred
QUFLORA PEDIATRIC CHEW TAB	-	Non-Pref erred
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventiv e
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventiv e
pediatric multiple vitamins/fluoride soln	-	Preventiv e
PEDIATRIC MULTIPLE VITAMINS		
NOVAMV PED DROPS	OTC	EXC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	Non-Pref erred
PEDIATRIC VITAMINS		
TRI-VITAMIN INFANT DROPS	OTC	EXC
PRENATAL VITAMINS		
ALIVE PREMIU CHW PRENATAL	-	EXC
MULTI-MAC TAB	-	EXC
OBTREX DHA PAK	OTC	EXC
TRISTART CAP	-	EXC
VITA-PAC CAP	OTC	EXC
AZESCHEW TAB 13-1MG	-	Non-Pref erred
AZESCO TAB	-	Non-Pref erred
MYNATAL-Z TAB	-	Non-Pref erred
NEONATAL 19 TAB	-	Non-Pref erred
NEONATAL FE TAB	-	Non-Pref erred
PRENARA CAP	-	Non-Pref erred
PRENATAL VITAMINS (NON-PREFERRED)	-	Non-Pref erred
VITAFOL STRIPS	-	Non-Pref erred
CONCEPT DHA CAP	-	Preferred

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MULTIVITAMINS Cont.		
PRENATABS RX TAB	-	Preferred
PRENATAL 19 CHEW TAB	-	Preferred
PRENATAL 19 TAB	-	Preferred
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Preferred
VP-PNV-DHA CAP	-	Select
VITAMIN MIXTURES		
CRANBERRY CAP URIN COM	-	EXC
E-400 SELENIUM CAP	-	EXC
VITAMINS W/ LIPOTROPICS		
COMPLEX B-100 TAB	-	EXC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen intrathecal inj	-	EXC
ORPHENADRINE INJ	-	EXC
FLEQSUVY SUSP (QL= 16ml/day; Step therapy requires trial of baclofen and tizanidine)	QL-ST	Non-Preferred
LYVISPAAH GRANULE PACKET 10MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred
LYVISPAAH GRANULE PACKET 20MG (QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred
LYVISPAAH GRANULE PACKET 5MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred
METAXALONE TAB 400MG	-	Non-Preferred
METHOCARBAMOL TAB 1000MG (QL= 8 tabs/day; Step therapy requires trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	Non-Preferred
OZOBAX SOLN (QL= 16ml/day; Step therapy requires trial of baclofen tab AND tizanidine tab)	QL-ST	Non-Preferred
baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Preferred
BACLOFEN TAB 5MG	-	Preferred
chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Preferred
chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Preferred
cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Preferred
cyclobenzaprine tab 7.5mg (Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine)	ST	Preferred
metaxalone tab (SKELAXIN equiv)	-	Preferred
tizanidine cap (ZANAFLEX equiv)	-	Preferred
baclofen tab (BACLOFEN equiv)	-	Select
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Select
chlorzoxazone tab (QL= 4 tabs/day)	QL	Select
chlorzoxazone tab 500mg	-	Select
cyclobenzaprine tab (FLEXERIL equiv)	-	Select
methocarbamol tab (ROBAXIN equiv)	-	Select

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MUSCULOSKELETAL THERAPY AGENTS Cont.		
orphenadrine citrate ER tab (NORFLEX equiv)	-	Select
tizanidine tab (ZANAFLEX equiv)	-	Select
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Preferred
MUSCLE RELAXANT COMBINATIONS		
NORGESIC TAB FORTE	-	Non-Preferred
TIZANIDINE COMFORT KIT	-	Non-Preferred
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) (QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab)	QL-ST	Preferred
CARISOPRODOL/ASPIRIN TAB	-	Select
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Select
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Select
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Select
VISCOSUPPLEMENTS		
SYNOJOYNT INJ	-	EXC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	EXC
AZENASE PAK	-	EXC
DYMISTA SPRAY	-	EXC
RYALTRIS SPRAY	-	EXC
NASAL AGENTS - MISC.		
ALCOHOL SWABS	OTC	EXC
LITTLE REMED SOLN SALINE	-	EXC
TICANASE PAK	-	EXC
ALZAIR NASAL SPRAY	-	Non-Preferred
NASAL ANESTHETICS		
GOPRELTO SOLN	-	Select
NASAL ANTIALLERGY		
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	EXC
azelastine nasal spray (ASTELIN equiv)	-	EXC
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days, Step Therapy requires trial of budesonide, flunisolide, fluticasone, or triamcinolone)	QL-ST	Preferred
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	Select
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	Non-Preferred
NASAL STEROIDS		
BECONASE AQ NASAL SPRAY	-	EXC
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC
flunisolide nasal soln	-	EXC

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
fluticasone nasal spray (FLONASE equiv)	-	EXC
mometasone nasal spray (NASONEX equiv)	-	EXC
NASONEX NASAL SPRAY	-	EXC
OMNARIS NASAL SPRAY	-	EXC
QNASL NASAL SPRAY	-	EXC
RHINOCORT AQUA NASAL SPRAY	-	EXC
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	EXC
XHANCE NASAL EXHALER	-	EXC
ZETONNA NASAL SPRAY	-	EXC
SYMPATHOMIMETIC DECONGESTANTS		
OXYMETAZOLINE HCL NASAL SOLN	OTC	EXC
pseudoephedrine hcl cap	-	EXC
SUDAFED 24HR TAB 240MG	-	EXC
SUDAFED CHILD LIQUID	-	EXC
ADRENALIN NASAL SOLN	-	Non-Pref erred
epinephrine hcl nasal soln (ADRENALIN equiv)	-	Preferred
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	Preferred
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Select
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Select
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Select
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Select
NEUROMUSCULAR AGENTS		
ALS AGENTS		
QALSODY SOLN	-	EXC
RELYVRIO PAK (QL= 56 packs/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Pref erred Specialty
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
riluzole tab (RILUTEK equiv)	-	Preferred Specialty
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Preferred Specialty
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG (QL= 90 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Pref erred Specialty
MUSCULAR DYSTROPHY AGENTS		
AMONDYS INJ	-	EXC
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLN (QL= 240ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty

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NEUROMUSCULAR AGENTS Cont.		
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-M-PA	Non-Pref erred Specialty

NUTRIENTS

LIPIDS		
INTRALIPID INJ	-	EXC
DOJOLVI ORAL LIQUID (Only available through Accredo 800-803-2523)	LD-PA	Non-Pref erred Specialty

LIPOTROPICS		
POLYENYLPHOSPHATIDYLCHOLINE CAP	OTC	EXC
POLYENYLPHOSPHATIDYLCHOLINE CONC	OTC	EXC

MISC. NUTRITIONAL SUBSTANCES		
ALASKA WILD CAP FISH OIL	-	EXC
EVENING PRIMROSE OIL CAP	-	EXC
OMEGAPURE CAP 900-TG	OTC	EXC

PROTEINS		
CARNITEX CAP	OTC	EXC
GLUTATHIONE CAP	-	EXC
GNP L-LYSINE TAB	-	EXC
L-CARNITINE CAP	-	EXC
levocarnitine cap (L-CARNITINE equiv)	-	EXC
N.O.MAX ER TAB 660-50MG	OTC	EXC
N-ACETYL TYROSINE-PYRIDOXINE HCL CAP	OTC	EXC
PROTEIN CAP	OTC	EXC
theanine cap	-	EXC

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS		
CLEAR EYES DROPS	-	EXC
GENTEAL TEAR GEL	-	EXC
GONIOTAIRE OPHTH SOLN	-	EXC
POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH)	-	EXC
polyethylene glycol-propylene glycol ophth gel (GENTEAL equiv)	-	EXC
PROPYLENE GLYCOL (OPHTH)	-	EXC
PURE AND GENTLE DROPS	-	EXC

BETA-BLOCKERS - OPHTHALMIC		
BETIMOL OPHTH SOLN	-	Non-Pref erred
BETOPTIC-S OPHTH SOLN	-	Non-Pref erred
brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step therapy requires trial of 2: brimonidine 0.2%, dorz-timolol, carteolol, levobunolol, betaxolol, timolol)	QL-ST	Preferred
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Preferred
METIPRANOLOL OPHTH SOLN	-	Preferred
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day)	QL	Preferred
timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	Preferred

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OPHTHALMIC AGENTS Cont.		
timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	Preferred
timolol maleate preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day)	QL	Preferred
BETAXOLOL OPHTH SOLN	-	Select
betaxolol ophth soln (BETOPTIC-S equiv)	-	Select
CARTEOLOL OPHTH SOLN	-	Select
carteolol ophth soln (OCUPRESS equiv)	-	Select
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Select
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Select
LEVOBUNOLOL OPHTH SOLN	-	Select
levobunolol ophth soln (BETAGAN equiv)	-	Select
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	Select
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	-	Select
CHOLINERGIC AGONISTS		
TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Non-Pref erred
CYCLOPLEGIC MYDRIATICS		
CYCLOGYL OPHTH SOLN	-	Non-Pref erred
CYCLOMYDRIL OPHTH SOLN	-	Non-Pref erred
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	Non-Pref erred
HOMATROPINE OPHTH SOLN	-	Preferred
atropine ophth oint	-	Select
atropine ophth soln (ISOPTO ATROPINE equiv)	-	Select
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Select
phenylephrine ophth soln (MYDFRIN equiv)	-	Select
tropicamide ophth soln (MYDRIACYL equiv)	-	Select
MIOTICS		
VUITY OPHTH SOLN	-	EXC
MIOSTAT INJ	-	Non-Pref erred
PHOSPHOLINE OPHTH SOLN	-	Non-Pref erred
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Select
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ	-	EXC
BYOOVIZ INJ	-	EXC
CIMERLI INJ	-	EXC
EYLEA INJ	-	EXC
SUSVIMO INJ	-	EXC
VABYSMO INJ	-	EXC
LUCENTIS INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
OPHTHALMIC ADRENERGIC AGENTS		
IOPIDINE OPHTH SOLN 1% (Step Therapy requires trial of apraclonidine soln)	ST	Non-Pref erred

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OPHTHALMIC AGENTS Cont.		
SIMBRINZA OPHTH SUSP	-	Non-Pref erred
ALPHAGAN P OPHTH SOLN 0.1% (Step Therapy requires trial of brimonidine opht soln 0.2%)	ST	Preferred
APRACLOPIDIN OPHTH SOLN	-	Preferred
apraclonidine opht soln 0.5% (IOPIDINE equiv)	-	Preferred
brimonidine opht soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine opht soln 0.2%)	ST	Preferred
LUMIFY OPHTH SOLN 0.25% (Step Therapy requires trial of brimonidine opht soln 0.2%)	ST	Preferred
brimonidine opht soln 0.2% (ALPHAGAN equiv)	-	Select
OPHTHALMIC ANTI-INFECTIVES		
TOBRAMYCIN/VANCOMYCIN DROPS	-	EXC
AZASITE SOLN	-	Non-Pref erred
BESIVANCE OPHTH SUSP (Step Therapy requires trial of 2: ciprofloxacin opht soln, levofloxacin opht soln, ofloxacin opht soln, or VIGAMOX OPHTH SOLN)	ST	Non-Pref erred
BETADINE OPHTH SOLN	-	Non-Pref erred
CILOXAN OPHTH OINT	-	Non-Pref erred
LEVOFLOXACIN OPHTH SOLN	-	Non-Pref erred
MOXEZA OPHTH SOLN	-	Non-Pref erred
MOXIFLOXACIN SOLN (QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops)	QL-ST	Non-Pref erred
TOBREX OPHTH OINT	-	Non-Pref erred
BACITRACIN OPHTH OINT	-	Preferred
gatifloxacin opht soln (ZYMAXID equiv)	-	Preferred
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Preferred
SULFACETAMIDE SODIUM OPHTH OINT	-	Preferred
ZIRGAN OPHTH GEL	-	Preferred
bacitracin/neomycin/polymyxin b opht oint (NEOSPORIN equiv)	-	Select
bacitracin/polymyxin b opht oint (POLYSPORIN equiv)	-	Select
ciprofloxacin opht soln (CILOXAN equiv)	-	Select
erythromycin opht oint	-	Select
GENTAK OPHTH OINT	-	Select
gentamicin opht soln (GARAMYCIN equiv)	-	Select
levofloxacin opht soln (QUIXIN equiv)	-	Select
moxifloxacin opht soln (VIGAMOX OPHTH SOLN equiv)	-	Select
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Select
ofloxacin opht soln (OCUFLOX equiv)	-	Select
polymyxin b/trimethoprim opht soln (POLYTRIM equiv)	-	Select
sulfacetamide sodium opht soln (BLEPH-10 equiv)	-	Select
tobramycin opht soln (TOBREX equiv)	-	Select
TRIFLURIDINE OPHTH SOLN	-	Select
OPHTHALMIC COMPLEMENT INHIBITORS		
SYFOVRE INJ	-	EXC
OPHTHALMIC DECONGESTANTS		

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
CLEAR EYES SOLN	-	EXC
EQL REDNESS RELIEF DROP	OTC	EXC
naphazoline-glycerin ophth soln	OTC	EXC
OPHTHALMIC IMMUNOMODULATORS		
CYCLOSPORINE EMULSION 0.1% OPHTH	-	EXC
CEQUA (PF) OPHTH SOLN (Step Therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	ST	Non-Pref erred
VERKAZIA EMULSION 0.1% OPHTH (QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth)	QL-ST	Non-Pref erred
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Select
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN (QL= 60ml/30days; Step Therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Non-Pref erred
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Pref erred
ROCKLATAN OPHTH SOLN (Step Therapy requires trial of latanoprost ophth soln)	ST	Non-Pref erred
OPHTHALMIC LOCAL ANESTHETICS		
IHEEZO GEL	-	EXC
AKTEN OPHTH GEL	-	Non-Pref erred
proparacaine ophth soln (ALCAINE equiv)	-	Select
tetracaine ophth soln	-	Select
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN (QL= 28ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Pref erred Specialty
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA VISCOUS OPHTH SOLN	-	Non-Pref erred
OPHTHALMIC STEROIDS		
XIPERE INJ	-	EXC
BLEPHAMIDE S.O.P. OPHTH OINT	-	Non-Pref erred
EYSUVIS OPHTH SUSP	-	Non-Pref erred
FML FORTE OPHTH SUSP	-	Non-Pref erred
FML S.O.P. OPHTH OINT	-	Non-Pref erred
INVELTYS OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Non-Pref erred
LOTEMAX OPHTH GEL (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Non-Pref erred
PRED FORTE OPHTH SUSP	-	Non-Pref erred

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M	Affordable Care Act	EXC	Plan Exclusion	LD	Limited Distribution
QL	Medical Benefit	OTC	Over-the-Counter	PA	Prior Authorization
SF	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
PRED-G S.O.P OPHTH OINTMENT	-	Non-Pref erred
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	Non-Pref erred
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	Non-Pref erred
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	Non-Pref erred
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	Non-Pref erred
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	Non-Pref erred
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	Non-Pref erred
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	Non-Pref erred
TOBRADEX ST OPHTH SUSP	-	Non-Pref erred
ALREX OPHTH SUSP	-	Preferred
BLEPHAMIDE OPHTH SOLN	-	Preferred
difluprednate ophth emulsion (DUREZOL equiv) (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	Preferred
FLAREX OPHTH SUSP	-	Preferred
LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Preferred
LOTEMAX SM GEL	-	Preferred
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5 grams/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Preferred
MAXIDEX OPHTH SOLN	-	Preferred
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Preferred
PRED MILD OPHTH SOLN	-	Preferred
PRED-G OPHTH SOLN	-	Preferred
TOBRADEX OPHTH OINT	-	Preferred
ZYLET OPHTH SUSP	-	Preferred
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Select
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Select
loteprednol ophth susp (LOTEMAX equiv)	-	Select
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Select
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Select
PREDNISOLONE OPHTH SUSP	-	Select
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Select
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Select
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Select

OPHTHALMIC SURGICAL AIDS

DUOVISC KIT	-	EXC
HEALON DUET INJ	-	EXC
HEALON GV INJ	-	EXC

OPHTHALMICS - MISC.

BEPREVE DROPS	-	EXC
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	Vaccine Program				

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
olopatadine ophth soln 0.1% (PATANOL equiv)	-	EXC
PATANOL OPHTH SOLN	-	EXC
PAZEO OPHTH SOLN	-	EXC
ZERVIATE OPHTH SOLN	-	EXC
ALOMIDE OPHTH SOLN	-	Non-Preferred
AZOPT OPHTH SUSP	-	Non-Preferred
EMADINE OPHTH SOLN	-	Non-Preferred
epinastine ophth soln (ELESTAT equiv)	-	Non-Preferred
LASTACFT OPHTH SOLN (QL= 3ml/30 days)	QL	Non-Preferred
NEVANAC OPHTH SUSP, ILEVRO OPHTH SUSP	-	Non-Preferred
PROLENSA OPHTH SOLN, BROMSITE OPHTH SOLN	-	Non-Preferred
UPNEEQ SOLN (QL= 30 droppers/30 days)	PA-QL	Non-Preferred
CYSTADROPS SOLN (Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
ACUVAIL OPHTH SOLN	-	Preferred
ALOCRIL OPHTH SOLN	-	Preferred
bepotastine besilate ophth soln (BEPREVE equiv)	-	Preferred
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	Preferred
bromfenac ophth soln (BROMDAY equiv)	-	Preferred
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Preferred
ketorolac ophth soln .4% (ACULAR (LS) equiv)	-	Preferred
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
azelastine ophth soln (OPTIVAR equiv)	-	Select
cromolyn ophth soln (CROLOM equiv)	-	Select
CROMOLYN SODIUM OPHTH SOLN	-	Select
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Select
dorzolamide ophth soln (TRUSOPT equiv)	-	Select
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Select
PROSTAGLANDINS - OPHTHALMIC		
LATANOPROST OPHTH SOLN	-	Non-Preferred
LUMIGAN OPHTH SOLN (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Preferred
VYZULTA SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Preferred
XELPROS OPHTH EMULSION (Step Therapy requires trial of latanoprost ophth soln)	ST	Non-Preferred
ZIOPTAN OPHTH SOLN (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Non-Preferred
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Preferred
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VAC	Vaccine Program	SMKG Smoking Cessation
EXC	Plan Exclusion	ST Step Therapy
OTC	Over-the-Counter	
RDX	Restricted to Diagnosis	

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Preferred
latanoprost ophth soln (XALATAN equiv)	-	Select
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	Select
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Select
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN OTIC SOLN	-	Preferred
ofloxacin otic soln (FLOXIN equiv)	-	Select
OTIC COMBINATIONS		
CORTIC-ND DROPS	-	EXC
CIPRO HC OTIC SUSP	-	Non-Preferred
COLY-MYCIN S OTIC SUSP	-	Non-Preferred
COLY-MYCIN-S SUSP OTIC	-	Non-Preferred
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= 1 bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocortisone otic)	QL-ST	Non-Preferred
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Select
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Select
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	Select
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	Select
otomax-HC otic soln (CORTANE-B equiv)	-	Select
OTIC STEROIDS		
ACETASOL HC OTIC SOLN	-	Select
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	Select
fluocinolone otic oil (DERMOTIC equiv)	-	Select

OXYTOCICS

ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL INSERTS	-	Non-Preferred
PREPIDIL GEL	-	Non-Preferred
PROSTIN E2 SUPP	-	Non-Preferred
OXYTOCICS		
methylergonovine tab (METHERGINE equiv)	-	Select

PASSIVE IMMUNIZING AGENTS

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

PASSIVE IMMUNIZING AGENTS - COMBINATIONS

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M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
PASSIVE IMMUNIZING AGENTS Cont.		
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

BOTULISM IMMUNE GLOBULIN (HUMAN) IV FOR SOLN	-	EXC
CNJ-016 INJ	-	EXC
CUTAQUIG INJ (QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
XEMBIFY INJ (Only available through Optum 877-445-6874)	LD-PA	Non-Preferred Specialty
CUVITRU INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	Preferred Specialty
HIZENTRA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty

MONOCLONAL ANTIBODIES

BEBTELOVIMAB IV SOLN	-	EXC
EVUSHELD SOLN	-	EXC
REGEN-COVID INJ	-	EXC
SOTROVIMAB INJ	-	EXC
SYNAGIS INJ (QL= 2 inj/28 days)	PA-QL	Preferred Specialty

PENICILLINS

AMINOPENICILLINS

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

NATURAL PENICILLINS

penicillin vk tab (VEETIDS equiv)	-	Select
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PENICILLIN COMBINATIONS

AMOXICILLIN/CLAVULANATE ER TAB	-	Non-Preferred
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Select
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Select

PENICILLINASE-RESISTANT PENICILLINS

dicloxacillin cap (DYNAPEN equiv)	-	Select
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PHARMACEUTICAL ADJUVANTS

SEMI SOLID VEHICLES

BASE D PEG GRANULES	-	EXC
POLYETHYLENE GLYCOL 8000 GRANULES	-	Preferred

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	Vaccine Program				

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DrugName	Special Code	Tier
PROGESTINS		
PROGESTINS		
MAKENA INJ (QL= 4.4 ml/28 days)	QL	Non-Preferred Specialty
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	PA-QL	Preferred Specialty
medroxyprogesterone tab (PROVERA equiv)	-	Select
megestrol ES susp (MEGACE ES equiv)	-	Select
norethindrone tab (AYGESTIN equiv)	-	Select
progesterone cap (PROMETRIUM equiv)	-	Select
progesterone oil inj	-	Select

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

LUCEMYRA TAB (QL= 224 tabs/fill, 1 fill/month)	PA-QL	Preferred Specialty
acamprosate calcium DR tab (CAMPRAL equiv)	-	Select
disulfiram tab (ANTABUSE equiv)	-	Select

ANTI-CATAPLECTIC AGENTS

LUMRYZ PACK 4.5GM (QL= 1 pack/day)	PA-QL	Non-Preferred Specialty
LUMRYZ PACK 6GM (QL= 1 pack/day)	PA-QL	Non-Preferred Specialty
LUMRYZ PACK 7.5GM (QL= 1 pack/day)	PA-QL	Non-Preferred Specialty
LUMRYZ PACK 9GM (QL= 1 pack/day)	PA-QL	Non-Preferred Specialty
SODIUM OXYBATE SOLN, XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	Non-Preferred Specialty
XYWAV SOLN (Only available through Xyrem Central Pharmacy 314-587-4050)	LD-PA	Non-Preferred Specialty

ANTIDEMENTIA AGENTS

ADUHELM INJ	-	EXC
LEQEMBI SOLN	-	EXC
ADLARITY PATCH (QL= 1 patch/7 days; Step therapy requires trial of donepezil tab OR donepezil ODT)	QL-ST	Non-Preferred
NAMZARIC STARTER PACK (QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Non-Preferred
memantine soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	Preferred
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Preferred
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Preferred
rivastigmine patch (EXELON equiv) (QL= 1 patch/day)	QL	Preferred
donepezil ODT (ARICEPT equiv)	-	Select
donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select

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	Vaccine Program				

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select
donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Select
GALANTAMINE SOLN	-	Select
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Select
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Select
memantine tab (QL= 2 tabs/day)	QL	Select
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Select
rivastigmine cap (EXELON equiv)	-	Select
CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS		
SKYSONA INJ	-	EXC
COMBINATION PSYCHOTHERAPEUTICS		
DULOXICAINE PACK	-	EXC
LYBALVI TAB (QL= 30 tabs/30 days; Step therapy requires trial of 2: olanzapine, aripiprazole, risperidone, quetiapine, paliperidone, ziprasidone)	QL-ST	Non-Pref erred
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Preferred
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	Preferred
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Select
FIBROMYALGIA AGENTS		
SAVELLA PAK (Step Therapy requires trial of duloxetine and gabapentin)	ST	Non-Pref erred
SAVELLA TAB (QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin)	QL-ST	Non-Pref erred
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	EXC
VYLEESI INJ (QL= 2.4 ml/28 days)	PA-QL	Non-Pref erred
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	PA-QL	Non-Pref erred Specialty
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	PA-QL	Non-Pref erred Specialty
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	PA-QL	Non-Pref erred Specialty
AUSTEDO XR TAB 12MG (QL= 90 tabs/30 days)	PA-QL	Non-Pref erred Specialty
AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days)	PA-QL	Non-Pref erred Specialty
AUSTEDO XR TAB 6MG (QL= 210 tabs/30 days)	PA-QL	Non-Pref erred Specialty
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Pref erred Specialty

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
INGREZZA PACK 40-80MG (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Pref erred Specialty
tetrabenazine tab (XENAZINE equiv)	PA	Preferred Specialty
MULTIPLE SCLEROSIS AGENTS		
BRIUMVI INJ	-	EXC
AUBAGIO TAB (QL= 30 tabs/30 days)	PA-QL	Non-Pref erred Specialty
BAFIERTAM CAP (QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
BETASERON INJ (QL= 14 kits/28 days)	PA-QL	Non-Pref erred Specialty
EXTAVIA INJ (QL= 14 kits/28 days)	PA-QL	Non-Pref erred Specialty
MAVENCLAD PAK (QL= 10 tabs/fill, 2 fills/year; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Pref erred Specialty
MAYZENT STARTER PACK 0.25MG (QL= 7 tabs/fill, 2 fills/year)	PA-QL	Non-Pref erred Specialty
MAYZENT TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Specialty
MAYZENT TAB STARTER PACK (QL= 12 tabs/fill, 2 fills/year)	PA-QL	Non-Pref erred Specialty
OCREVUS INJ (QL= 60ml/365 days; Only available through Emerging Health 971-290-2010)	LD-M-PA-QL	Non-Pref erred Specialty
PLEGRIDY INJ (QL= 1 kit/28 days)	PA-QL	Non-Pref erred Specialty
PLEGRIDY PEN INJ (QL= 1 kit/28 days)	PA-QL	Non-Pref erred Specialty
PONVORY TAB (QL= 30 tabs/30 days)	PA-QL	Non-Pref erred Specialty
PONVORY TAB STARTER PACK (QL= 14 tabs/14 days)	PA-QL	Non-Pref erred Specialty
TASCENSO ODT TAB (QL= 1 tab/day)	PA-QL	Non-Pref erred Specialty

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

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
ZEPOSIA CAP (QL=30 caps/30 days)	PA-QL	Non-Pref erred Specialty
ZEPOSIA STARTER PACK (QL= 28 caps/28 days)	PA-QL	Non-Pref erred Specialty
AVONEX INJ (QL= 1 kit/28 days)	QL	Preferred Specialty
dalfampridine ER tab (AMPYRA equiv)	PA	Preferred Specialty
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days)	QL	Preferred Specialty
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	QL	Preferred Specialty
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	QL	Preferred Specialty
GILENYA CAP (QL= 30 caps/30 days)	QL	Preferred Specialty
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	QL	Preferred Specialty
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	QL	Preferred Specialty
KESIMPTA INJ (QL= 1 inj/28 days)	PA-QL	Preferred Specialty
REBIF INJ (QL= 1 kit/28 days)	PA-QL	Preferred Specialty
teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	QL	Preferred Specialty
VUMERITY CAP (QL= 120 caps/30 days)	PA-QL	Preferred Specialty
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE STARTER PACK	-	Non-Pref erred
GRALISE TAB (QL= 2 tabs/day)	PA-QL	Non-Pref erred
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Preferred
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE TAB	-	Preferred
FLUOXETINE CAP (PMDD)	-	Value
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Preferred
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES TAB	-	Non-Pref erred
PIMOZIDE TAB	-	Preferred
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB (QL= 1 tab/30 days)	PA-QL	Non-Pref erred

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QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventive
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA SOLN	-	EXC
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
VASOMOTOR SYMPTOM AGENTS		
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	Preferred
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL CAP (QL= 560 caps/28 days)	PA-QL	Non-Preferred Specialty
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
TRIKAFTA THERAPY PACK (QL= 20 packets/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
PULMOZYME INH SOLN	PA	Preferred Specialty

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QL	Medical Benefit	OTC	Over-the-Counter	PA	Prior Authorization
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	Vaccine Program				

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DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP (QL= 9 caps/day)	PA-QL-SF	Preferred Specialty
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	PA-QL-SF	Preferred Specialty
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	PA-QL-SF	Preferred Specialty
PIRFENIDONE TAB 534MG (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	Preferred Specialty
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	PA-QL-SF	Preferred Specialty

SULFONAMIDES

SULFONAMIDES		
SULFADIAZINE TAB (QL= 8 tabs/day)	QL	Preferred
sulfadiazine tab	-	Select

TETRACYCLINES

AMINOMETHYLCYCLINES		
NUZYRA TAB (QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty

TETRACYCLINE COMBINATIONS		
NICAZELDOXY KIT	-	Preferred

TETRACYCLINES		
DORYX MPC TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR)	QL-ST	Non-Preferred
MINOCYCLINE ER CAP (QL= 1 cap/day; Step Therapy requires trial of minocycline)	QL-ST	Non-Preferred
MINOLIRA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred
MORGIDOX KIT (QL= 1 kit/30 days)	QL	Non-Preferred
OCUDOX KIT	-	Non-Preferred
SEYSARA TAB	-	Non-Preferred
VIBRAMYCIN SYRUP	-	Non-Preferred
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Preferred

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
TETRACYCLINES Cont.		
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	Preferred
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Preferred
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	Preferred
doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Preferred
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Preferred
minocycline tab (DYNACIN equiv)	-	Preferred
demeclocycline tab (DECLOMYCIN equiv)	-	Select
doxycycline hyclate cap (QL= 2 caps/day)	QL	Select
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Select
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Select
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Select
doxycycline monohydrate cap 50mg (MONODOX equiv) (QL= 2 caps/day)	QL	Select
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Select
doxycycline susp (VIBRAMYCIN equiv)	-	Select
minocycline cap (MINOCIN equiv)	-	Select
tetracycline cap	-	Select

THYROID AGENTS

ANTITHYROID AGENTS

SODIUM IODIDE I-131 SOLN	-	EXC
methimazole tab (TAPAZOLE equiv)	-	Select
propylthiouracil tab	-	Select

THYROID HORMONES

ARMOUR THYROID TAB, NATURE THROID TAB	-	EXC
LEVOTHYROXINE INJ	-	EXC
LEVOTHYROXINE INJ 100MCG/ML	-	EXC
LIOthyRONINE INJ	-	EXC
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	EXC
ERMEZA SOLN 150MCG/5ML (Step therapy requires trial of levothyroxine tab)	ST	Non-Pref erred
THYQUIDITY SOLN (Step Therapy requires trial of levothyroxine)	ST	Non-Pref erred
THYROLAR TAB	-	Non-Pref erred
TIROSINT CAP	-	Non-Pref erred
TIROSINT-SOL (Step therapy requires trial of levothyroxine)	ST	Non-Pref erred
levothyroxine tab (SYNTHROID equiv)	-	Select
liothyronine tab (CYTOMEL equiv)	-	Select

TOXOIDS

TOXOID COMBINATIONS

ADACEL/BOOSTRIX INJ	VAC	Preventiv e
INFANRIX INJ	VAC	Preventiv e

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
TOXOIDS Cont.		
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventive
VAXELIS INJ	VAC	Preventive

ULCER DRUGS

ANTISPASMODICS

ATROPINE SUL INJ	-	EXC
atropine sulfate iv soln	-	EXC
SYMAX DUOTAB	-	Non-Preferred
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	Preferred
BELLADONNA ALKALOID/OPIUM SUPP	-	Preferred
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	Preferred
PROPANTHELINE TAB	-	Preferred
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Select
dicyclomine cap (BENTYL equiv)	-	Select
dicyclomine soln (BENTYL equiv)	-	Select
dicyclomine tab (BENTYL equiv)	-	Select
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Select
glycopyrrolate tab (ROBINUL equiv)	-	Select
HYOSCYAMINE INJ	-	Select
hyoscyamine sulfate CR tab (LEVBIID equiv)	-	Select
hyoscyamine sulfate elixir (LEVSIN equiv)	-	Select
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	Select
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	Select
hyoscyamine sulfate soln (LEVSIN equiv)	-	Select
hyoscyamine tab (LEVSIN equiv)	-	Select
methscopolamine tab (PAMINE equiv)	-	Select

H-2 ANTAGONISTS

famotidine susp (PEPCID equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
ZANTAC EFFER TAB	-	Non-Preferred
cimetidine tab (TAGAMET equiv)	-	Select
famotidine tab (PEPCID equiv)	-	Select
nizatidine cap (AXID equiv)	-	Select
ranitidine cap (ZANTAC equiv)	-	Select
ranitidine syrup (ZANTAC equiv)	-	Select
ranitidine tab (Rx Only) (ZANTAC equiv)	-	Select

MISC. ANTI-ULCER

sucralfate tab (CARAFATE equiv)	-	Select
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PROTON PUMP INHIBITORS

ACIPHEX SPRINKLE CAP (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
ESOMEPRAZOLE STRONTIUM CAP (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
FIRST OMEPRAZOLE SUSP	-	EXC
LANSOPRAZOLE SUSP (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
NEXIUM GRANULE PACK (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
omeprazole magnesium delayed release tab (PRILOSEC OTC equiv) (Covered for members age 17 or younger. OTC alternatives available.)	OTC	EXC
PRILOSEC POWDER PACKET (Covered for members age 17 or younger.)	-	EXC
esomeprazole cap (NEXIUM equiv)	-	Select
lansoprazole cap (PREVACID equiv)	OTC	Select
omeprazole DR cap (PRILOSEC equiv)	-	Select
pantoprazole EC tab (PROTONIX equiv)	-	Select
rabeprazole EC tab (ACIPHEX equiv)	-	Select
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	Select
ULCER THERAPY COMBINATIONS		
omeprazole/sodium bicarbonate cap (ZEGERID equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
ZEGERID CAP	-	EXC
ZEGERID CAP OTC	OTC	EXC
ZEGERID POWDER PACK	-	EXC
OMECLAMOX-PAK (Covered for members age 17 or younger.)	-	Non-Preferred
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SUL INJ	-	EXC
ATROPINE SULFATE INJ	-	EXC
glycopyrrolate inj pf soln prefilled syringe	-	EXC
DARTISLA ODT TAB (QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution)	QL-ST	Non-Preferred
GLYCATATE TAB (QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg)	QL-ST	Preferred Specialty
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	Preferred
CIMETIDINE SOLN	-	Select
cimetidine soln (CIMETIDINE equiv)	-	Select
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	Select
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
esomeprazole DR granule pack (NEXIUM equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
esomeprazole magnesium DR tab (NEXIUM equiv)	-	EXC
lansoprazole odt (PREVACID SOLUTAB equiv)	-	EXC
NEXIUM 24HR TAB	-	EXC
NEXIUM GRANULE PACK	-	EXC
omeprazole tab	OTC	EXC
PREVACID SOLUTAB	-	EXC
PRILOSEC OTC DR TAB	-	EXC

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	Vaccine Program				

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DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
dexlansoprazole DR cap (DEXILANT equiv) (Covered for members age 17 or younger; QL= 1 cap/day; Step therapy requires trial of all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab)	QL-ST	Preferred
ULCER THERAPY COMBINATIONS		
KONVOMEPEP SUSP	OTC	EXC
TALICIA CAP	-	EXC
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	Non-Preferred
PYLERA CAP	-	Non-Preferred
VOQUEZNA DUAL PAK (QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Plevpac, OR lansoprazole/amoxicillin/clarithro kit)	QL-ST	Non-Preferred
VOQUEZNA TRIP PAK (QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Plevpac, OR lansoprazole/amoxicillin/clarithro kit)	QL-ST	Non-Preferred
bismuth/metro/tetra cap (PYLERA equiv) (Step therapy requires trial of oral metronidazole and tetracycline)	ST	Preferred
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	Select

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)

tropium chloride SR cap (SANCTURA XR equiv)	-	Preferred
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URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

GELNIQUE (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Preferred
OXYBUTYNIN SOLN (QL= 20ml/day; ST req trial of 2: oxybutynin syrup/tab/ER tab, solifenacin, tolterodine IR tab, trospium IR tab)	QL-ST	Non-Preferred
OXYBUTYNIN TAB 2.5MG (QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin)	QL-ST	Non-Preferred
OXYTROL PATCH (OTC) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	OTC-ST	Non-Preferred
darifenacin SR tab (ENABLEX equiv) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Preferred
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap)	QL-ST	Preferred
tolterodine SR cap (DETROL LA equiv)	-	Preferred
tolterodine tab (DETROL equiv)	-	Preferred
trospium tab (SANCTURA equiv)	-	Preferred
oxybutynin ER tab (DITROPAN XL equiv)	-	Select
oxybutynin syrup	-	Select
oxybutynin tab (DITROPAN equiv)	-	Select
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Select

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA TAB (QL= 30 tabs/30 days; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	QL-ST	Non-Preferred
MYRBETRIQ SUSP (QL= 188ml/30 days; Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap)	QL-ST	Non-Preferred
MYRBETRIQ TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Preferred

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

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

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DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
flavoxate tab (URISPAS equiv)	-	Select
VACCINES		
BACTERIAL VACCINES		
BXSERO INJ	VAC	Preventive
BIOTHRAX INJ	-	Preventive
MENACTRA INJ	VAC	Preventive
MENHIBRIX INJ	VAC	Preventive
MENOMUNE INJ	VAC	Preventive
MENQUADFI INJ	VAC	Preventive
MENVEO INJ	VAC	Preventive
MENVEO SOLN	VAC	Preventive
PNEUMOVAX INJ	VAC	Preventive
PREVNAR 13 INJ	VAC	Preventive
PREVNAR 20 INJ (QL= 1 vaccine/lifetime; Covered for members age 19 years or older)	QL-VAC	Preventive
TRUMENBA INJ	VAC	Preventive
TYPHIM VI INJ	-	Preventive
VAXCHORA SUSP	VAC	Preventive
VAXNEUVANCE INJ	VAC	Preventive
VIVOTIF CAP	-	Preventive
VIRAL VACCINES		
DENGVAXIA SUSP	-	EXC
ROTARIX SUSP	-	EXC
TICOVAC INJ	-	EXC
ACAM2000 INJ	-	Preventive
AFLURIA INJ	VAC	Preventive
AFLURIA INJ, FLUZONE INJ	VAC	Preventive
CERVARIX INJ	VAC	Preventive
COMIRNATY INJ (QL= 1 dose/17 days)	QL	Preventive

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M	Affordable Care Act	OTC	Plan Exclusion	PA	Limited Distribution
QL	Medical Benefit	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**Moda Texas Individual Formulary
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Last Updated* 7/1/2023

DrugName	Special Code	Tier
VACCINES Cont.		
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	Preventive
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	Preventive
COVID-19 VACCINE INJ (PFIZER 5-11 YEARS) (QL= 1 dose/17 days)	QL	Preventive
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days)	QL	Preventive
COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days)	QL	Preventive
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL	Preventive
COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days)	QL	Preventive
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive
FLUAD INJ	VAC	Preventive
FLUAD QUAD INJ	VAC	Preventive
FLUBLOK INJ	VAC	Preventive
FLUBLOK QUAD PF INJ	VAC	Preventive
FLUCELVAX QUAD INJ	VAC	Preventive
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive
FLUVIRIN INJ	VAC	Preventive
FLUZONE HD PF INJ	VAC	Preventive
FLUZONE HIGH DOSE PF INJ	VAC	Preventive
FLUZONE QUAD INJ	VAC	Preventive
FLUZONE/FLUARIX QUAD INJ	VAC	Preventive

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

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Moda Texas Individual Formulary
Category/Class
Last Updated* 7/1/2023

DrugName	Special Code	Tier
VACCINES Cont.		
GARDASIL 9 INJ	VAC	Preventive
GARDASIL INJ	VAC	Preventive
HAVRIX INJ, VAQTA INJ	VAC	Preventive
HEPLISAV-B INJ	VAC	Preventive
IMOVAX INJ	-	Preventive
IXIARO INJ	-	Preventive
JYNNEOS INJ	-	Preventive
M-M-R II INJ	VAC	Preventive
PRIORIX INJ	VAC	Preventive
PROQUAD INJ	-	Preventive
RABAVERT INJ	-	Preventive
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventive
STAMARIL INJ	-	Preventive
TWINRIX INJ	VAC	Preventive
VARIVAX INJ	VAC	Preventive
YF-VAX INJ	-	Preventive

VAGINAL AND RELATED PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

VAGISIL CREAM	-	EXC
VITAMIN C VAGINAL TAB	-	EXC

VAGINAL ANTI-INFECTIVES

XACIATO GEL (QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap)	QL-ST	Non-Preferred
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VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive
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VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

FEM PH GEL	-	Non-Preferred
INTRAROSA SUPP	-	Non-Preferred

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

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Moda Texas Individual Formulary
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DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
SPERMICIDES		
CONTRACEPTIVE FILM	OTC	Preventive
CONTRACEPTIVE FOAM	OTC	Preventive
CONTRACEPTIVE GEL	OTC	Preventive
CONTRACEPTIVE SUPP	OTC	Preventive
TODAY SPONGE	OTC	Preventive
VAGINAL ANTI-INFECTIVES		
CLEOCIN VAGINAL SUPP	-	Non-Preferred
CLINDESSE VAGINAL CREAM	-	Non-Preferred
GYNAZOLE CREAM	-	Non-Preferred
AVC VAGINAL CREAM	-	Preferred
metronidazole vaginal gel (METROGEL equiv)	-	Preferred
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Preferred
clindamycin vaginal cream (CLEOCIN equiv)	-	Select
terconazole cream (TERAZOL equiv)	-	Select
TERCONAZOLE CREAM 0.8%	-	Select
terconazole supp (TERAZOL equiv)	-	Select
VAGINAL ESTROGENS		
FEMRING (3 copays per Rx)	-	Non-Preferred
IMVEXXY SUPP	-	Non-Preferred
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Preferred
PREMARIN VAGINAL CREAM	-	Preferred
estradiol cream (ESTRACE equiv)	-	Select
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Select
VAGINAL PROGESTINS		
CRINONE GEL	-	Non-Preferred
PROGESTERONE SUPP	PA	Non-Preferred
ENDOMETRIN INSERT	PA	Preferred
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENACLICK INJ, EPINEPHRINE INJ	-	Non-Preferred
AUVI-Q INJ	-	Non-Preferred
epinephrine inj (ADRENALIN equiv)	-	Select

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**Moda Texas Individual Formulary
Category/Class**

Last Updated* 7/1/2023

DrugName	Special Code	Tier
VASOPRESSORS Cont.		
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	Value
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	Value
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	Value
SYMJEPI INJ (QL= 2 inj/fill)	QL	Value
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	-	Preferred Specialty
VASOPRESSORS		
EPINEPHRINE PF INJ 1 MG/ML	-	EXC
EPINEPHRINE SOLN	-	EXC
GIAPREZA INJ	-	EXC
epinephrine inj	-	Preferred
midodrine tab (PROAMATINE equiv)	-	Select
VITAMINS		
MISC. NUTRITIONAL FACTORS		
QUERCETIN CAP	-	EXC
OIL SOLUBLE VITAMINS		
BETA CAROTENE CAP	-	EXC
CHOLECALCIFEROL CHEW TAB	OTC	EXC
K2 LIQ	-	EXC
K2-45 CAP	-	EXC
VITAMIN D3 CAP	-	EXC
VITAMIN D3 DROPS	-	EXC
XCELLENT E CAP 33.5MG	-	EXC
phytonadione tab (MEPHYTON equiv)	-	Select
vitamin D cap (RX strength only)	-	Select
WATER SOLUBLE VITAMINS		
ASCORBIC ACID INJ	-	EXC
BIOTIN CHEW TAB	OTC	EXC
BIOTIN LIQUID	OTC	EXC
BIOTIN TAB	-	EXC
BUFFERED C POWDER	OTC	EXC
VITAMIN B-6 TAB	-	EXC
POTABA POWDER PACKET	-	Preferred

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	Vaccine Program				

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Moda Texas Individual Formulary
Prior Authorization Drug List
Last Updated* 7/1/2023

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
abiraterone acetate tab 500mg	Preferred Specialty
abiraterone tab 250mg	Preferred Specialty
ABSTRAL SL TAB	Non-Preferred
ACTEMRA ACTPEN INJ	Non-Preferred Specialty
ACTEMRA SC INJ	Non-Preferred Specialty
ACTHAR INJ 80UNIT	Preferred Specialty
ACTIMMUNE INJ	Non-Preferred Specialty
ADBRY INJ	Non-Preferred Specialty
ADEMPAS TAB	Non-Preferred Specialty
AFSTYLA KIT	Preferred Specialty
AIMOVIG INJ	Non-Preferred Specialty
AJOVY INJ	Preferred Specialty
ALECENSA CAP	Preferred Specialty
ALUNBRIG PAK	Non-Preferred Specialty
ALUNBRIG TAB 30MG	Preferred Specialty
ALUNBRIG TAB 90MG, 180MG	Preferred Specialty
ambrisentan tab	Preferred Specialty
AMJEVITA AUTO-INJECTOR	Non-Preferred Specialty
AMJEVITA INJ 10MG/0.2ML	Non-Preferred Specialty
AMJEVITA SYRINGE 20MG/0.4ML	Non-Preferred Specialty
AMJEVITA SYRINGE 40MG/0.8ML	Non-Preferred Specialty
ANADROL TAB	Non-Preferred
ANDRODERM PATCH	Non-Preferred
APADAZ TAB	Non-Preferred
apomorphine inj	Preferred Specialty
ARCALYST INJ	Non-Preferred Specialty
ARIKAYCE SUSP	Non-Preferred Specialty
AUBAGIO TAB	Non-Preferred Specialty
AUSTEDO TAB 12MG	Non-Preferred Specialty
AUSTEDO TAB 6MG	Non-Preferred Specialty
AUSTEDO TAB 9MG	Non-Preferred Specialty
AUSTEDO XR TAB 12MG	Non-Preferred Specialty
AUSTEDO XR TAB 24MG	Non-Preferred Specialty
AUSTEDO XR TAB 6MG	Non-Preferred Specialty
AYVAKIT TAB	Non-Preferred Specialty
BAFIERTAM CAP	Non-Preferred Specialty
BALVERSA TAB 3MG	Non-Preferred Specialty
BALVERSA TAB 4MG	Non-Preferred Specialty
BALVERSA TAB 5MG	Non-Preferred Specialty
BARACLUDE SOLN	Preferred Specialty
BAXDELA TAB	Non-Preferred
BENLYSTA AUTO-INJECTOR	Non-Preferred Specialty

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Moda Texas Individual Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2023

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
BENLYSTA INJ	Non-Preferred Specialty
BERINERT INJ	Non-Preferred Specialty
BESREMI INJ	Non-Preferred Specialty
betaine powder for oral solution	Preferred Specialty
BETASERON INJ	Non-Preferred Specialty
BEVYXXA CAP	Non-Preferred
bexarotene cap	Preferred Specialty
bexarotene gel	Preferred Specialty
bosentan tab	Preferred Specialty
BOSULIF TAB	Preferred Specialty
BRAFTOVI CAP 75MG	Non-Preferred Specialty
BRONCHITOL CAP	Non-Preferred Specialty
BRUKINSA CAP	Non-Preferred Specialty
BYLVAY CAP	Non-Preferred Specialty
CABLIVI INJ KIT	Non-Preferred Specialty
CABOMETYX TAB	Preferred Specialty
CALQUENCE CAP	Preferred Specialty
CALQUENCE TAB	Preferred Specialty
CAMZYOS CAP	Non-Preferred Specialty
CAPRELSA TAB	Preferred Specialty
carglumic acid tab	Preferred Specialty
CAROSPIR SUSP	Non-Preferred
CAYSTON INH SOLN	Preferred Specialty
CERDELGA CAP	Preferred Specialty
CHENODAL TAB	Preferred Specialty
CHOLBAM CAP	Non-Preferred Specialty
CIBINQO TAB	Non-Preferred Specialty
CIMZIA INJ	Non-Preferred Specialty
CIMZIA STARTER INJ KIT	Non-Preferred Specialty
CINQAIR INJ	Non-Preferred Specialty
CINRYZE INJ	Non-Preferred Specialty
COMETRIQ KIT	Preferred Specialty
COPIKTRA CAP	Non-Preferred Specialty
CORLANOR SOLN	Non-Preferred
CORLANOR TAB	Non-Preferred
CORTROPHIN GEL 80UNIT	Non-Preferred Specialty
COSENTYX INJ (1-PACK)	Preferred Specialty
COSENTYX INJ (2-PACK)	Preferred Specialty
COTELLIC TAB	Preferred Specialty
CUTAQUIG INJ	Non-Preferred Specialty
CUVITRU INJ	Preferred Specialty
CUVRIOR TAB	Non-Preferred

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**Moda Texas Individual Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2023**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
CYSTDANE POWDER	Preferred Specialty
CYSTDROPS SOLN	Non-Preferred Specialty
CYSTAGON CAP	Preferred Specialty
CYSTARAN OPHTH SOLN	Preferred Specialty
DAKLINZA TAB	Non-Preferred Specialty
dalfampridine ER tab	Preferred Specialty
DAURISMO TAB 100MG	Non-Preferred Specialty
DAURISMO TAB 25MG	Non-Preferred Specialty
deferasirox granules packet	Preferred Specialty
deferasirox tab	Preferred Specialty
deferasirox tab 90mg, 360mg	Preferred Specialty
deferiprone tab	Preferred Specialty
deferiprone tab 1000mg	Preferred Specialty
DESCOVY TAB	Preferred Specialty
DIACOMIT CAP	Non-Preferred Specialty
DIACOMIT POWDER PACK	Non-Preferred Specialty
dichlorphenamide tab	Preferred Specialty
DIGITAL THERAPY APPLICATION	Non-Preferred
DOJOLVI ORAL LIQUID	Non-Preferred Specialty
DOPTELET TAB	Preferred Specialty
DUPIXENT INJ	Preferred Specialty
DUPIXENT PEN INJ	Preferred Specialty
DUZALLO TAB	Non-Preferred
EMFLAZA SUSP	Non-Preferred Specialty
EMFLAZA TAB	Non-Preferred Specialty
EMGALITY INJ	Non-Preferred Specialty
EMGALITY INJ 100MG/ML	Non-Preferred Specialty
EMPAVELI INJ	Non-Preferred Specialty
ENBREL INJ	Preferred Specialty
ENBREL INJ 25MG	Preferred Specialty
ENBREL INJ 50MG	Preferred Specialty
ENBREL MINI INJ	Preferred Specialty
ENBREL SURECLICK INJ 50MG	Preferred Specialty
ENDOMETRIN INSERT	Preferred
ENSPRYNG INJ	Non-Preferred Specialty
EPCLUSA PAK	Non-Preferred Specialty
EPCLUSA TAB	Non-Preferred Specialty
EPIDIOLEX SOLN	Preferred Specialty
EPOGEN INJ	Non-Preferred Specialty
ERIVEDGE CAP	Preferred Specialty
ERLEADA TAB	Preferred Specialty
ERLEADA TAB 240MG	Preferred Specialty

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
erlotinib tab 100mg	Preferred Specialty
erlotinib tab 150mg	Preferred Specialty
erlotinib tab 25mg	Preferred Specialty
ESBRIET CAP	Preferred Specialty
everolimus tab	Preferred Specialty
everolimus tab for oral susp	Preferred Specialty
EVRYSDI SOLN	Non-Preferred Specialty
EXKIVITY CAP	Non-Preferred Specialty
EXSERVAN FILM	Preferred Specialty
EXTAVIA INJ	Non-Preferred Specialty
FASENRA INJ	Non-Preferred Specialty
FASENRA PEN INJ	Non-Preferred Specialty
FENSOLVI INJ	Preferred Specialty
fentanyl citrate lollipop	Preferred
FENTORA TAB, FENTANYL BUCCAL TAB	Non-Preferred
FERRIPROX 2 DAY TAB 1000MG	Non-Preferred Specialty
FERRIPROX SOLN	Non-Preferred Specialty
FINTEPLA SOLN	Non-Preferred Specialty
FIRDAPSE TAB	Non-Preferred Specialty
FIRMAGON INJ	Preferred Specialty
FORTEO INJ	Non-Preferred Specialty
FOTIVDA CAP	Non-Preferred Specialty
FULPHILA INJ	Preferred Specialty
FYLNETHRA INJ	Non-Preferred Specialty
GALAFOLD CAP	Non-Preferred Specialty
GATTEX KIT	Non-Preferred Specialty
GAVRETO CAP	Non-Preferred Specialty
gefitinib tab	Preferred Specialty
GILOTRIF TAB	Preferred Specialty
GIMOTI NASAL SPRAY	Non-Preferred
GRALISE TAB	Non-Preferred
GRANIX INJ	Non-Preferred Specialty
GRASTEK SL TAB	Non-Preferred
GUARDIAN 4 MIS SENSOR	Non-Preferred
GUARDIAN 4 TRANSMITTER	Non-Preferred
HAEGARDA INJ 2000U	Preferred Specialty
HAEGARDA INJ 3000U	Preferred Specialty
HARVONI PELLETT PAK	Non-Preferred Specialty
HARVONI TAB	Non-Preferred Specialty
HEMLIBRA INJ	Preferred Specialty
HETLIOZ CAP	Non-Preferred Specialty
HETLIOZ SUSP	Non-Preferred Specialty

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HIZENTRA INJ	Preferred Specialty
HIZENTRA INJ, VIVAGLOBIN INJ	Preferred Specialty
HORIZANT TAB	Non-Preferred
HUMATROPE INJ	Non-Preferred Specialty
HUMIRA INJ 10MG	Preferred Specialty
HUMIRA INJ 20MG	Preferred Specialty
HUMIRA INJ 40MG	Preferred Specialty
HUMIRA INJ 80MG	Preferred Specialty
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	Preferred Specialty
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	Preferred Specialty
HUMIRA INJ PEDIATRIC UC STARTER PACK	Preferred Specialty
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	Preferred Specialty
HUMIRA PEN INJ 40MG	Preferred Specialty
HYCAMTIN CAP	Preferred Specialty
hydroxyprogesterone caproate inj	Preferred Specialty
HYFTOR GEL	Non-Preferred Specialty
HYQVIA INJ	Preferred Specialty
IBRANCE CAP	Non-Preferred Specialty
IBRANCE TAB	Non-Preferred Specialty
IBSRELA TAB	Non-Preferred
icatibant inj	Preferred Specialty
ICLUSIG TAB	Preferred Specialty
IDHIFA TAB	Non-Preferred Specialty
ILARIS INJ	Preferred Specialty
imatinib tab 100mg	Preferred Specialty
imatinib tab 400mg	Preferred Specialty
IMBRUVICA CAP 140MG	Preferred Specialty
IMBRUVICA CAP 70MG	Preferred Specialty
IMBRUVICA SUSP	Preferred Specialty
IMBRUVICA TAB	Preferred Specialty
INBRIJA INH POWDER	Non-Preferred Specialty
INGREZZA CAP	Non-Preferred Specialty
INGREZZA PACK 40-80MG	Non-Preferred Specialty
INLYTA TAB	Preferred Specialty
INQOVI TAB	Non-Preferred Specialty
INREBIC CAP	Non-Preferred Specialty
IRESSA TAB	Preferred Specialty
ISTURISA TAB 10MG	Non-Preferred Specialty
ISTURISA TAB 1MG	Non-Preferred Specialty
ISTURISA TAB 5MG	Non-Preferred Specialty
JAKAFI TAB	Preferred Specialty
JATENZO CAP 158MG	Non-Preferred

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
JATENZO CAP 198MG	Non-Preferred
JATENZO CAP 237MG	Non-Preferred
JAYPIRCA TAB 100MG	Non-Preferred Specialty
JAYPIRCA TAB 50MG	Non-Preferred Specialty
JUXTAPID CAP	Preferred Specialty
JYNARQUE PAK	Preferred Specialty
JYNARQUE TAB 15MG	Preferred Specialty
JYNARQUE TAB 30MG	Preferred Specialty
KALYDECO PAK	Preferred Specialty
KALYDECO TAB	Preferred Specialty
KERENDIA TAB	Non-Preferred
KESIMPTA INJ	Preferred Specialty
KEVEYIS TAB	Preferred Specialty
KEVZARA INJ	Non-Preferred Specialty
KINERET INJ	Non-Preferred Specialty
KISQALI PAK	Preferred Specialty
KISQALI TAB	Preferred Specialty
KITABIS PAK NEB SOLN	Non-Preferred Specialty
KLISYRI OINT	Non-Preferred
KORLYM TAB	Preferred Specialty
KOSELUGO CAP	Non-Preferred Specialty
KOSELUGO CAP 10MG	Non-Preferred Specialty
KRAZATI TAB	Non-Preferred Specialty
KYNAMRO INJ	Non-Preferred Specialty
KYNMOBI FILM	Non-Preferred Specialty
KYNMOBI TITRATION KIT	Non-Preferred Specialty
KYZATREX CAP, TLANDO CAP	Non-Preferred
lamivudine tab 100mg	Preferred Specialty
lapatinib ditosylate tab	Preferred Specialty
LAZANDA NASAL SPRAY	Non-Preferred
LEDIPASVIR/SOFOSBUVIR TAB	Preferred Specialty
lenalidomide cap	Preferred Specialty
LENVIMA CAP	Preferred Specialty
LEUKINE INJ	Non-Preferred Specialty
LEUPROLIDE INJ	Preferred Specialty
LIQREV SUSP	Non-Preferred Specialty
LONSURF TAB	Preferred Specialty
LORBRENA TAB 100MG	Non-Preferred Specialty
LORBRENA TAB 25MG	Non-Preferred Specialty
LUCEMYRA TAB	Preferred Specialty
LUCENTIS INJ	Preferred Specialty
LUMAKRAS TAB	Non-Preferred Specialty

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**Moda Texas Individual Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2023**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
LUMAKRAS TAB 320MG	Non-Preferred Specialty
LUMRYZ PACK 4.5GM	Non-Preferred Specialty
LUMRYZ PACK 6GM	Non-Preferred Specialty
LUMRYZ PACK 7.5GM	Non-Preferred Specialty
LUMRYZ PACK 9GM	Non-Preferred Specialty
LUPKYNIS CAP	Non-Preferred Specialty
LUPRON DEPOT INJ	Preferred Specialty
LUPRON DEPOT INJ PED	Preferred Specialty
LUPRON INJ	Preferred Specialty
LYNPARZA CAP	Preferred Specialty
LYNPARZA TAB	Preferred Specialty
LYTGOBI TAB (12MG DAILY DOSE)	Non-Preferred Specialty
LYTGOBI TAB (16MG DAILY DOSE)	Non-Preferred Specialty
LYTGOBI TAB (20MG DAILY DOSE)	Non-Preferred Specialty
MAVENCLAD PAK	Non-Preferred Specialty
MAVYRET PAK	Preferred Specialty
MAVYRET TAB	Preferred Specialty
MAYZENT STARTER PACK 0.25MG	Non-Preferred Specialty
MAYZENT TAB	Non-Preferred Specialty
MAYZENT TAB STARTER PACK	Non-Preferred Specialty
MEKINIST SOLN	Preferred Specialty
MEKINIST TAB 0.5MG	Preferred Specialty
MEKINIST TAB 2MG	Preferred Specialty
MEKTOVI TAB	Non-Preferred Specialty
melphalan tab	Preferred Specialty
METHITEST TAB	Non-Preferred
methyltestosterone cap	Preferred
miglustat cap	Preferred Specialty
MINOLIRA TAB	Non-Preferred
MIRCERA INJ	Non-Preferred Specialty
MODERIBA TAB	Non-Preferred Specialty
MOVANTIK TAB	Preferred
MULPLETA TAB	Non-Preferred Specialty
MYALEPT INJ	Non-Preferred Specialty
MYCAPSSA CAP	Non-Preferred Specialty
MYFEMBREE TAB	Non-Preferred Specialty
naproxen sodium CR tab	Preferred
NATPARA INJ	Non-Preferred Specialty
NERLYNX TAB	Non-Preferred Specialty
NEULASTA INJ	Non-Preferred Specialty
NEUPOGEN INJ	Non-Preferred Specialty
NEXLETOL TAB	Non-Preferred

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
NEXLIZET TAB	Non-Preferred
nilutamide tab	Preferred Specialty
NINLARO CAP	Preferred Specialty
nitisinone cap	Preferred Specialty
NITYR TAB	Non-Preferred Specialty
NIVESTYM INJ	Non-Preferred Specialty
Non-preferred CGM Monitor Supplies Kit	Non-Preferred
NORDITROPIN INJ, NUTROPIN AQ INJ	Non-Preferred Specialty
NOURIANZ TAB	Non-Preferred Specialty
NUBEQA TAB	Preferred Specialty
NUCALA INJ	Preferred Specialty
NUPLAZID CAP	Non-Preferred Specialty
NUPLAZID TAB	Non-Preferred Specialty
NURTEC ODT	Non-Preferred
NUWIQ INJ	Non-Preferred Specialty
NUWIQ KIT	Non-Preferred Specialty
NUZYRA TAB	Non-Preferred Specialty
NYVEPRIA INJ	Non-Preferred Specialty
OCALIVA TAB	Non-Preferred Specialty
OCREVUS INJ	Non-Preferred Specialty
octreotide inj	Preferred Specialty
OCTREOTIDE INJ 100MCG	Preferred Specialty
ODACTRA SL TAB	Non-Preferred
ODOMZO CAP	Preferred Specialty
OFEV CAP	Preferred Specialty
OLPRUVA PACK	Non-Preferred Specialty
OLUMIANT TAB	Non-Preferred Specialty
OLUMIANT TAB 4MG	Non-Preferred Specialty
OLYSIO CAP	Non-Preferred Specialty
OMNITROPE INJ	Non-Preferred Specialty
OMNITROPE INJ, ZOMACTON INJ	Non-Preferred Specialty
ONUREG TAB	Non-Preferred Specialty
OPSUMIT TAB	Preferred Specialty
OPZELURA CREAM	Non-Preferred
ORALAIR SL TAB	Non-Preferred
ORENCIA CLICK INJ	Non-Preferred Specialty
ORENCIA SC INJ 125MG/ML	Non-Preferred Specialty
ORENCIA SC INJ 50MG/0.4ML	Non-Preferred Specialty
ORENCIA SC INJ 87.5MG/0.7ML	Non-Preferred Specialty
ORENITRAM TAB	Preferred Specialty
ORENITRAM TAB MONTH PAK	Non-Preferred Specialty
ORFADIN SUSP	Non-Preferred Specialty

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**Moda Texas Individual Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2023**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ORGOVYX TAB	Non-Preferred Specialty
ORIAHNN CAP	Non-Preferred Specialty
ORILISSA TAB 150MG	Non-Preferred
ORILISSA TAB 200MG	Non-Preferred
ORKAMBI GRANULES PACKET	Preferred Specialty
ORKAMBI TAB	Preferred Specialty
ORLADEYO CAP	Non-Preferred Specialty
OSPHENA TAB	Non-Preferred
OTEZLA STARTER PACK	Non-Preferred Specialty
OTEZLA TAB	Non-Preferred Specialty
oxandrolone tab	Select
OXBRYTA TAB	Non-Preferred Specialty
OXBRYTA TAB 300MG	Non-Preferred Specialty
OXERVATE OPHTH SOLN	Non-Preferred Specialty
PALFORZIA POWDER PACK	Non-Preferred Specialty
PALFORZIA SPRINKLE CAP	Non-Preferred Specialty
PALYNZIQ INJ	Non-Preferred Specialty
PEMAZYRE TAB	Non-Preferred Specialty
PERSERIS INJ	Preferred Specialty
PHEBURANE ORAL PELLETS	Non-Preferred Specialty
PIQRAY TAB	Non-Preferred Specialty
pirfenidone cap	Preferred Specialty
pirfenidone tab 267mg	Preferred Specialty
PIRFENIDONE TAB 534MG	Preferred Specialty
pirfenidone tab 801mg	Preferred Specialty
PLEGRIDY INJ	Non-Preferred Specialty
PLEGRIDY PEN INJ	Non-Preferred Specialty
POMALYST CAP	Preferred Specialty
PONVORY TAB	Non-Preferred Specialty
PONVORY TAB STARTER PACK	Non-Preferred Specialty
PRALUENT INJ	Non-Preferred
prasugrel tab	Select
PREVYMIS TAB	Non-Preferred Specialty
PROCRIT INJ	Non-Preferred Specialty
PROCYSBI CAP	Non-Preferred Specialty
PROCYSBI GRANULES PACKET	Non-Preferred Specialty
PROGESTERONE SUPP	Non-Preferred
PROLIA INJ	Preferred Specialty
PROMACTA POWDER	Non-Preferred Specialty
PROMACTA TAB	Preferred Specialty
PULMOZYME INH SOLN	Preferred Specialty
PURIXAN SUSP	Preferred Specialty

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
pyrimethamine tab	Preferred Specialty
PYRUKYND TAB	Non-Preferred Specialty
PYRUKYND THERAPY PACK	Non-Preferred Specialty
QBREXZA PAD	Non-Preferred
QINLOCK TAB	Non-Preferred Specialty
QULIPTA TAB	Non-Preferred
RADICAVA ORS SUSP	Preferred Specialty
RAGWITEK SL TAB	Non-Preferred
RAVICTI LIQUID	Non-Preferred Specialty
RAYALDEE CAP	Non-Preferred
RAYOS TAB	Non-Preferred
REBIF INJ	Preferred Specialty
RECORLEV TAB	Non-Preferred Specialty
RELEUKO INJ	Non-Preferred Specialty
RELISTOR INJ	Non-Preferred Specialty
RELISTOR INJ KIT	Non-Preferred Specialty
RELISTOR TAB	Non-Preferred Specialty
RELYVRIO PAK	Non-Preferred Specialty
REPATHA INJ	Preferred
REPATHA PUSHTRONEX INJ	Preferred
RETEVMO CAP 40MG	Non-Preferred Specialty
RETEVMO CAP 80MG	Non-Preferred Specialty
REVLIMID CAP	Preferred Specialty
REZLIDHIA CAP	Non-Preferred Specialty
REZUROCK TAB	Non-Preferred Specialty
RIDAURA CAP	Preferred Specialty
RINVOQ ER TAB	Preferred Specialty
RINVOQ ER TAB 45MG	Preferred Specialty
roflumilast tab	Select
ROZLYTREK CAP 100MG	Non-Preferred Specialty
ROZLYTREK CAP 200MG	Non-Preferred Specialty
RUBRACA TAB	Preferred Specialty
RUCONEST INJ	Non-Preferred Specialty
RUKOBIA ER TAB	Non-Preferred Specialty
RUZURGI TAB	Non-Preferred Specialty
RYDAPT CAP	Non-Preferred Specialty
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	Non-Preferred Specialty
SAMSCA TAB, TOLVAPTAN TAB	Non-Preferred Specialty
sapropterin dihydrochloride powder packet	Preferred Specialty
sapropterin dihydrochloride soluble tab	Preferred Specialty
SIGNIFOR INJ	Preferred Specialty
sildenafil susp	Preferred Specialty

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
SILIQ INJ	Non-Preferred Specialty
SIMPONI SC INJ	Non-Preferred Specialty
simvastatin tab 80mg	Preventive
SKYCLARYS CAP 50MG	Non-Preferred Specialty
SKYRIZI 180MG/1.2ML CARTRIDGE	Preferred Specialty
SKYRIZI INJ	Preferred Specialty
SKYRIZI INJ 150MG/ML	Preferred Specialty
SKYRIZI INJ 75MG/0.83ML	Preferred Specialty
SKYRIZI PEN 150MG/ML	Preferred Specialty
SKYTROFA INJ	Preferred Specialty
SODIUM OXYBATE SOLN, XYREM SOLN	Non-Preferred Specialty
sodium phenylbutyrate powder	Preferred Specialty
sodium phenylbutyrate tab	Preferred Specialty
SOFOSBUVIR/VELPATASVIR TAB	Preferred Specialty
SOGROYA INJ	Non-Preferred Specialty
SOMATULINE INJ	Preferred Specialty
SOMAVERT INJ	Preferred Specialty
SOMRYST	Preferred
sorafenib tosylate tab	Preferred Specialty
SOTYKTU TAB	Non-Preferred Specialty
SOVALDI TAB	Non-Preferred Specialty
SPINRAZA INJ	Non-Preferred Specialty
SPRAVATO NASAL SOLN	Non-Preferred Specialty
SPRYCEL TAB	Preferred Specialty
STELARA INJ	Preferred Specialty
STIMUFEND INJ	Non-Preferred Specialty
STIVARGA TAB	Preferred Specialty
STRENSIQ INJ	Preferred Specialty
STRIANT FILM	Non-Preferred
SUBSYS SPRAY	Non-Preferred
sunitinib malate cap	Preferred Specialty
SUNOSI TAB 150MG	Non-Preferred
SUNOSI TAB 75 MG	Non-Preferred
SYLATRON INJ	Non-Preferred Specialty
SYMDEKO TAB	Preferred Specialty
SYMPROIC TAB	Preferred
SYNAGIS INJ	Preferred Specialty
SYNRIBO INJ	Preferred Specialty
TABRECTA TAB	Non-Preferred Specialty
tadalafil tab	Select
TADLIQ SUSP	Non-Preferred Specialty
TAFINLAR CAP	Preferred Specialty

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
TAFINLAR TAB	Preferred Specialty
TAGRISSO TAB	Preferred Specialty
TAKHZYRO INJ	Preferred Specialty
TAKHZYRO INJ 150MG/ML	Preferred Specialty
TALTZ INJ	Non-Preferred Specialty
TALZENNA CAP	Non-Preferred Specialty
TALZENNA CAP 0.25MG	Non-Preferred Specialty
TALZENNA CAP 1MG	Non-Preferred Specialty
TARPEYO CAP	Non-Preferred
TASCENSO ODT TAB	Non-Preferred Specialty
TASIGNA CAP	Preferred Specialty
tasimelteon capsule	Preferred Specialty
TAVALISSE TAB	Non-Preferred Specialty
TAVNEOS CAP	Non-Preferred Specialty
TAZVERIK TAB	Non-Preferred Specialty
TECHNIVIE TAB	Non-Preferred Specialty
TEGSEDI INJ	Non-Preferred Specialty
TEPMETKO TAB	Non-Preferred Specialty
TERIPARATIDE INJ	Preferred Specialty
TESTOSTERONE GEL 1% 25MG	Preferred
TESTOSTERONE GEL PUMP	Preferred
TESTOSTERONE GEL, VOGELXO GEL	Non-Preferred
tetrabenazine tab	Preferred Specialty
TEZSPIRE INJ	Non-Preferred Specialty
THALOMID CAP	Preferred Specialty
THIOLA EC TAB	Non-Preferred Specialty
TIBSOVO TAB	Non-Preferred Specialty
TIGLUTIK SUSP	Preferred Specialty
tiopronin tab	Preferred Specialty
TOBI PODHALER	Non-Preferred Specialty
tobramycin neb soln	Preferred Specialty
tolvaptan tab	Preferred Specialty
tolvaptan tab 15mg	Preferred Specialty
TRACLEER TAB 32MG	Preferred Specialty
TREMFYA INJ	Non-Preferred Specialty
treprostinil inj 10mg/ml	Preferred Specialty
treprostinil inj 1mg/ml	Preferred Specialty
treprostinil inj 2.5mg/ml	Preferred Specialty
treprostinil inj 5mg/ml	Preferred Specialty
TRIKAFTA TAB	Non-Preferred Specialty
TRIKAFTA THERAPY PACK	Non-Preferred Specialty
TRUSELTIQ PACK 100MG	Non-Preferred Specialty

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
TRUSELTIQ PACK 175MG	Non-Preferred Specialty
TRUSELTIQ PACK 50MG, 125MG	Non-Preferred Specialty
TUKYSA TAB	Non-Preferred Specialty
TURALIO CAP	Non-Preferred Specialty
TYMLOS INJ	Preferred Specialty
TYVASO DPI POWDER 16-32-48MCG	Preferred Specialty
TYVASO DPI POWDER 16-32MCG	Preferred Specialty
TYVASO DPI POWDER 32-48MCG	Preferred Specialty
TYVASO DPI POWDER	Preferred Specialty
TYVASO INH SOLN	Preferred Specialty
TYZEKA TAB	Preferred Specialty
UDENYCA INJ	Non-Preferred Specialty
UPNEEQ SOLN	Non-Preferred
UPTRAVI TAB	Preferred Specialty
VALCHLOR GEL	Preferred Specialty
VECAMYL TAB	Non-Preferred Specialty
VENCLEXTA STARTER PACK	Preferred Specialty
VENCLEXTA TAB	Preferred Specialty
VENTAVIS INH SOLN	Preferred Specialty
VERZENIO TAB	Preferred Specialty
VIEKIRA PAK TAB	Non-Preferred Specialty
VIEKIRA XR TAB	Non-Preferred Specialty
vigabatrin powder pack	Preferred Specialty
vigabatrin tab	Preferred Specialty
VIJOICE TAB	Non-Preferred Specialty
VITRAKVI CAP 100MG	Non-Preferred Specialty
VITRAKVI CAP 25MG	Non-Preferred Specialty
VITRAKVI SOLN	Non-Preferred Specialty
VIVJOA CAP	Non-Preferred Specialty
VIZIMPRO TAB	Non-Preferred Specialty
VOGELXO PUMP	Non-Preferred
VONJO CAP	Non-Preferred Specialty
VOSEVI TAB	Preferred Specialty
VOTRIENT TAB	Preferred Specialty
VOWST CAP	Non-Preferred Specialty
VOXZOGO INJ	Non-Preferred Specialty
VTAMA CREAM	Non-Preferred
VUMERITY CAP	Preferred Specialty
VYLEESI INJ	Non-Preferred
VYNDAMAX CAP	Non-Preferred Specialty
VYNDAQEL CAP	Non-Preferred Specialty
WAKIX TAB	Non-Preferred Specialty

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
WELIREG TAB	Non-Preferred Specialty
XALKORI CAP	Preferred Specialty
XATMEP SOLN	Non-Preferred
XELJANZ SOLN	Preferred Specialty
XELJANZ TAB	Preferred Specialty
XELJANZ XR TAB	Preferred Specialty
XEMBIFY INJ	Non-Preferred Specialty
XENLETA TAB	Non-Preferred Specialty
XERMELO TAB	Non-Preferred Specialty
XIFAXAN TAB 200MG	Non-Preferred
XIFAXAN TAB 550MG	Non-Preferred
XOLAIR INJ	Preferred Specialty
XOSPATA TAB	Non-Preferred Specialty
XPOVIO TAB	Non-Preferred Specialty
XTANDI CAP	Non-Preferred Specialty
XTANDI TAB 40MG	Non-Preferred Specialty
XTANDI TAB 80MG	Non-Preferred Specialty
XURIDEN POWDER	Non-Preferred Specialty
XYOSTED INJ	Non-Preferred
XYWAV SOLN	Non-Preferred Specialty
YONSA TAB	Non-Preferred Specialty
ZEJULA CAP	Preferred Specialty
ZELBORAF TAB	Preferred Specialty
ZEPATIER TAB	Non-Preferred Specialty
ZEPOSIA CAP	Non-Preferred Specialty
ZEPOSIA STARTER PACK	Non-Preferred Specialty
ZIEXTENZO INJ	Preferred Specialty
ZOKINVY CAP	Non-Preferred Specialty
ZOLINZA CAP	Preferred Specialty
ZOMACTON INJ	Non-Preferred Specialty
ZTALMY SUSP	Non-Preferred Specialty
ZURAMPIC TAB	Non-Preferred
ZYDELIG TAB	Preferred Specialty
ZYKADIA CAP	Preferred Specialty
ZYKADIA TAB	Preferred Specialty

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Moda Texas Individual Formulary
Last Updated* 7/1/2023
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

B-D INSULIN SYRINGE	BD NEEDLES	B-D PEN NEEDLE	CALIBRATION LIQUID
clemastine tab	CONTOUR TEST STRIP	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM
CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	COVID-19 TEST	FEMALE CONDOMS
ferrous sulfate elixir	ferrous sulfate liquid	ferrous sulfate soln	ferrous sulfate syrup
folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE TEST STRIP
FREESTYLE PRECISION NEO TEST STRIP	FREESTYLE TEST STRIP	guaifenesin/codeine syrup	HUMULIN MIX INJ
HUMULIN MIX PEN INJ	HUMULIN N INJ	HUMULIN N PEN INJ	HUMULIN R INJ
HYPODERMIC NEEDLES	ibuprofen tab cold/sinus	LANCET KIT	LANCETS
lansoprazole cap	levonorgestrel tab	meclizine chew tab	nicotine gum
NICOTINE KIT	nicotine lozenge	nicotine patch	nizoral a-d shampoo
NOVOFINE PEN NEEDLE	NOVOLIN 70/30 FLEXPEN INJ	NOVOTWIST PEN NEEDLE	NOVOTWIST/NOVOFINE PEN NEEDLE
OXYTROL PATCH (OTC)	PRECISION XTRA TEST STRIP	SYRINGE LUER-LOK	TODAY SPONGE
trispec pse liquid	tussin cf liquid		

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Moda Texas Individual Formulary
Last Updated* 7/1/2023
Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

ACTHAR INJ 80UNIT ALUNBRIG PAK	ACTIMMUNE INJ ALUNBRIG TAB 30MG	ADEMPAS TAB ALUNBRIG TAB 90MG, 180MG	AFSTYLA KIT apomorphine inj
ARIKAYCE SUSP BESREMI INJ	AYVAKIT TAB betaine powder for oral solution	BAFIERTAM CAP bosentan tab	BERINERT INJ BOSULIF TAB
BRAFTOVI CAP 75MG CABOMETYX TAB CAPRELSA TAB CINQAIR INJ CORTROPHIN GEL 80UNIT CYSTADROPS SOLN DAURISMO TAB 25MG DIACOMIT POWDER PACK EMFLAZA TAB EXKIVITY CAP FENSOLVI INJ	BRUKINSA CAP CALQUENCE CAP carglumic acid tab CINRYZE INJ COTELLIC TAB CYSTAGON CAP deferiprone tab DOJOLVI ORAL LIQUID EPIDIOLEX SOLN EXSERVAN FILM FERRIPROX 2 DAY TAB 1000MG	BYLVAY CAP CALQUENCE TAB CAYSTON INH SOLN COMETRIQ KIT CUTAQUIG INJ CYSTARAN OPHTH SOLN deferiprone tab 1000mg DOPTELET TAB ERIVEDGE CAP FASENRA INJ FERRIPROX SOLN	CABLIVI INJ KIT CAMZYOS CAP CHOLBAM CAP COPIKTRA CAP CUVITRU INJ DAURISMO TAB 100MG DIACOMIT CAP EMFLAZA SUSP EVRYSDI SOLN FASENRA PEN INJ FINTEPLA SOLN
FIRDAPSE TAB GILOTRIF TAB HEXALEN CAP	FIRMAGON INJ HAEGARDA INJ 2000U HIZENTRA INJ	GALAFOLD CAP HAEGARDA INJ 3000U HIZENTRA INJ, VIVAGLOBII INJ	GATTEX KIT HETLIOZ CAP HYFTOR GEL
HYQVIA INJ IDHIFA TAB IMBRUVICA TAB INGREZZA PACK 40-80MG ISTURISA TAB 10MG JAYPIRCA TAB 100MG JYNARQUE TAB 15MG KEVEYIS TAB KOSELUGO CAP KYNMOBI TITRATION KIT LORBRENA TAB 100MG LYNPARZA CAP	IBRANCE CAP IMBRUVICA CAP 140MG INBRIJA INH POWDER INLYTA TAB ISTURISA TAB 1MG JAYPIRCA TAB 50MG JYNARQUE TAB 30MG KINERET INJ KOSELUGO CAP 10MG lenalidomide cap LORBRENA TAB 25MG LYNPARZA TAB	IBRANCE TAB IMBRUVICA CAP 70MG INCRELEX INJ INQOVI TAB ISTURISA TAB 5MG JUXTAPID CAP KALYDECO PAK KITABIS PAK NEB SOLN KYNAMRO INJ LENVIMA CAP LUCENTIS INJ LYSODREN TAB	ICLUSIG TAB IMBRUVICA SUSP INGREZZA CAP IRESSA TAB JAKAFI TAB JYNARQUE PAK KALYDECO TAB KORLYM TAB KYNMOBI FILM LONSURF TAB LUMAKRAS TAB LYTGOBI TAB (12MG DAILY DOSE) MAVENCLAD PAK
LYTGOBI TAB (16MG DAILY DOSE) MEKTOVI TAB	LYTGOBI TAB (20MG DAILY DOSE) miglustat cap	MATULANE CAP MIRCERA INJ	MYALEPT INJ

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MYCAPSSA CAP	NATPARA INJ	NERLYNX TAB	NITYR TAB
NOURIANZ TAB	NUBEQA TAB	NUPLAZID CAP	NUPLAZID TAB
NUZYRA TAB	OCALIVA TAB	OCREVUS INJ	OFEV CAP
OLYSIO CAP	OPSUMIT TAB	ORENITRAM TAB	ORENITRAM TAB MONTH PAK
ORFADIN SUSP	ORGOVYX TAB	ORKAMBI GRANULES PACKET	ORKAMBI TAB
ORLADEYO CAP	OXBRYTA TAB	OXBRYTA TAB 300MG	OXERVATE OPHTH SOLN
PALFORZIA POWDER PACK	PALFORZIA SPRINKLE CAF	PALYNZIQ INJ	PEMAZYRE TAB
PHEBURANE ORAL PELLETS	PIRFENIDONE TAB 534MG	POMALYST CAP	PROCYSBI CAP
PROCYSBI GRANULES PACKET	pyrimethamine tab	PYRUKYND TAB	PYRUKYND THERAPY PACK
QINLOCK TAB	RADICAVA ORS SUSP	RAVICTI LIQUID	RECORLEV TAB
RELYVRIO PAK	REVLIMID CAP	REZLIDHIA CAP	REZUROCK TAB
RIDAURA CAP	ROZLYTREK CAP 100MG	ROZLYTREK CAP 200MG	RUBRACA TAB
RUCONEST INJ	RUZURGI TAB	SAMSCA TAB, TOLVAPTAN TAB	SIGNIFOR INJ
SIRTURO TAB	SKYCLARYS CAP 50MG	SODIUM OXYBATE SOLN, XYREM SOLN	SOMAVERT INJ
SPINRAZA INJ	SPRAVATO NASAL SOLN	STIVARGA TAB	STRENSIQ INJ
SUCRAID SOLN	sunitinib malate cap	SYLATRON INJ	SYMDEKO TAB
SYNRIBO INJ	TAKHZYRO INJ	TAKHZYRO INJ 150MG/ML	TALZENNA CAP
TALZENNA CAP 0.25MG	TALZENNA CAP 1MG	TAVALISSE TAB	TAVNEOS CAP
TAZVERIK TAB	TECHNIVIE TAB	TEGSEDI INJ	TEPMETKO TAB
THALOMID CAP	THIOLA EC TAB	TIBSOVO TAB	TIGLUTIK SUSP
tiopronin tab	tolvaptan tab	tolvaptan tab 15mg	TRACLEER TAB 32MG
treprostinil inj 10mg/ml	treprostinil inj 1mg/ml	treprostinil inj 2.5mg/ml	treprostinil inj 5mg/ml
TRIKAFTA TAB	TRIKAFTA THERAPY PACK	TRUSELTIQ PACK 100MG	TRUSELTIQ PACK 175MG
TRUSELTIQ PACK 50MG, 125MG	TUKYSA TAB	TURALIO CAP	TYVASO DPI POWDER 16-32-48MCG
TYVASO DPI POWDER 16-32MCG	TYVASO DPI POWDER 32-48MCG	TYVASO DPI POWDER	TYVASO INH SOLN
TYZEKA TAB	UPTRAVI TAB	VALCHLOR GEL	VENCLEXTA STARTER PACK
VENCLEXTA TAB	VENTAVIS INH SOLN	vigabatrin powder pack	vigabatrin tab
VISTOGARD PAK	VITRAKVI CAP 100MG	VITRAKVI CAP 25MG	VITRAKVI SOLN
VIVJOA CAP	VIZIMPRO TAB	VONJO CAP	VOXZOGO INJ
VYNDAMAX CAP	VYNDAQEL CAP	WAKIX TAB	WELIREG TAB
XALKORI CAP	XEMBIFY INJ	XERMELO TAB	XOSPATA TAB
XPOVIO TAB	XTANDI CAP	XTANDI TAB 40MG	XTANDI TAB 80MG
XURIDEN POWDER	XYWAV SOLN	ZEJULA CAP	ZELBORAF TAB
ZTALMY SUSP	ZYDELIG TAB		

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Moda Texas Individual Formulary
Last Updated* 7/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ABILIFY MYCITE PACK	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABILIFY MYCITE TAB	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
acitretin cap	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
ACTOPLUS MET XR TAB	Step Therapy requires trial of metformin or metformin ER
ACZONE GEL 7.5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or sodium sulfacetamide
ADAPALENE SOLN	QL= 1 bottle/30 days; Step therapy requires trial of two preferred acne products
ADHANSIA XR CAP 25MG	QL= 120 caps/30 days; Step therapy requires trial of dextro/amphetamine, metadate ER, or methylphenidate ER
ADHANSIA XR, JORNAY PM	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ADLARITY PATCH	QL= 1 patch/7 days; Step therapy requires trial of donepezil tab OR donepezil ODT
ADLYXIN INJ	QL= 6ml/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11)
ADMELOG INJ, INSULIN LISPRO INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
ADZENYS ER SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ADZENYS XR TAB	QL= 1 tab/day; Step Therapy requires trial of dextroamphetamine/amphetamine ER cap
AFREZZA INH POWDER	QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
AIRDUO POWDER INHALER W/SENSOR	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREC ELLIPTA and fluticasone/salmeterol, wixela
AIRDUO RESPICLICK	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREC ELLIPTA and fluticasone/salmeterol, wixela
AKLIEF CREAM	Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel, tretinoin cream, or tretinoin gel
AKYNZEO CAP	QL= 1 cap/28 days; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of aprepitant, granisetron, or ondansetron
aliskiren tab	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)
ALLOPURINOL TAB	QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs
almotriptan tab 12.5mg	QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, or sumatriptan
almotriptan tab 6.25mg	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, or sumatriptan
ALOGLIPTIN TAB, NESINA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto
ALPHAGAN P OPHTH SOLN 0.1%	Step Therapy requires trial of brimonidine ophth soln 0.2%
ALSUMA INJ, ZEMBRACE SYMTOUCH IN	QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ALTRENO LOTION	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
ALVESCO INHALER	QL= 12.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
AMITIZA CAP	QL= 60 caps/30 days; Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC
amlodipine/atorvastatin tab	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg atorvastatin, simvastatin)
amlodipine/valsartan/hydrochlorothiazide ta	QL= 30 tabs/30 days; Step Therapy requires trial of olmesartan-amlodipine-HCTZ
AMPHETAMINE ER SUSP, DYANA VEL XR SUSP	QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
amphetamine tab	QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
AMZEEQ FOAM	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG	QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG	QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg
ANZEMET TAB	QL= 1 tab/30 days; Step Therapy requires trial of ondansetron
APIDRA INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
APIDRA SOLOSTAR INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
APLENZIN TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
aprepitant pak	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
ARAZLO LOTION	QL= 1 bottle/30 days; Step Therapy requires trial of tretinoin and adapalene
ARCAPTA NEOHALER	Step Therapy requires trial of SEREVENT DISKUS, ANORO ELLIPTA or STIOLTO INHALER
arformoterol tartrate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
ARMONAIR DIGITAL INHALER 113 MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ARMONAIR DIGITAL INHALER 232 MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
ARMONAIR DIGITAL INHALER 55 MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
ARMONAIR RESPICLICK 113 MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
ARMONAIR RESPICLICK 232 MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
ARMONAIR RESPICLICK 55 MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
ASACOL HD TAB, MESALAMINE TAB	Step Therapy requires trial of APRISO or LIALDA
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab
ATORVALIQ SUSP	QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin ta or simvastatin tab
AUVELITY TAB	QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone
AVANDIA TAB	Step Therapy requires trial of metformin or metformin ER
azathioprine tab 100mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
azathioprine tab 75mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
baclofen susp	QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open o crushed)
BASAGLAR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo and Levemir and Tresiba
BASAGLAR KWIKPEN	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo and Levemir and Tresiba
BELBUCA FILM	QL= 2 films/day; Step therapy requires trial of buprenorphine patch
BELSOMRA TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
BESIVANCE OPHTH SUSP	Step Therapy requires trial of 2: ciprofloxacin ophth soln, levofloxacin ophth soln, ofloxacin ophth soln, or VIGAMOX OPHTH SOLN
BEVESPI AEROSPHERE INHALER	QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
BINOSTO TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate
bismuth/metro/tetra cap	Step therapy requires trial of oral metronidazole and tetracycline
BREXAFEMME TAB	QL= 4 tabs/day, 2 fills/month; Step therapy requires trial of oral fluconazole
brimonidine ophth soln 0.15%	Step Therapy requires trial of brimonidine ophth soln 0.2%

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Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
brimonidine tartrate-timolol maleate ophth soln	QL= 5ml/25 days; Step therapy requires trial of 2: brimonidine 0.2%, dorz-timolol, carteolol, levobunolol, betaxolol, timolol
brinzolamide ophth susp	Step Therapy requires trial of dorzolamide 2% ophth soln
BRYHALI LOTION, ULTRAVATE LOTION	Step Therapy requires trial of 1 topical corticosteroid lotion
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER	QL= 10.2gm/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela
buprenorphine hcl buccal film	QL= 2 films/day; Step therapy requires trial of buprenorphine patch
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ	QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ	QL= 1 pen/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11)
CALCIPOTRIENE FOAM	QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln
CALCIPOTRIENE FOAM, SORILUX FOAM	QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln
calcipotriene-betamethasone dipropionate susp	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
candesartan tab	Step Therapy requires trial of 2: irbesartan, losartan, or valsartan
candesartan/hydrochlorothiazide tab	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
CAPLYTA CAP	QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine
captopril tab	Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
CEPHALEXIN CAP	QL= 5 caps/day, Step therapy requires trial of cephalexin 250mg cap or cephalexin 500mg cap
CEQUA (PF) OPHTH SOLN	Step Therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)
CESAMET CAP	Step Therapy requires trial of ondansetron
chlorzoxazone tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
chlorzoxazone tab 375mg	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
CITALOPRAM CAP	QL= 1 cap/day; Step therapy requires trial of citalopram tab
colesevelam pack	Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol
CONJUPRI TAB, LEVAMLODIPINE TAB	QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nifedipine, isradipine, amlodipine

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Last Updated* 7/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
CONSENSI TAB	QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib
cyclobenzaprine ER cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER
cyclobenzaprine tab 7.5mg	Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine
CYCLOSET TAB	Step Therapy requires trial of metformin or metformin ER
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
dapsone gel	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide
DAPSONE GEL 7.5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide
darifenacin SR tab	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
DARTISLA ODT TAB	QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution
DAYVIGO TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
DESVENLAFAXINE ER TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
dexlansoprazole DR cap	Covered for members age 17 or younger; QL= 1 cap/day; Step therapy requires trial all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab
DEXPAK TAB	Step Therapy requires trial of dexamethasone
dextroamphetamine sulfate tab 15mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 20mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 30mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
DHIVY TAB	QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab
diclofenac potassium cap	QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac potassium tab 25mg	QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac sodium soln 2%	Step therapy requires trial of diclofenac 1.5% soln

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
DIFFERIN LOTION	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin cream
difluprednate ophth emulsion	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth sus
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
DORYX MPC TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR
dorzolamide/timolol (pf) ophth soln	Step Therapy requires trial of dorzolamide/timolol ophth soln
DOXEPIN HCL CREAM	ST req trial of a topical corticosteroid AND topical tacrolimus
doxepin tab	QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
DOXYCYCLINE CAP, ORACEA CAP	QL= 1 cap/day; Step Therapy requires trial of doxycycline hyclate, doxycycline hyclate DR, or doxycycline monohydrate
doxycycline hyclate DR tab	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 200mg	QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 50mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 75mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline hyclate tab 50mg	Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab 75mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline monohydrate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
DUAKLIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER
DUOBRII LOTION	Step Therapy requires trial of 2: high potency corticosteroids, tazarotene cream
dutasteride/tamsulosin cap	Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap
DUTOPROL TAB	QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers
DXEVO 11-DAY PAK	Step Therapy requires trial of prednisone
DYANAVAL XR CHEW 10MG	QL= 2 tabs/day; Step therapy requires trial of 2: amphetam/dextroamphtam ER, methylphenidate ER, dexmethylphenidate ER, dextroamphetamine ER
DYANAVAL XR CHEW 15MG	QL= 1 tab/day; Step therapy requires trial of 2: amphetam/dextroamphtam ER, methylphenidate ER, dexmethylphenidate ER, dextroamphetamine ER
DYANAVAL XR CHEW 20MG	QL= 1 tab/day; Step therapy requires trial of 2: amphetam/dextroamphtam ER, methylphenidate ER, dexmethylphenidate ER, dextroamphetamine ER
DYANAVAL XR CHEW 5MG	QL= 4 tabs/day; Step therapy requires trial of 2: amphetam/dextroamphtam ER, methylphenidate ER, dexmethylphenidate ER, dextroamphetamine ER
EDARBI TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
EDARBYCLOR TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
EDLUAR SL TAB	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL

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Step Therapy (ST)**

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ELEPSIA XR TAB 1000MG	QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
ELEPSIA XR TAB 1500MG	QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
eletriptan tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ELYXYB SOLN	QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension
enalapril maleate oral soln	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
ENTADFI CAP	QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil
EPRONTIA SOLN	QL= 473ml/30 days; Step therapy requires trial of topiramate sprinkle caps
ERMEZA SOLN 150MCG/5ML	Step therapy requires trial of levothyroxine tab
estradiol td gel	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
EUCRISA OINT	Step Therapy requires trial of 2: High potency corticosteroids, tacrolimus oint, pimecrolimus cream
EVEKEO ODT	QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
EVZIO INJ	Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY
EVZIO INJ	Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY
EZALLOR SPRINKLE CAP	QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, fluvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin
EZETIMIBE/ATORVASTATIN TAB	QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe
FABIOR AEROSOL FOAM	Step Therapy requires trial of tazarotene cream
fenoprofen calcium cap	QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
fenoprofen calcium tab	Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
FENOPROFEN CAP	Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
fesoterodine fumarate er tab	QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap
FETZIMA CAP	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FETZIMA TITRATION PACK	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FLEQSUVY SUSP	QL= 16ml/day; Step therapy requires trial of baclofen and tizanidine
FLOLIPID SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
FLURBIPROFEN OPHTH SOLN	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
FORFIVO XL TAB	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
formoterol fumarate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
FOSAMAX+D TAB	Step Therapy requires trial of alendronate and ibandronate
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FUROSCIX KIT	QL= 1 kit/day; Step requires a trial of furosemide tabs or furosemide soln
GELNIQUE	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
GEMTESA TAB	QL= 30 tabs/30 days; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
GLOPERBA SOLN	QL= 300ml/30 days; Step Therapy requires trial of colchicine
GLYCATE TAB	QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
GOCOVRI CAP	Step Therapy requires trial of amantadine
halcinonide cream	Step Therapy requires trial of 2 High potency corticosteroids
HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
HUMALOG KWIKPEN INJ	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
HUMALOG MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
HUMALOG PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
HUMALOG TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMULIN MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab

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**Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)**

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
imiquimod cream 3.75%	QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution
IMPOYZ CREAM	Step Therapy requires trial of 2 High potency corticosteroids
INDOMETHACIN CAP, TIVORBEX CAP	Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs)
INSULIN GLARGINE INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
INVELTYS OPHTH SUSP	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
INVOKAMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
INVOKAMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
INVOKANA TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
IOPIDINE OPHTH SOLN 1%	Step Therapy requires trial of apraclonidine soln
isosorbide dinitrate tab 40mg	Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER
IVERMECTIN CREAM	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
JANUMET TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
JANUMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
JANUVIA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
JUBLIA SOLN	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab
KADIAN CAP 200MG	QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab
KATERZIA SUSP	Step Therapy requires trial of amlodipine
KOMBIGLYZE XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
LACTULOSE PACK	Step Therapy requires trial of lactulose
LANTUS INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo and Levemir and Tresiba
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler
levorphanol tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Step Therapy requires trial of 2 short acting opioids
LEXETTE FOAM	Step Therapy requires trial of 2 High potency corticosteroids
LINZESS CAP	QL= 30 caps/30 days; Step therapy requires trial of TRULANCE
LIVALO TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of bumetanide, ethacrynic acid, furosemide, torsemide, metolazone, methyclothiazide, indapamide, hydrochlorothiazide, chlorthalidone, or chlorothiazide
LONHALA MAGNAIR SOLN	QL= 60ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER
LOREEV XR CAP	QL= 1 cap/day; Step therapy requires trial of lorazepam tab
LOREEV XR CAP 3MG	QL= 3 caps/day; Step therapy requires trial of lorazepam tab
LOTEMAX OPHTH GEL	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
LOTEMAX OPHTH OINT 0.5%	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth gel	QL= 5 grams/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
LUMIFY OPHTH SOLN 0.25%	Step Therapy requires trial of brimonidine ophth soln 0.2%
LUMIGAN OPHTH SOLN	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
LYBALVI TAB	QL= 30 tabs/30 days; Step therapy requires trial of 2: olanzapine, aripiprazole, risperidone, quetiapine, paliperidone, ziprasidone
LYUMJEV INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
LYUMJEV KWIKPEN	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
LYUMJEV KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
LYUMJEV TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
LYVISPAH GRANULE PACKET 10MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
LYVISPAH GRANULE PACKET 20MG	QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/ca
LYVISPAH GRANULE PACKET 5MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
MARPLAN TAB	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
meloxicam cap	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
MELOXICAM SUSP	QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
mesalamine ER cap	QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA
metformin ER osmotic tab	Step Therapy requires trial of metformin or metformin ER
METFORMIN TAB	QL= 90 tabs/30 days; Step therapy requires trial of metformin 500mg, 850mg, or 1000mg tab AND metformin ER
METHOCARBAMOL TAB 1000MG	QL= 8 tabs/day; Step therapy requires trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine
methsuximide cap	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
methylphenidate ER cap 10mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
methylphenidate ER cap 15mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 20mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 30mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 40mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 60mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate td patch	QL= 1 patch/day; Step therapy requires trial of 2: ampht-dexamph, dextroamphetamine tab/soln, methylphenidate tab/soln, dexmethylphen ER
METOZOLV ODT	Step Therapy requires trial of metoclopramide
MINOCYCLINE ER CAP	QL= 1 cap/day; Step Therapy requires trial of minocycline
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
MOTEGRITY TAB	QL= 30 tabs/30 days; Step Therapy requires trial of Trulance
MOUNJARO INJ	QL= 2ml/28 days; Step therapy requires trial of all of the following: Ozempic, Victoza Trulicity, Jardiance, Farxiga; Diagnosis Restricted – Type 2 Diabetes (E11)
MOXATAG TAB	Step Therapy requires trial of amoxicillin
MOXIFLOXACIN SOLN	QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops
MYRBETRIQ SUSP	QL= 188ml/30 days; Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap

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**Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)**

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
MYRBETRIQ TAB	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
NAFTIN GEL	QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
NAMZARIC STARTER PACK	QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
NAYZILAM SPRAY	QL= 2 packs/fill, 5 fills/month; Step therapy requires trial of midazolam inj; Restricted to Neurology Specialist
nebivolol hcl tab	QL= 1 tab/day; Step therapy requires trial of 2: carvedilol IR tab, metoprolol succ/tart tab, bisoprolol tab
NORITATE CREAM	Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT
NOXAFIL PAK	QL= 31 packets/30 days; Step Therapy requires trial of fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab
NOXAFIL SUSP	Step therapy requires trial of fluconazole, itraconazole or voriconazole
NUDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
olmesartan/hydrochlorothiazide tab	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
olopatadine nasal spray	QL= 30.5ml/30 days, Step Therapy requires trial of budesonide, fluniosolide, fluticasone, or triamcinolone
ONGENTYS CAP	Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline
ONGLYZA TAB	QL= 30 tabs/30 days; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
ONZETRA XSAIL	Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
orphenadrine/aspirin/caffeine tab	QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab
OSENI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto
OSMOLEX ER TAB	Step Therapy requires trial of amantadine
OSMOPREP TAB	Step Therapy requires trial of CLENPIQ
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	QL= 1 bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocortisone otic
oxazepam cap	Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab
OXYBUTYNIN SOLN	QL= 20ml/day; ST req trial of 2: oxybutynin syrup/tab/ER tab, solifenacin, tolterodine IR tab, trospium IR tab

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**Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)**

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
OXYBUTYNIN TAB 2.5MG	QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN CR TAB	QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab
OXYCONTIN CR TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYTROL PATCH (OTC)	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
OZOBAX SOLN	QL= 16ml/day; Step therapy requires trial of baclofen tab AND tizanidine tab
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	Step Therapy requires trial of Creon
PANCRELIPASE CAP	Step Therapy requires trial of Creon
paroxetine oral susp	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
PENTASA CAP	Step Therapy requires trial of APRISO or LIALDA
PEXEVA TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
pimecrolimus cream	Step Therapy requires trial of tacrolimus oint
pioglitazone/glimepiride tab	Step Therapy requires trial of metformin or metformin ER
posaconazole DR tab	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
posaconazole susp	Step therapy requires trial of fluconazole, itraconazole or voriconazole
PRADAXA CAP 110MG	QL= 2 caps/day; Step therapy requires trial of 2: ELIQUIS TAB, ELIQUIS STARTER PACK, XARELTO TAB or XARELTO STARTER PACK
prednisolone tab	Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln
pregabalin ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln
PRESTALIA TAB	Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor
PROAIR RESPICLICK INHALER	Step Therapy requires trial of VENTOLIN HFA INHALER and albuterol hfa inhaler

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**Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)**

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
PROLATE TAB	QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325m tab
PULMICORT FLEXHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
QELBREE ER CAP 100MG	QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QELBREE ER CAP 150MG	QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QELBREE ER CAP 200MG	QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QMIIZ ODT TAB	Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
QUETIAPINE TAB 150MG	QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs
QUVIVIQ TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
QVAR REDHALER	QL= 21.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
ramelteon tab	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
RELAFEN DS TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac etodolac ER, bupropion, or nabumetone
RELTONE CAP	Step therapy requires trial of ursodiol tab
RETIN-A MICRO GEL 0.08%, 0.06%	Step Therapy requires trial of adapalene or tretinoin
REYVOW TAB 100mg	QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
REYVOW TAB 50mg	QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
REZVOGLAR INJ	QL = 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo and Levemir and Tresiba
RHOPRESSA OPHTH SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln
RIBAPAK TAB	Step Therapy requires trial of ribavirin
RIOMET ER SUSP	Step Therapy requires trial of metformin or metformin ER
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
risedronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
ROCKLATAN OPHTH SOLN	Step Therapy requires trial of latanoprost ophth soln
ropinirole ER tab	QL= 1 tab/day; Step Therapy requires trial of ropinirole
ROSADAN KIT	Step Therapy requires trial of metronidazole cream
ROSZET TAB	QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe
ROXYBOND TAB	Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln

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**Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)**

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
rufinamide susp	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
rufinamide tab	QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
RYBELSUS TAB	QL= 1 tab/day; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC Diagnosis Restricted – Type 2 Diabetes (E11)
RYTARY CAP 23.75-95MG	QL= 750 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYTARY CAP 36.25-145MG	QL= 480 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYTARY CAP 48.75-195MG	QL= 360 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYTARY CAP 61.25-245MG	QL= 300 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
SANCUSO PATCH	QL= 4 patches/28 days; Step Therapy requires trial of granisetron
SAVAYSA TAB	QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO
SAVELLA PAK	Step Therapy requires trial of duloxetine and gabapentin
SAVELLA TAB	QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin
SECUADO PATCH	QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
SEEBRI NEOHALER CAP	QL= 60 caps/30 days; Step Therapy requires trial of INCRUSE ELLIPTA and SPIRIV HANDIHALER or SPIRIVA RESPIMAT INHALER
SEGLENTIS TAB	QL= 10 tabs/day; Trial of 3: tramad IR, celecox cap, oxycod tab/cap/sol, hydromorph tab/sol, oxymorph tab, morph sol
SEGLUROMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
SERNIVO SPRAY	Step Therapy requires trial of betamethasone dipropionate
SERTRALINE CAP	QL= 30 caps/30 days; Step therapy requires trial of sertraline tab
SIKLOS TAB	Step Therapy requires trial of DROXIA CAP
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
SITAVIG TAB	QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir
SOAANZ TAB	QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
SOAANZ TAB 60MG	QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
SOLIQUA INJ	QL= 18ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMP
SOLOSEC GRANULES PACKET	QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler
SPRITAM TAB	Step Therapy requires trial of levetiracetam or levetiracetam ER
STEGLATRO TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
STEGLUJAN TAB	Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, SYNJARDY XR
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of SEREVENT DISKUS
SUCRAID SOLN	Step Therapy requires trial of Creon; Only available through Optum Frontier Therapies 855-768-9727
SUMANSETRON PAK	Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
sumatriptan nasal spray	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
sumatriptan/naproxen tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
SUTAB TAB	Step Therapy requires trial of 2: CLENPIQ SOLN, trilyte soln, gavilyte-h kit, peg 3350/electrolytes soln, peg 3350 soln, or GAVILYTE-C SOLN
SYMLINPEN INJ 120	QL= 11ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin or Novolog or Fiasp or generic insulin aspart insulin
SYMLINPEN INJ 60	QL= 6ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin or Novolog or Fiasp or generic insulin aspart insulin
tafluprost preservative free (pf) ophth soln	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln
tavaborole soln	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tablet
tazarotene gel 0.05%	QL= 30g/30 days; Step Therapy requires trial of tazarotene cream
tazarotene gel 0.1%	QL= 30g/30 days; Step Therapy requires trial of tazarotene cream
TAZORAC CREAM 0.05%	Step Therapy requires trial of tazarotene cream
TEKTURNA HCT TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
TELMISARTAN/AMLODIPINE TAB	Step therapy requires trial of amlodipine-olmesartan OR amlodipine-valsartan
telmisartan/hydrochlorothiazide tab	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
telmisartan/hydrochlorothiazide tab 40-12.5MG	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
telmisartan/hydrochlorothiazide tab 80-25MG	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
THALITONE TAB	QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg
THYQUIDITY SOLN	Step Therapy requires trial of levothyroxine
timolol maleate ophth gel	Step Therapy requires trial of timolol maleate ophth soln
timolol maleate ophth soln 0.5%	Step Therapy requires trial of timolol maleate ophth soln
TIROSINT-SOL	Step therapy requires trial of levothyroxine
TOLSURA CAP	QL= 4 caps/day; Step Therapy requires trial of itraconazole
topiramate ER cap 100mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 150mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 200mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 25mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
topiramate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
toremifene tab	Step Therapy requires trial of tamoxifen
TOSYMRA SOLN	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
TRAMADOL ER CAP	QL= 1 cap/day; Step Therapy requires trial of tramadol tab
TRAMADOL HCL ER TAB 100MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 200MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 300MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
travoprost ophth soln	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln
tretinoin gel	Step Therapy requires trial of adapalene or tretinoin
TRETIN-X CREAM	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
TREXIMET TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
triamcinolone acetonide oint	Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%
triamterene cap	Step Therapy requires trial of amiloride or spironolactone
trientine cap	Step Therapy requires trial of penicillamine tab
TRIJARDY XR 10-5-1000MG	QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta
TRIJARDY XR 25-5-1000MG	QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta
TRIJARDY XR TAB 12.5-2.5-1000MG	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta
TRIJARDY XR TAB 5-2.5-1000MG	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta
trimipramine cap	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TRUDHESA NASAL SPRAY	QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan
TUDORZA PRESSAIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER
TWYNEO CREAM	QL= 30 grams/30 days; Step therapy requires trial of 2 preferred acne agents
TYRVAYA SOLN	QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsior (generic Restasis)
UBRELVY TAB 100MG	QL= 16 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
UBRELVY TAB 50MG	QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
URSODIOL CAP	Step therapy requires trial of ursodiol tab
UTIBRON NEOHALER CAP	QL= 2 caps/day; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPT INHALER and TRELEGY ELLIPTA INHALER
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of ondansetron

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
VELTASSA POWDER	QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, Lokelma
VENLAFAXINE TAB	QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
VEOZAH TAB	QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial of 1: gabapen, pregab, clonidine
VERKAZIA EMULSION 0.1% OPHTH	QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth
VIIBRYD STARTER KIT	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
vilazodone hcl tab	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sert, desven ER, venlfx IR/ER, dulox
VIOKACE TAB	Step Therapy requires trial of Creon
VIVLODEX CAP	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
VOQUEZNA DUAL PAK	QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit
VOQUEZNA TRIP PAK	QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit
VYZULTA SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln
WINLEVI CREAM	QL= 60 grams/30 days; Step Therapy requires trial of 1 topical antibiotic AND 1 of the following: adapalene OR tretinoin
XACIATO GEL	QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap
XADAGO TAB	QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa
XCOPRI PAK 100-150MG	QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 150-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 50-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XELPROS OPHTH EMULSION	Step Therapy requires trial of latanoprost ophth soln
XELSTRYM PAD	QL= 1 patch/day; Step therapy requires trial of 2: Ampht-Dexamph, dextroamphetamine tab/soln, methylphenidate tab/soln, dexmethylphen ER
XERMELO TAB	QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
XIIDRA OPHTH SOLN	QL= 60ml/30days; Step Therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)
XTAMPZA ER CAP 13.5MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 18MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 27MG	QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 36MG	QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 9MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XULTOPHY INJ	QL= 15ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMP
YUPELRI SOLN	QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT
ZAVZPRET SPRAY	QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal
ZECUITY PAD	QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
zenzedi tab 10mg	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 2.5MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
zenzedi tab 5mg	QL= 3 tabs/day; Step Therapy requires trial of dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 7.5MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZIMHI SOLN	QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj
ZIOPTAN OPHTH SOLN	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT
ZOLPIDEM CAP	QL= 1 cap/day; ST requires trial of zolpidem tab AND Trial of 1: eszopiclone, zaleplon, zolpidem ER or zolpidem SL
ZOLPIMIST SPRAY	Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, c zolpidem SL
ZONTIVITY TAB	Step Therapy requires trial of clopidogrel
ZORYVE CREAM	QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AND topical tacrolimus oint
ZUPLENZ SL FILM	Step Therapy requires trial of ondansetron
ZYCLARA CREAM 2.5%	QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ZYPITAMAG TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin

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**Moda Texas Individual Formulary
Smoking Cessation Agents
Last Updated* 7/1/2023**

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

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Moda Texas Individual Formulary
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abacavir soln	QL= 960ml/30 days
abacavir tab	QL= 2 tabs/day
abacavir/lamivudine tab	QL= 1 tab/day
abacavir/lamivudine/zidovudine tab	QL= 2 tabs/day
ABILIFY MYCITE PACK	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABILIFY MYCITE TAB	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
abiraterone acetate tab 500mg	QL= 2 tabs/day
abiraterone tab 250mg	QL= 3 tabs/day
ABSORICA LD CAP	QL= 2 caps/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	QL= 10 tabs/day
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTINEL LIQUID	QL= 1200ml/30 days
ACTINEL PEDIATRIC LIQUID	QL= 2400ml/30 days
ACZONE GEL 7.5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/benzoyl peroxide, clindamycin/tretinoin, or sodium sulfacetamide
ADAPALENE SOLN	QL= 1 bottle/30 days; Step therapy requires trial of two preferred acne products
ADBRY INJ	QL= 4 syringes/28 days
adefovir dipivoxil tab	QL= 1 tab/day
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
ADHANSIA XR CAP 25MG	QL= 120 caps/30 days; Step therapy requires trial of dextro/amphetamine, metadate ER, or methylphenidate ER
ADHANSIA XR CAP 35MG	QL= 120 caps/30 days
ADHANSIA XR, JORNAY PM	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ADLARITY PATCH	QL= 1 patch/7 days; Step therapy requires trial of donepezil tab OR donepezil ODT
ADLYXIN INJ	QL= 6ml/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPI Diagnosis Restricted – Type 2 Diabetes (E11)
ADMELOG INJ, INSULIN LISPRO INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADVAIR HFA INHALER	QL= 1 inhaler/30 days
ADVICOR TAB 1000-20MG	QL= 2 tabs/day
ADVICOR TAB 500-20MG, 1000-40MG	QL= 1 tab/day
ADVICOR TAB 750-20MG	QL= 2 tabs/day
ADZENYS ER SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ADZENYS XR TAB	QL= 1 tab/day; Step Therapy requires trial of dextroamphetamine/amphetamine ER c
AEMCOLO TAB	QL= 12 tabs/fill, 2 fills/month

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**Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AFREZZA INH POWDER	QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
AIMOVIG INJ	QL= 1 pack/28 days
AIRDUO POWDER INHALER W/SENSOR	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREQ ELLIPTA and fluticasone/salmeterol, wixela
AIRDUO RESPICLICK	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREQ ELLIPTA and fluticasone/salmeterol, wixela
AJOVY INJ	QL= 1 inj/28 days
AKYNZEO CAP	QL= 1 cap/28 days; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of aprepitant, granisetron, or ondansetron
albuterol HFA inhaler	QL= 2 inhalers/30 days
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/fill, 2 fills/month
ALLOPURINOL TAB	QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs
ALLZITAL TAB	QL= 12 tabs/day
almotriptan tab 12.5mg	QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, or sumatriptan
almotriptan tab 6.25mg	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, or sumatriptan
ALOGLIPTIN TAB, NESINA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentaduet
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue TAB
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjen OR Jentaduet
ALORA PATCH	QL= 8 patches/28 days
ALSUMA INJ, ZEMBRACE SYMTOUCH IN	QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ALTOPREV TAB	QL= 1 tab/day
ALUNBRIG PAK	QL= 1 pack/365 days; Only available through Biologics 800-850-4306
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
ALVESCO INHALER	QL= 12.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
AMITIZA CAP	QL= 60 caps/30 days; Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC
AMJEVITA AUTO-INJECTOR	QL= 2 syringes/28 days
AMJEVITA INJ 10MG/0.2ML	QL= 2 syringes/28 days
AMJEVITA SYRINGE 20MG/0.4ML	QL= 2 syringes/28 days
AMJEVITA SYRINGE 40MG/0.8ML	QL= 2 syringes/28 days
amlodipine/atorvastatin tab	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin)
amlodipine/valsartan/hydrochlorothiazide ta	QL= 30 tabs/30 days; Step Therapy requires trial of olmesartan-amlodipine-HCTZ

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
amphetamine tab	QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
amphetamine/dextroamphetamine tab 10mg	QL= 180 tabs/30 days
amphetamine/dextroamphetamine tab 12.5mg	QL= 150 tabs/30 days
amphetamine/dextroamphetamine tab 15mg	QL= 120 tabs/30 days
amphetamine/dextroamphetamine tab 20mg	QL= 90 tabs/30 days
amphetamine/dextroamphetamine tab 30mg	QL= 60 tabs/30 days
amphetamine/dextroamphetamine tab 5mg	QL= 360 tabs/30 days
amphetamine/dextroamphetamine tab 7.5mg	QL= 240 tabs/30 days
ANDRODERM PATCH	QL= 1 patch/day
ANORO ELLIPTA INHALER	QL= 60gm/30 days
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG	QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBR) 67mg, 134mg, 200mg
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG	QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBR) 67mg, 134mg, 200mg
ANZEMET TAB	QL= 1 tab/30 days; Step Therapy requires trial of ondansetron
APADAZ TAB	QL= 12 tabs/day
APIDRA INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA SOLOSTAR INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APLENZIN TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
apomorphine inj	QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
aprepitant pak	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
APTIOM TAB	QL= 1 tab/day
APTIVUS CAP	QL= 4 caps/day
APTIVUS SOLN	QL= 380ml/30 days
ARANESP INJ	QL= 4 syringes/30 days
ARAZLO LOTION	QL= 1 bottle/30 days; Step Therapy requires trial of tretinoin and adapalene
ARCALYST INJ	QL= 4 vials/21 days
arformoterol tartrate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
ARIKAYCE SUSP	QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046
aripiprazole ODT	QL= 2 tabs/day
aripiprazole soln	QL= 30 ml/day
armodafinil tab 150mg	QL= 1 tab/day

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
armodafinil tab 200mg	QL= 1 tab/day
armodafinil tab 250mg	QL= 1 tab/day
armodafinil tab 50mg	QL= 3 tabs/day
ARMONAIR DIGITAL INHALER 113 MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
ARMONAIR DIGITAL INHALER 232 MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
ARMONAIR DIGITAL INHALER 55 MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
ARMONAIR RESPICLICK 113 MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
ARMONAIR RESPICLICK 232 MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
ARMONAIR RESPICLICK 55 MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
ARNUITY ELLIPTA INHALER	QL= 1 inhaler/30 days
ARYMO ER TAB	QL= 3 tabs/day
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine XR, risperidone, or risperidone ODT
ASMANEX 14 AER 220MCG	QL= 1 inhaler/30 days
ASMANEX HFA INHALER	QL= 1 inhaler/30 days
ASMANEX INHALER	QL= 1 inhaler/30 days
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab
atazanavir cap 150mg	QL= 2 caps/day
atazanavir cap 200mg	QL= 2 caps/day
atazanavir cap 300mg	QL= 1 cap/day
atomoxetine cap 100mg	QL= 1 cap/day
atomoxetine cap 10mg	QL= 2 caps/day
atomoxetine cap 18mg	QL= 2 caps/day
atomoxetine cap 25mg	QL= 2 caps/day
atomoxetine cap 40mg	QL= 2 caps/day
atomoxetine cap 60mg	QL= 1 cap/day
atomoxetine cap 80mg	QL= 1 cap/day
ATORVALIQ SUSP	QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab
atorvastatin tab	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
ATROVENT HFA INHALER	QL= 25.8gm/30 days
AUBAGIO TAB	QL= 30 tabs/30 days
AUSTEDO TAB 12MG	QL= 120 tabs/30 days
AUSTEDO TAB 6MG	QL= 30 tabs/30 days
AUSTEDO TAB 9MG	QL= 30 tabs/30 days
AUSTEDO XR TAB 12MG	QL= 90 tabs/30 days

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AUSTEDO XR TAB 24MG	QL= 60 tabs/30 days
AUSTEDO XR TAB 6MG	QL= 210 tabs/30 days
AUVELITY TAB	QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone
AVONEX INJ	QL= 1 kit/28 days
AYVAKIT TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
azathioprine tab 100mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
azathioprine tab 75mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
AZSTARYS CAP	QL= 30 caps/30 days
baclofen susp	QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)
BAFIERTAM CAP	QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416
BALVERSA TAB 3MG	QL= 3 tabs/day
BALVERSA TAB 4MG	QL= 2 tabs/day
BALVERSA TAB 5MG	QL= 1 tab/day
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill, 2 fills/month
BARACLUDGE SOLN	QL= 630ml/30 days
BASAGLAR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo and Levemir and Tresiba
BASAGLAR KWIKPEN	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo and Levemir and Tresiba
BASAGLAR TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days
BAXDELA TAB	QL= 2 tabs/day
b-donna tab	QL= 8 tabs/day
BELBUCA FILM	QL= 2 films/day; Step therapy requires trial of buprenorphine patch
BELSOMRA TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
BERINERT INJ	QL= 20ml/30 days; Only available through Accredo 800-803-2523
BESREMI INJ	QL= 2 inj/28 days; Only available through Biologics by McKesson 800-850-4306
betaine powder for oral solution	QL= 540 grams/30 days; Only available through Walgreens 888-347-3416
BETASERON INJ	QL= 14 kits/28 days
BEVESPI AEROSPHERE INHALER	QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER
BEVYXXA CAP	QL= 43 caps/42 days
BIKTARVY TAB	QL= 1 tab/day
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
BINOSTO TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Optum 877-445-6874
BREO ELLIPTA INHALER	QL= 1 inhaler/30 days

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BREXAFEMME TAB	QL= 4 tabs/day, 2 fills/month; Step therapy requires trial of oral fluconazole
BREZTRI AEROSPHERE INHALER	QL= 1 inhaler/30 days
BRILINTA TAB	QL= 2 tabs/day
brimonidine tartrate-timolol maleate ophth soln	QL= 5ml/25 days; Step therapy requires trial of 2: brimonidine 0.2%, dorz-timolol, carteolol, levobunolol, betaxolol, timolol
BRIVIACT SOLN 10MG/ML	QL= 600ml/30 days
BRIVIACT TAB	QL= 2 tabs/day
BRONCHITOL CAP	QL= 560 caps/28 days
BRUKINSA CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml	QL= 120 units/30 days
budesonide inh susp 1mg/2ml	QL= 60 units/30 days
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER	QL= 10.2gm/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela
BUNAVAIL FILM	QL= 1 film/day
buprenorphine hcl buccal film	QL= 2 films/day; Step therapy requires trial of buprenorphine patch
buprenorphine patch	QL= 4 patches/28 days
buprenorphine SL tab	QL= 3 tabs/day
buprenorphine/naloxone sl film 12-3mg	QL= 2 films/day
buprenorphine/naloxone sl film 2-0.5MG	QL= 4 films/day
buprenorphine/naloxone sl film 4-1MG	QL= 4 films/day
buprenorphine/naloxone sl film 8-2mg	QL= 3 films/day
buprenorphine/naloxone SL tab	QL= 90 tabs/30 days
bupropion SR tab	Limited to 180 days/plan year
butalbital/acetaminophen tab	QL= 6 tabs/day
butorphanol nasal spray	QL= 5ml/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPI Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPI Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ	QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPI Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ	QL= 1 pen/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPI; Diagnosis Restricted – Type 2 Diabetes (E11)
CABLIVI INJ KIT	QL= 1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
CALCIPOTRIENE FOAM	QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln
CALCIPOTRIENE FOAM, SORILUX FOAM	QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln
calcipotriene-betamethasone dipropionate susp	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
CALQUENCE CAP	QL= 2 caps/day; Only available through Optum 877-445-6874
CALQUENCE TAB	QL= 2 tabs/day; Only available through Optum 877-445-6874

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CAMBIA POWDER	QL= 9 packets/30 days
CAMZYOS CAP	QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555
CAPLYTA CAP	QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine
CAPMIST DM TAB	QL= 4 tabs/day
carbidopa-levodopa-entacapone tab 12.5-50-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 18.75-75-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 25-100-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 31.25-125-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 37.5-150-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 50-200-200mg	QL= 6 tabs/day
CARBINOXAMINE TAB	QL= 240 tabs/30 days
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
CEPHALEXIN CAP	QL= 5 caps/day, Step therapy requires trial of cephalexin 250mg cap or cephalexin 500mg cap
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
CHLORPROMAZINE CONC	QL= 800ml/30 days
chlorzoxazone tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
chlorzoxazone tab 375mg	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
CIBINQO TAB	QL= 1 tab/day
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
cinacalcet tab 30mg	QL= 2 tabs/day
cinacalcet tab 60mg	QL= 2 tabs/day
cinacalcet tab 90mg	QL= 4 tabs/day
CINQAIR INJ	QL= 4 vials/28 days; Only available through Walgreens 888-347-3416
CINRYZE INJ	QL= 16 vials/28 days; Only available through Accredo 800-803-2523
CITALOPRAM CAP	QL= 1 cap/day; Step therapy requires trial of citalopram tab
clobazam susp	QL= 480ml/30 days
clobazam tab	QL= 2 tabs/day
clonidine ER tab	QL= 4 tabs/day
clopidogrel tab 300mg	QL= 4 tabs/30 days
CLOZAPINE ODT	QL= 3 tabs/day

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
clozapine ODT 25mg, 100mg	QL= 3 tabs/day
CLOZAPINE ODT, FAZACLO ODT	QL= 3 tabs/day
clozapine tab	QL= 3 tabs/day
CODITUSSIN LIQUID DAC	QL= 1200ml/30 days
COLCHICINE CAP	QL= 2 caps/day
colchicine tab	QL= 4 tabs/day
cold/allergy elx children	QL= 2400ml/30 days
COMBIVENT RESPIMAT INHALER	QL= 2 inhalers/30 days
COMIRNATY INJ	QL= 1 dose/17 days
COMPLERA TAB	QL= 1 tab/day
CONJUPRI TAB, LEVAMLODIPINE TAB	QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine
CONSENSI TAB	QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib
CONTOUR BLOOD GLUCOSE TEST STRI	QL= 300 strips/30 days
CONTOUR TEST STRIP	QL= 300 test strips/30 days
COPIKTRA CAP	QL= 2 caps/day; Only available through Optum 877-445-6874
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/28 days
COTELLIC TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
COTEMPLA XR ODT 17.3MG	QL= 1 tab/day
COTEMPLA XR ODT 25.9MG	QL= 2 tabs/day
COTEMPLA XR ODT 8.6MG	QL= 1 tab/day
COVID-19 TEST	QL= 8 tests/30 days
COVID-19 VACCINE BIVALENT BOOSTEF INJ (MODERNA)	QL=1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE BOOSTER INJ (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days
COVID-19 VACCINE INJ (PFIZER 5-11 YEARS)	QL= 1 dose/17 days
COVID-19 VACCINE INJ (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 6-11Y (MODERN/	QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	QL= 1 dose/17 days

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**Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)**

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COVID-19 VACCINE INJ 6M-5Y (MODERNA)	QL= 1 dose/24 days
CRESEMBA CAP	QL= 34 caps/30 days
CUE COVID-19 INJ TEST CARTRIDGE	QL= 8 cartridges/30 days
CUE HEALTH MIS MONITOR	QL= 1 kit/year
CUTAQUIG INJ	QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767
CUVRIOR TAB	QL= 10 tabs/day
cyclobenzaprine ER cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine methocarbamol, or orphenadrine ER
cyclosporine ophth emulsion	QL= 60 vials/30 days
CYSTADROPS SOLN	Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTARAN OPTH SOLN	QL= 4 bottles/28 days; Only available through Walgreens 888-347-3416
dabigatran etexilate mesylate cap	QL= 2 caps/day
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
dapsone gel	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide
DAPSONE GEL 7.5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide
DARTISLA ODT TAB	QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution
darunavir tab 600mg	QL= 2 tabs/day
darunavir tab 800mg	QL= 1 tab/day
DAURISMO TAB 100MG	QL= 1 tab/day; Only available through Walgreens 888-347-3416
DAURISMO TAB 25MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
DAYVIGO TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
DEGLUDEC FLEXTOUCH INJ 100 UNIT	QL= 60ml/30 days
DEGLUDEC FLEXTOUCH INJ 200 UNIT	QL= 60ml/30 days
DEGLUDEC INJ 100 UNIT	QL= 60ml/30 days
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/84 days
dermawerx pak	QL= 1 kit/30 days
DESCOVY TAB	QL= 1 tab/day
desloratadine tab	QL= 1 tab/day
DESVENLAFAXINE ER TAB	QL= 1 tab/day; Step Therapy requires trial of 2 antidepressants
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
dexlansoprazole DR cap	Covered for members age 17 or younger; QL= 1 cap/day; Step therapy requires trial of all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab

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Last Updated* 7/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
dexmethylphenidate ER cap	QL= 1 cap/day
dexmethylphenidate tab 10mg	QL= 60 tabs/30 days
dexmethylphenidate tab 2.5mg	QL= 240 tabs/30 days
dexmethylphenidate tab 5mg	QL= 120 tabs/30 days
dextroamphetamine 5mg tab	QL= 180 tabs/30 days
dextroamphetamine ER cap 10mg	QL= 2 caps/day
dextroamphetamine ER cap 15mg	QL= 4 caps/day
dextroamphetamine ER cap 5mg	QL= 2 caps/day
dextroamphetamine soln	QL= 1800ml/30 days
dextroamphetamine sulfate tab 15mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 20mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 30mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine tab 10mg	QL= 6 tabs/day
DHIVY TAB	QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 1 kit/30 days
diazepam oral soln	QL= 360ml/30 days
DIAZEPAM RECTAL GEL	QL= 1 kit/30 days
dichlorphenamide tab	QL= 4 tabs/day
diclofenac gel	QL= 100gm/fill, 2 fills/month
DICLOFENAC PATCH, FLECTOR PATCH	QL= 60 patches/30 days
diclofenac potassium (migraine) packet	QL= 9 packets/30 days
diclofenac potassium cap	QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac potassium tab 25mg	QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
didanosine DR cap	QL= 1 cap/day
DIFICID SUSP	QL= 136 mL/30 days
DIFICID TAB	QL= 20 tabs/30 days
difluprednate ophth emulsion	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp
DIGITAL THERAPY APPLICATION	QL= 1 membership/lifetime
digoxin tab 62.5mcg	QL= 1 tab/day
dihydroergotamine mesylate inj	QL= 24ml/28 days
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
dimethyl fumarate DR cap	QL= 60 caps/30 days
dimethyl fumarate DR starter pack	QL= 60 caps/30 days
donepezil tab 10mg	QL= 1 tab/day
donepezil tab 23mg	QL= 1 tab/day

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
donepezil tab 5mg	QL= 1 tab/day
DOPTelet TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
DORYX MPC TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR
doxepin cap	QL= 2 tabs/day
doxepin tab	QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem zolpidem ER tab, or zolpidem SL
DOXYCYCLINE CAP, ORACEA CAP	QL= 1 cap/day; Step Therapy requires trial of doxycycline hyclate, doxycycline hyclate DR, or doxycycline monohydrate
doxycycline hyclate cap	QL= 2 caps/day
doxycycline hyclate cap 50mg	QL= 2 caps/day
doxycycline hyclate DR tab	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 200mg	QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 50mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 75mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab	QL= 2 tabs/day
doxycycline hyclate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline hyclate tab 75mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline monohydrate cap	QL= 2 caps/day
doxycycline monohydrate cap 50mg	QL= 2 caps/day
doxycycline monohydrate tab	QL= 2 tabs/day
doxycycline monohydrate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxylamine/pyridoxine dr tab	QL= 120 tabs/30 days
dronabinol cap	QL= 2 caps/day
DUAKLIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER
DULERA AER 100-5MCG	QL= 1 inhaler/30 days
DULERA AER 200-5MCG	QL= 1 inhaler/30 days
DULERA INHALER	QL= 1 inhaler/30 days
duloxetine cap 40mg	QL= 2 caps/day
duloxetine EC cap 20mg	QL= 6 caps/day
duloxetine EC cap 30mg	QL= 4 caps/day
duloxetine EC cap 60mg	QL= 2 caps/day
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
DUTOPROL TAB	QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers
DUZALLO TAB	QL= 1 tab/day
DYANA VEL XR CHEW 10MG	QL= 2 tabs/day; Step therapy requires trial of 2: amphetam/dextroamphptam ER, methylphenidate ER, dexmethylphenidate ER, dextroamphetamine ER
DYANA VEL XR CHEW 15MG	QL= 1 tab/day; Step therapy requires trial of 2: amphetam/dextroamphptam ER, methylphenidate ER, dexmethylphenidate ER, dextroamphetamine ER

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DYANAVEL XR CHEW 20MG	QL= 1 tab/day; Step therapy requires trial of 2: amphetam/dextroamphtam ER, methylphenidate ER, dexmethylphenidate ER, dextroamphetamine ER
DYANAVEL XR CHEW 5MG	QL= 4 tabs/day; Step therapy requires trial of 2: amphetam/dextroamphtam ER, methylphenidate ER, dexmethylphenidate ER, dextroamphetamine ER
EDLUAR SL TAB	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
EDURANT TAB	QL= 1 tab/day
efavirenz/emtricitabine/tenofovir df tab	QL= 1 tab/day
ELEPSIA XR TAB 1000MG	QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
ELEPSIA XR TAB 1500MG	QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
eletriptan tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ELIQUIS STARTER PACK 5MG	QL= 1 pack/30 days
ELIQUIS TAB 2.5MG	QL= 60 tabs/30 days
ELIQUIS TAB 5MG	QL= 74 tabs/30 days
ELYXYB SOLN	QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension
EMEND SUSP	QL= 3 doses/fill, 2 fills/month
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
EMPAVELI INJ	QL= 160ml/28 days
emtricitabine cap	QL= 1 cap/day
emtricitabine/tenofovir disoproxil fumarate tab	QL= 30 tabs/30 days
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg	QL= 30 tabs/30 days
EMTRIVA SOLN	QL= 850ml/30 days
enalapril maleate oral soln	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
ENBREL INJ	QL= 8 inj/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
ENSPRYNG INJ	QL= 1 inj/28 days
ENTADFI CAP	QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
EPCLUSA PAK	QL= 1 packet/day
EPCLUSA TAB	QL= 1 tab/day

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
EPINEPHRINE INJ 0.15MG	QL= 2 inj/fill
EPINEPHRINE INJ 0.3MG	QL= 2 inj/fill
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
EPIVIR HBV SOLN	QL= 720ml/30 days
EPOGEN INJ	QL= 12 vials/30 days
EPRONTIA SOLN	QL= 473ml/30 days; Step therapy requires trial of topiramate sprinkle caps
ergotamine/cafeine tab	QL= 40 tabs/28 days
ERIVEDGE CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab 100mg	
erlotinib tab 150mg	
erlotinib tab 25mg	QL= 2 tabs/day
ESBRIET CAP	QL= 9 caps/day
estradiol patch	QL= 4 patches/28 days
estradiol td gel	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
ESTRING	QL= 1 ring/90 days; 3 copays per Rx
eszopiclone tab	QL= 1 tab/day
etravirine tab 100mg	QL= 4 tabs/day
etravirine tab 200mg	QL= 2 tabs/day
EULEXIN CAP	QL= 6 caps/day
EVEKEO ODT	QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
everolimus tab	QL= 1 tab/day
everolimus tab for oral susp	QL= 1 tab/day
EVOTAZ TAB	QL= 1 tab/day
EVRYSDI SOLN	QL= 240ml/30 days; Only available through Accredo 800-803-2523
EXKIVITY CAP	QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
EXSERVAN FILM	QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479
EXTAVIA INJ	QL= 14 kits/28 days
EZALLOR SPRINKLE CAP	QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, fluvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin
ezetimibe tab	QL= 1 tab/day
EZETIMIBE/ATORVASTATIN TAB	QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe
ezetimibe/simvastatin tab	QL= 1 tab/day
famciclovir tab 125mg	QL= 2 tabs/day
famciclovir tab 250mg	QL= 2 tabs/day
famciclovir tab 500mg	QL= 21 tabs/fill, 2 fills/month
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year

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**Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FARXIGA TAB	QL= 1 tab/day
FASENRA INJ	QL= 1 syringe/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
FASENRA PEN INJ	QL= 1 pen/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
febuxostat tab	QL= 1 tab/day
felbamate susp	QL= 30ml/day
felbamate tab 400mg	QL= 9 tabs/day
felbamate tab 600mg	QL= 6 tabs/day
fenoprofen calcium cap	QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
fentanyl citrate lollipop	QL= 120 lozenges/30 days
fentanyl patch	QL= 15 patches/30 days
FENTORA TAB, FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
fesoterodine fumarate er tab	QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap
FETZIMA CAP	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FETZIMA TITRATION PACK	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FIASP FLEXTOUCH INJ	QL= 60 units/30 days
FIASP INJ	QL= 60 units/30 days
FIASP PENFILL INJ	QL= 60 units/30 days
fingolimod hcl cap	QL= 30 caps/30 days
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FIRDAPSE TAB	QL= 8 tabs/day; Only available through AnovoRx 844-288-5007
FIRVANQ SOLN	QL= 300ml/30 days
FLEQSUVY SUSP	QL= 16ml/day; Step therapy requires trial of baclofen and tizanidine
FLOLIPID SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
FLOVENT DISKUS INHALER 250MCG	QL= 2 inhalers/30 days
FLOVENT DISKUS INHALER 50MCG, 100MCG	QL= 1 inhaler/30 days
FLOVENT HFA INHALER 110MCG, FLUTICASONE HFA INHALER 110MCG	QL= 1 inhaler/30 days
FLOVENT HFA INHALER 220MCG, FLUTICASONE HFA INHALER 220MCG	QL= 2 inhalers/30 days
FLOVENT HFA INHALER 44MCG, FLUTICASONE HFA INHALER 44MCG	QL= 2 inhalers/30 days
fluoxetine cap 90mg	QL= 4 caps/28 days
FLUTAMIDE CAP	QL= 6 caps/day
FLUTICASONE/SALMETEROL INHALER	QL= 1 inhaler/30 days
fluticasone/salmeterol inhaler, wixela inhale	QL= 1 inhaler/30 days
FLUTICASONE/VILANTEROL INHALER	QL= 1 inhaler/30 days
FLUTICASONE-SALMETEROL INHALER	QL= 1 inhaler/30 days

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
fluvoxamine ER cap	QL= 2 caps/day
formoterol fumarate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
FORTEO INJ	QL= 2.4 units/28 days
fosamprenavir tab	QL= 4 tabs/day
FOTIVDA CAP	QL= 21 caps/28 days
FRAGMIN INJ 10000	QL= 10ml/30 days
FRAGMIN INJ 12500	QL= 5ml/30 days
FRAGMIN INJ 15000	QL= 6ml/30 days
FRAGMIN INJ 18000	QL= 7.2ml/30 days
FRAGMIN INJ 2500	QL= 2ml/30 days
FRAGMIN INJ 5000	QL= 2ml/30 days
FRAGMIN INJ 7500	QL= 3ml/30 days
FRAGMIN INJ 95000	QL= 7.6ml/30 days
FREESTYLE INSULINX TEST STRIP	QL= 300 test strips/30 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LITE TEST STRIP	QL= 300 test strips/30 days
FREESTYLE PRECISION NEO TEST STRIP	QL= 300 test strips/30 days
FREESTYLE TEST STRIP	QL= 300 test strips/30 days
FREESTYLE TEST STRIPS	QL= 300 strips/30 days
frovatriptan tab	QL= 10 tabs/30 days
FULPHILA INJ	QL= 2 syringes/28 days
FUROSCIX KIT	QL= 1 kit/day; Step requires a trial of furosemide tabs or furosemide soln
FYCOMPA TAB	QL= 4 tabs/day
FYLNETRA INJ	QL= 2 syringes/28 days
GALAFOLD CAP	QL= 15 caps/30 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
galantamine ER cap	QL= 1 cap/day
galantamine tab	QL= 60 tabs/30 days
GAVILYTE-C SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GAVRETO CAP	QL= 120 caps/30 days

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
gefitinib tab	QL= 1 tab/day
GEMTESA TAB	QL= 30 tabs/30 days; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
GENOTROPIN INJ	QL= 9 cartridges/28 days
GENVOYA TAB	QL= 1 tab/day
GILENYA CAP	QL= 30 caps/30 days
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
GIMOTI NASAL SPRAY	QL= 1 bottle/28 days
glatiramer inj 20mg/ml	QL= 30 syringes/30 days
glatiramer inj 40mg/ml	QL= 12 syringes/28 days
GLOPERBA SOLN	QL= 300ml/30 days; Step Therapy requires trial of colchicine
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill, 2 fill/month
glucagon (rdna) for inj kit	QL= 2 inj/fill, 2 fill/month
GLUCAGON EMR INJ	QL= 2 inj/fill
GLYCATE TAB	QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolat tab 2mg
glycopyrrolate oral soln	QL= 9ml/day
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
GRALISE TAB	QL= 2 tabs/day
granisetron tab	QL= 8 tabs/30 days
GRANISOL SOLN	QL= 60ml/30 days
GRANIX INJ	QL= 15 syringes/30 days
guaifenesin/codeine syrup	QL= 240ml/fill, 2 fills/month
guanfacine ER tab	QL= 1 tab/day
guanfacine ER tab 1mg	QL= 2 tabs/day
guanfacine ER tab 2mg	QL= 2 tabs/day
GUARDIAN 4 MIS SENSOR	QL= 5 sensors/35 days
GUARDIAN 4 TRANSMITTER	QL= 1 transmitter/year
GVOKE INJ	QL= 2 inj/fill, 2 fills/month
GVOKE INJ KIT	QL= 2 vials/fill, 2 fills/30 days
GVOKE PFS INJ	QL= 2 inj/fill, 2 fills/month
HAEGARDA INJ 2000U	QL= 30 vials/30 days; Only available through Accredo 800-803-2523
HAEGARDA INJ 3000U	QL= 20 vials/30 days; Only available through Accredo 800-803-2523
HARVONI PELLET PAK	QL= 28 tabs/28 days
HARVONI TAB	QL= 28 tabs/28 days
HETLIOZ SUSP	QL= 158ml/30 days
HORIZANT TAB	QL= 1 tab/30 days
HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVLOG or INSULIN ASPART
HUMALOG KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVLOG or INSULIN ASPART
HUMALOG MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVLOG or INSULIN ASPART
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVLOG or INSULIN ASPART
HUMALOG PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVLOG or INSULIN ASPART

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**Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)**

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HUMALOG TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMIRA INJ 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days
HUMIRA INJ 40MG	QL= 2 syringes/28 days
HUMIRA INJ 80MG	QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
HUMULIN MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ U-500	QL= 40 units/30 days
HUMULIN R U-500 KWIKPEN INJ	QL= 24 units/30 days
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
hydrocodone bitartrate er tab	QL= 1 tab/day
hydrocodone/acetaminophen soln	QL= 180ml/day
HYDROCODONE/ACETAMINOPHEN SOL 10-325 MG/15ML	QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older
hydrocodone/acetaminophen tab 10-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 10mg-300mg	QL= 13 tabs/day
hydrocodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 5mg-300mg	QL= 13 tabs/day
hydrocodone/acetaminophen tab 7.5mg-300mg	QL= 13 tabs/day
hydrocodone/acetaminophen tab 7.5mg-325mg	QL= 12 tabs/day
HYDROCODONE/IBUPROFEN TAB	QL= 5 tabs/day
hydromorphone ER tab 12mg	QL= 1 tab/day
hydromorphone ER tab 16mg	QL= 1 tab/day
hydromorphone ER tab 32mg	QL= 2 tabs/day
hydromorphone ER tab 8mg	QL= 1 tab/day

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Last Updated* 7/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HYDROXYPROGESTERONE CAPROATE INJ	QL= 1 vial/35 days
HYFTOR GEL	QL= 20 grams/30 days; Only available through Walgreens 888-347-3416
IBRANCE CAP	QL= 21 caps/28 days; Only available through Walgreens 888-347-3416
IBRANCE TAB	QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416
IBSRELA TAB	QL= 60 tabs/30 days
ibuprofen tab cold/sinus	QL= 240 tabs/30 days
icatibant inj	QL= 36ml/30 days
icosapent ethyl cap 0.5gm	QL= 2 caps/day
icosapent ethyl cap 1gm	QL= 4 caps/day
IDHIFA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
imatinib tab 100mg	QL= 3 tabs/day
imatinib tab 400mg	QL= 2 tabs/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Optum 877-445-6874
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Optum 877-445-6874
IMBRUVICA SUSP	QL= 216ml/30 days; Only available through Optum 877-445-6874
IMBRUVICA TAB	QL= 1 tab/day; Only available through Optum 877-445-6874
imiquimod cream 3.75%	QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution
imiquimod cream 5%	QL= 24gm/30 days
IMITREX INJ	QL= 1 inj/7 days
IMPAVIDO CAP	QL= 3 caps/day; Restricted to Infectious Disease Specialist
INBRIJA INH POWDER	QL= 4 units/day; Only available through Walgreens 888-347-3416
INCRUSE ELLIPTA INHALER	QL= 30 units/30 days
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INLYTA TAB	QL= 8 tabs/day; Only available through Walgreens 888-347-3416
INQOVI TAB	QL= 5 tabs/28 days; Only available through Optum 877-445-6874 or Walgreens 888-347-3416
INREBIC CAP	QL= 4 caps/day
INSULIN ASPART FLEXPEN INJ	QL= 60 units/30 days
INSULIN ASPART INJ	QL= 60 units/30 days
INSULIN ASPART MIX FLEXPEN INJ	QL= 60 units/30 days
INSULIN ASPART MIX INJ	QL= 60 units/30 days
INSULIN ASPART PENFILL INJ	QL= 60 units/30 days
INSULIN GLAR INJ 100U/ML	QL= 60ml/30 days
INSULIN GLARGINE INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
INTELENCE TAB	QL= 4 tabs/day
INTELENCE TAB 25MG	QL= 4 tabs/day
INVIRASE CAP	QL= 10 caps/day
INVIRASE TAB	QL= 4 tabs/day
INVOKAMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
INVOKAMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCI SYNJARDY, or SYNJARDY XR
INVOKANA TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCI SYNJARDY, or SYNJARDY XR
ISENTRESS (HD) TAB	QL= 2 tabs/day
ISENTRESS CHEW TAB	QL= 6 tabs/day
ISENTRESS POWDER PACK	QL= 2 packets/day
isosorbide dinitrate-hydralazine hcl tab	QL= 6 tabs/day
ISOXSUPRINE TAB	QL= 120 tabs/30 days
ISTURISA TAB 10MG	QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 1MG	QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 5MG	QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
IVERMECTIN CREAM	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
JAKAFI TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JANUMET TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
JANUMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
JANUVIA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
JARDIANCI TAB	QL= 1 tab/day
JATENZO CAP 158MG	QL= 4 caps/day
JATENZO CAP 198MG	QL= 4 caps/day
JATENZO CAP 237MG	QL= 2 caps/day
JAYPIRCA TAB 100MG	QL= 60 tabs/30 days; Only available through Optum 877-445-6874
JAYPIRCA TAB 50MG	QL= 30 tabs/30 days; Only available through Optum 877-445-6874
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JULUCA TAB	QL= 1 tab/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 30MG	QL= 1 tab/day; Only available through Walgreens 888-347-3416
KADIAN CAP 200MG	QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab
KALETRA TAB 100-25MG	QL= 2 tabs/day
KALETRA TAB 200-50MG	QL= 4 tabs/day
KALYDECO PAK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KARBINAL ER SUSP	QL= 960ml/30 days
KERENDIA TAB	QL= 30 tabs/30 days
KESIMPTA INJ	QL= 1 inj/28 days
KEVEYIS TAB	QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
KLISYRI OINT	QL= 5 grams/5 days
KOMBIGLYZE XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadu
KOSELUGO CAP	QL= 120 caps/30 days; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG	QL= 8 caps/day; Only available through Onco360 877-662-6633
KRAZATI TAB	QL= 60 tabs/30 days
KRINTAFEL TAB	QL= 2 tabs/365 days
KYZATREX CAP, TLANDO CAP	QL= 4 caps/day
lacosamide oral solution	QL= 1200ml/30 days
lacosamide tab	QL= 2 tabs/day
lamivudine soln	QL= 960ml/30 days
lamivudine tab 100mg	QL= 1 tab/day
lamivudine tab 150mg	QL= 2 tabs/day
lamivudine tab 300mg	QL= 1 tab/day
lamivudine/zidovudine tab	QL= 2 tabs/day
lamotrigine ER tab 100mg	QL= 3 tabs/day
lamotrigine ER tab 200mg	QL= 2 tabs/day
lamotrigine ER tab 250mg	QL= 2 tabs/day
lamotrigine ER tab 25mg	QL= 6 tabs/day
lamotrigine ER tab 300mg	QL= 2 tabs/day
lamotrigine ER tab 50mg	QL= 6 tabs/day
lamotrigine ODT 100mg	QL= 3 tabs/day
lamotrigine ODT 200mg	QL= 2 tabs/day
lamotrigine ODT 25mg	QL= 6 tabs/day
lamotrigine ODT 50mg	QL= 6 tabs/day
LAMPIT TAB 120MG	QL= 225 tabs/30 days
LAMPIT TAB 30MG	QL= 360 tabs/30 days
LANTUS INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo and Levemir and Tresiba
LANTUS SOLOSTAR INJ	QL= 60ml/30 days
LASTACAFT OPTH SOLN	QL= 3ml/30 days
LATUDA TAB	QL= 1 tab/day
LAZANDA NASAL SPRAY	QL= 15 sprays/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
lenalidomide cap	QL= 1 cap/day; Only available through Walgreens 888-347-3416
LENVIMA CAP	QL= 3 caps/day; Only available through Optum 877-445-6874
LEUPROLIDE INJ	QL= 1 kit/90 days
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler
LEVEMIR FLEXTOUCH INJ	QL= 60ml/30 days
LEVEMIR INJ	QL= 60ml/30 days
levocetirizine soln	QL= 10ml/day
levorphanol tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Step Therapy requires trial of 2 short acting opioids

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LEXIVA SUSP	QL= 1800ml/30 days
lidocaine oint	QL= 8gm/day
LINZESS CAP	QL= 30 caps/30 days; Step therapy requires trial of TRULANCE
LIQREV SUSP	QL= 6ml/day
LIVALO TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of bumetanide, ethacrynic acid, furosemide, torsemide, metolazone, methyclothiazide, indapamide, hydrochlorothiazide, chlorthalidone, or chlorothiazide
LONHALA MAGNAIR SOLN	QL= 60ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER
lopinavir/ritonavir soln	QL= 480ml/30 days
lopinavir-ritonavir tab 100-25mg	QL= 2 tabs/day
lopinavir-ritonavir tab 200-50mg	QL= 4 tabs/day
LORBRENA TAB 100MG	QL= 1 tab/day; Only available through Walgreens 888-347-3416
LORBRENA TAB 25MG	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
LOREEV XR CAP	QL= 1 cap/day; Step therapy requires trial of lorazepam tab
LOREEV XR CAP 3MG	QL= 3 caps/day; Step therapy requires trial of lorazepam tab
LORTUSS EX LIQUID	QL= 1200ml/30 days
LORTUSS LIQUID	QL= 1200ml/30 days
loteprednol etabonate ophth gel	QL= 5 grams/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
lovastatin tab	QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
lubiprostone cap	QL= 60 caps/30 days
LUCEMYRA TAB	QL= 224 tabs/fill, 1 fill/month
LULICONAZOLE CREAM, LUZU CREAM	QL= 60gm/28 days
LUMAKRAS TAB	QL= 240 tabs/30 days; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG	QL= 90 tabs/30 days
LUMIGAN OPTH SOLN	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
LUMRYZ PACK 4.5GM	QL= 1 pack/day
LUMRYZ PACK 6GM	QL= 1 pack/day
LUMRYZ PACK 7.5GM	QL= 1 pack/day
LUMRYZ PACK 9GM	QL= 1 pack/day
LUPKYNIS CAP	QL= 180 caps/30 days
LUPRON DEPOT INJ PED	QL= 1 syringe kit/180 days
lurasidone hcl tab	QL= 1 tab/day
LYBALVI TAB	QL= 30 tabs/30 days; Step therapy requires trial of 2: olanzapine, aripiprazole, risperidone, quetiapine, paliperidone, ziprasidone
LYNPARZA CAP	QL= 16 caps/day; Only available through Biologics 800-850-4306
LYNPARZA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYTGOBI TAB (12MG DAILY DOSE)	QL= 84 tabs/28 days; Only available through Onco360 877-662-6633
LYTGOBI TAB (16MG DAILY DOSE)	QL= 112 tabs/28 days; Only available through Onco360 877-662-6633

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LYTGOBI TAB (20MG DAILY DOSE)	QL= 140 tabs/28 days; Only available through Onco360 877-662-6633
LYUMJEV INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
LYUMJEV KWIKPEN	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
LYUMJEV KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
LYUMJEV TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
LYVISPAH GRANULE PACKET 10MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
LYVISPAH GRANULE PACKET 20MG	QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
LYVISPAH GRANULE PACKET 5MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
MAKENA INJ	QL= 4.4 ml/28 days
maraviroc tab 150mg	QL= 2 tabs/day
maraviroc tab 300mg	QL= 4 tabs/day
MAR-COF CG LIQUID	QL= 473ml/month
MAVENCLAD PAK	QL= 10 tabs/fill, 2 fills/year; Only available through Walgreens 888-347-3416
MAVYRET PAK	QL= 5 packets/day
MAVYRET TAB	QL= 3 tabs/day
MAYZENT STARTER PACK 0.25MG	QL= 7 tabs/fill, 2 fills/year
MAYZENT TAB	QL= 1 tab/day
MAYZENT TAB STARTER PACK	QL= 12 tabs/fill, 2 fills/year
medroxyprogesterone inj	QL= 1 inj/84 days
MEKINIST SOLN	QL= 40ml/day
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
MEKTOVI TAB	QL= 6 tabs/day; Only available through Optum 877-445-6874 or Walgreens 888-347-3416
meloxicam cap	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
MELOXICAM SUSP	QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
memantine soln	QL= 300 ml/30 days
memantine tab	QL= 2 tabs/day
memantine titrapak	QL= 49 tabs/28 days
M-END DMX LIQUID	QL= 1800ml/30 days
MEPERIDINE TAB	QL= 6 tabs/day
mesalamine DR cap	QL= 6 caps/day
mesalamine DR tab	QL= 4 tabs/day
mesalamine ER cap	QL= 4 caps/day
mesalamine supp	QL= 1 supp/day
METFORMIN TAB	QL= 90 tabs/30 days; Step therapy requires trial of metformin 500mg, 850mg, or 1000mg tab AND metformin ER
methadone soln	QL= 4 ml/day
methadone tab 10mg	QL= 4 tabs/day
methadone tab 5mg	QL= 8 tabs/day
methadose tab	QL= 1 tab/day

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
methamphetamine tab	QL= 5 tabs/day
METHOCARBAMOL TAB 1000MG	QL= 8 tabs/day; Step therapy requires trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine
methsuximide cap	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
methylphenidate CD cap	QL= 1 cap/day
methylphenidate chew tab	QL= 3 tabs/day
methylphenidate ER cap	QL= 1 cap/day
methylphenidate ER cap 10mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 15mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 20mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 30mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 40mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
methylphenidate ER cap 60mg	QL= 1 cap/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
METHYLPHENIDATE ER TAB	QL= 1 tab/day
methylphenidate ER tab 10mg	QL= 3 tabs/day
methylphenidate ER tab 18mg	QL= 1 tab/day
methylphenidate ER tab 20mg	QL= 3 tabs/day
methylphenidate ER tab 27mg	QL= 1 tab/day
methylphenidate ER tab 36mg	QL= 1 tabs/day
METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG	QL= 1 tab/day
methylphenidate ER tab 54mg	QL= 1 tab/day
METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG	QL= 1 tab/day
METHYLPHENIDATE ER TAB 72MG	QL= 1 tab/day
methylphenidate tab 10mg	QL= 180 tabs/30 days
methylphenidate tab 20mg	QL= 90 tabs/30 days
methylphenidate tab 5mg	QL= 360 tabs/30 days

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
methylphenidate td patch	QL= 1 patch/day; Step therapy requires trial of 2: amphetamine-dextroamphetamine, dextroamphetamine tab/soln, methylphenidate tab/soln, dexmethylphen ER
metyrosine cap	QL= 448 caps/28 days
MIGERGOT SUPP	QL= 20 supp/28 days
MINOCYCLINE ER CAP	QL= 1 cap/day; Step Therapy requires trial of minocycline
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
MINOLIRA TAB	QL= 1 tab/day
MITIGARE CAP	QL= 2 caps/day
modafinil tab	QL= 2 tabs/day
MOLNUPIRAVIR CAP	QL= 40 caps/fill
MORGIDOX KIT	QL= 1 kit/30 days
MORPHABOND TAB	QL= 2 tabs/day
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER tab	QL= 3 tabs/day
MOTEGRITY TAB	QL= 30 tabs/30 days; Step Therapy requires trial of Trulance
MOUNJARO INJ	QL= 2ml/28 days; Step therapy requires trial of all of the following: Ozempic, Victoza, Trulicity, Jardiance, Farxiga; Diagnosis Restricted – Type 2 Diabetes (E11)
MOVANTIK TAB	QL= 30 tabs/30 days
MOXIFLOXACIN SOLN	QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops
MULPLETA TAB	QL= 7 tabs/fill, 3 fills/365 days
MYALEPT INJ	QL= 1 inj/30 days; Only available through Accredo 888-773-7376
MYDAYIS CAP	QL= 1 cap/day
MYFEMBREE TAB	QL= 28 tabs/28 days
MYRBETRIQ SUSP	QL= 188ml/30 days; Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap
NAFTIN GEL	QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NALOXONE PREFILLED INJ	QL= 2 inj/fill, 2 fill/month
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine or memantine er
NAMZARIC STARTER PACK	QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantine er

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
naratriptan tab	QL= 9 tabs/30 days
NARDIL TAB 15MG	QL= 4 tabs/day
NATACYN OPHTH SUSP	QL= 45ml/30 days
NATESTO NASAL GEL	QL= 3 bottles/30 days
NATROBA SUSP	QL= 1 bottle/fill, 1 fill/month
NAYZILAM SPRAY	QL= 2 packs/fill, 5 fills/month; Step therapy requires trial of midazolam inj; Restricted to Neurology Specialist
nebivolol hcl tab	QL= 1 tab/day; Step therapy requires trial of 2: carvedilol IR tab, metoprolol succ/tart tab, bisoprolol tab
NERLYNX TAB	QL= 6 tabs/day; Only available through Optum 877-445-6874
NEULASTA INJ	QL= 1.2 units/28 days
NEUPOGEN INJ	QL= 15 syringes/30 days
NEUPRO PATCH	QL= 1 patch/day
nevirapine ER tab	QL= 1 tab/day
NEVIRAPINE SUSP	QL= 1200ml/30 days
nevirapine tab	QL= 2 tabs/day
NEXAFED SINUS TAB + PAIN	QL= 240 tabs/30 days
NEXICLON XR TAB	QL= 3 tabs/day
NEXLETOL TAB	QL= 1 tab/day
NEXLIZET TAB	QL= 1 tab/day
NEXTSTELLIS TAB	QL= 28 tabs/24 days
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	Limited to 180 days/plan year
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
nilutamide tab	QL= 150mg/day after the first 30 days
nitazoxanide tab	QL= 6 tabs/fill, 2 fills/month
NIVESTYM INJ	QL= 15 syringes/30 days
NOCTIVA EMULSION SPRAY	QL= 3.8gm/30 days
NORLIQVA ORAL SOLN	QL= 300ml/30 days
NORVIR CAP	QL= 12 caps/day
NORVIR POWDER PACK	QL= 12 packets/day
NORVIR SOLN	QL= 480ml/30 days
NOURIANZ TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
NOVOLIN 70/30 FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN 70/30 INJ	QL= 60 units/30 days
NOVOLIN 70/30 VIAL	QL= 60 units/30 days
NOVOLIN N FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN N INJ	QL= 60 units/30 days
NOVOLIN N RELION INJ	QL= 60 units/30 days

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**Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NOVOLIN R FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN R INJ	QL= 60 units/30 days
NOVOLIN VIAL	QL= 60 units/30 days
NOVOLOG FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG INJ	QL= 60 units/30 days
NOVOLOG MIX FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG MIX INJ	QL= 60 units/30 days
NOVOLOG PENFILL INJ	QL= 60 units/30 days
NOXAFIL PAK	QL= 31 packets/30 days; Step Therapy requires trial of fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab
NUBEQA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA ER TAB	QL= 2 tabs/day
NUCYNTA TAB	QL= 6 tabs/day
NUDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUPLAZID CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416
NUPLAZID TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
NURTEC ODT	QL= 8 tabs/30 days
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
NUZYRA TAB	QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416
NYVEPRIA INJ	QL= 2 inj/28 days
OBREDON SOLN	QL= 1800ml/30 days
OCALIVA TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
OCREVUS INJ	QL= 60ml/365 days; Only available through Emerging Health 971-290-2010
ODEFSEY TAB	QL= 1 tab/day
OFEV CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
olanzapine ODT	QL= 1 tab/day
olanzapine tab	QL= 1 tab/day
olanzapine/fluoxetine cap	QL= 1 cap/day
olmesartan/amlodipine/hydrochlorothiazide tab	QL= 30 tabs/30 days
olopatadine nasal spray	QL= 30.5ml/30 days, Step Therapy requires trial of budesonide, fluniosolide, fluticasone, or triamcinolone
OLPRUVA PACK	QL=3 packets/day
OLUMIANT TAB	QL= 1 tab/day
OLUMIANT TAB 4MG	QL= 1 tab/day
omega-3-acid ethyl esters cap	QL= 4 caps/day
OMNIPOD 5 G6 KIT	QL= 1 kit/year
OMNIPOD 5 G6 MIS PODS	QL= 15 pods/30 days
OMNIPOD 5 PACK PODS	QL= 15 pods/30 days

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OMNIPOD DASH KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 15 pods/30 days
OMNIPOD STARTER KIT	QL= 1 kit/year
ondansetron soln	QL= 50ml/fill, 1 fill/15 days
ONGLYZA TAB	QL= 30 tabs/30 days; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
ONUREG TAB	QL= 14 tabs/28 days
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
OPZELURA CREAM	QL= 120 grams/28 days
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= 28 tabs/28 days; Only available through Biologics 800-850-4306 or US Bioservice 888-518-7246
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
ORLADEYO CAP	QL= 28 caps/28 days; Only available through Optime Care 1-888-287-2017
orphenadrine/aspirin/caffeine tab	QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab
oseltamivir cap 30mg	QL= 40 caps/183 days
oseltamivir cap 45mg	QL= 40 caps/183 days
oseltamivir cap 75mg	QL= 20 caps/183 days
oseltamivir susp	QL= 360ml/183 days
OSENI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjen OR Jentadueto
OSMOLEX ER TAB	QL= 1 tab/day; Step Therapy requires trial of amantadine
OSPHENA TAB	QL= 1 tab/day
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	QL= 1 bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocortisone otic
OTREXUP INJ 10MG	QL= 1.6ml/28 days
OTREXUP INJ 12.5MG/0.4ML	QL= 1.6ml/28 days
OTREXUP INJ 15MG	QL= 1.6ml/28 days
OTREXUP INJ 17.5MG/0.4ML	QL= 1.6ml/28 days
OTREXUP INJ 22.5MG/0.4ML	QL= 1.6ml/28 days
OTREXUP INJ, RASUVO INJ 20MG	QL= 1.6ml/28 days
OTREXUP INJ, RASUVO INJ 25MG	QL= 1.6ml/28 days

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OXBRYTA TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
OXBRYTA TAB 300MG	QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
OXERVATE OPTH SOLN	QL= 28ml/28 days; Only available through Accredo 800-803-2523
OXTELLAR XR TAB 150MG	QL= 1 tab/day
OXTELLAR XR TAB 300MG	QL= 1 tab/day
OXTELLAR XR TAB 600MG	QL= 4 tabs/day
OXYBUTYNIN SOLN	QL= 20ml/day; ST req trial of 2: oxybutynin syrup/tab/ER tab, solifenacin, tolterodine 1 tab, trospium IR tab
OXYBUTYNIN TAB 2.5MG	QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
oxycodone/acetaminophen tab 10-325mg	QL= 12 tabs/day
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	QL=12 tabs/day
oxycodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 7.5-325mg	QL= 12 tabs/day
OXYCONTIN CR TAB	QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab
OXYCONTIN CR TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYMORPHONE ER TAB 10MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 15MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 20MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 30MG	QL= 4 tabs/day
OXYMORPHONE ER TAB 40MG	QL= 4 tabs/day
OXYMORPHONE ER TAB 5MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 7.5MG	QL= 2 tabs/day
OZEMPIC INJ	QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZOBAX SOLN	QL= 16ml/day; Step therapy requires trial of baclofen tab AND tizanidine tab
paliperidone ER tab	QL= 1 tab/day
PALYNZIQ INJ	QL= 1 inj/day; Only available through Accredo 800-803-2523
paroxetine cap	QL= 1 cap/day
paroxetine oral susp	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PAXLOVID TAB	QL= 30 tabs/fill
PAXLOVID TAB 100-150MG	QL= 20 tabs/fill
pb-belladonna elixir	QL= 1200ml/30 days
peg 3350/electrolytes soln	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
PEMAZYRE TAB	QL= 14 tabs/21 days; Only available through Biologics 800-850-4306
penicillamine tab	QL= 480 tabs/30 days
PEXEVA TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
PHENELZINE SULFATE TAB	QL= 4 tabs/day
PHEXXI GEL	QL= 180gm/30 days
PICATO GEL	QL= 2 tubes/60 days
pirfenidone cap	QL= 9 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
PIRFENIDONE TAB 534MG	QL= 4 tabs/day; Only available through Lumicera 855-847-3553
pirfenidone tab 801mg	QL= 3 tabs/day
PLEGRIDY INJ	QL= 1 kit/28 days
PLEGRIDY PEN INJ	QL= 1 kit/28 days
POMALYST CAP	QL= 21 caps/28 days; Only available through Walgreens 888-347-3416
PONVORY TAB	QL= 30 tabs/30 days
PONVORY TAB STARTER PACK	QL= 14 tabs/14 days
posaconazole DR tab	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
potassium iodide oral soln	QL= 90ml/30 days
potassium phosphate monobasic tab	QL= 8 tabs/day
PRADAXA CAP 110MG	QL= 2 caps/day; Step therapy requires trial of 2: ELIQUIS TAB, ELIQUIS STARTER PACK, XARELTO TAB or XARELTO STARTER PACK
PRADAXA PELLETT PACK	QL= 2 packets/day
PRALUENT INJ	QL= 2 inj/28 days
pramipexole ER tab	QL= 1 tab/day
prasugrel tab	QL= 1 tab/day
pravastatin tab	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
PRECISION XTRA TEST STRIP	QL= 300 test strips/30 days
pregabalin cap 100mg	QL= 3 caps/day
pregabalin cap 150mg	QL= 3 caps/day
pregabalin cap 200mg	QL= 3 caps/day
pregabalin cap 225mg	QL= 3 caps/day
pregabalin cap 25mg	QL= 3 caps/day
pregabalin cap 300mg	QL= 3 caps/day
pregabalin cap 50mg	QL= 3 caps/day
pregabalin cap 75mg	QL= 3 caps/day
pregabalin ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln
pregabalin soln	QL= 30ml/day

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PRETOMANID TAB	QL= 1 tab/day
PREVNAR 20 INJ	QL= 1 vaccine/lifetime; Covered for members age 19 years or older
PREZCOBIX TAB	QL= 1 tab/day
PREZISTA SUSP	QL= 400ml/30 days
PREZISTA TAB	QL= 1 tab/day
PREZISTA TAB 150MG	QL= 8 tabs/day
PREZISTA TAB 75MG	QL= 16 tabs/day
PRIMIDONE TAB	QL= 4 tabs/day
PRIMLEV TAB 10-300MG	QL= 13 tabs/day
PRIMLEV TAB 5-300MG	QL= 13 tabs/day
PROCRT INJ	QL= 4 vials/30 days
PROLATE TAB	QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325mg tab
pseudoephedrine ER tab 120mg	QL= 2 tabs/day
pseudoephedrine liquid 15mg/5ml	QL= 2400ml/30 days
pseudoephedrine tab 30mg	QL= 8 tabs/day
pseudoephedrine tab 60mg	QL= 4 tabs/day
PULMICORT FLEXHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
PYRUKYND TAB	QL= 56 tabs/28 days; Only available through Biologics by McKesson 800-850-4306
PYRUKYND THERAPY PACK	QL= 7 tabs/7 days; Only available through Biologics by McKesson 800-850-4306
QBREXZA PAD	QL= 1 pad/day
QDOLO SOLN	QL= 80ml/day
QELBREE ER CAP 100MG	QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QELBREE ER CAP 150MG	QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QELBREE ER CAP 200MG	QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QINLOCK TAB	QL= 90 tabs/30 days; Only available through Biologics 800-850-4306
quetiapine tab	QL= 3 tabs/day
QUETIAPINE TAB 150MG	QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs
quetiapine XR tab	QL= 1 tab/day
QUILLICHEW ER TAB	QL= 1 tab/day
QUILLIVANT XR SUSP	QL= 360ml/30 days
QUINIDINE SULFATE TAB 200MG	QL= 8 tabs/day
QUINIDINE SULFATE TAB 300MG	QL= 5 tabs/day
QULIPTA TAB	QL= 30 tabs/30 days
QUVIVIQ TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate

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**Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
QVAR REDIHALER	QL= 21.2gm/30 days; Step Therapy requires trial of FLOVENT DISKUS, FLOVENT HFA, ARNUITY ELLIPTA, and ASMANEX HFA
RADICAVA ORS SUSP	QL= 70ml/28 days; Only available through Accredo 800-803-2523
raloxifene tab	QL= 1 tab/day
ramelteon tab	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
ranolazine tab	QL= 120 tabs/30 days
rasagiline tab	QL= 1 tab/day
RASUVO INJ 10MG	QL= 0.8ml/28 days
RASUVO INJ 12.5MG	QL= 1ml/28 days
RASUVO INJ 15MG	QL= 1.2ml/28 days
RASUVO INJ 17.5MG	QL= 1.4ml/28 days
RASUVO INJ 22.5MG	QL= 1.8ml/28 days
RASUVO INJ 25MG	QL= 2ml/28 days
RASUVO INJ 27.5MG	QL= 2.2ml/28 days
RASUVO INJ 30MG	QL= 2.4ml/28 days
RASUVO INJ 7.5MG	QL= 0.6ml/28 days
RAYALDEE CAP	QL= 2 caps/day
REBIF INJ	QL= 1 kit/28 days
RECORLEV TAB	QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
REGRANEX GEL	QL= 30gm/30 days
RELAFEN DS TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, bupropfen, or nabumetone
RELENZA DISKHALER	QL= 1 inhaler/fill, 1 fill/month
RELEUKO INJ	QL= 15 vials/30 days
RELISTOR INJ	QL= 0.4ml/day
RELISTOR INJ KIT	QL= 0.6ml/day
RELISTOR TAB	QL= 3 tabs/day
RELYVRIO PAK	QL= 56 packs/28 days; Only available through Accredo 888-773-7376
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RETACRIT INJ	QL= 4 vials/30 days
RETEVMO CAP 40MG	QL= 180 caps/30 days
RETEVMO CAP 80MG	QL= 120 caps/30 days
REVLIMID CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416
REXULTI TAB	QL= 1 tab/day
REYATAZ POWDER PACK	QL= 5 packets/day
REYVOW TAB 100mg	QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
REYVOW TAB 50mg	QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
REZLIDHIA CAP	QL= 60 caps/30 days; Only available through Biologics 800-850-4306
REZUROCK TAB	QL= 30 tabs/30 days; Only available through Biologics 800-850-4306

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
REZVOGLAR INJ	QL = 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn at Toujeo and Levemir and Tresiba
RHOPRESSA OPHTH SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln
RINVOQ ER TAB	QL= 1 tab/day
RINVOQ ER TAB 45MG	QL= 1 tab/day
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
risedronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
risedronate tab 30mg	QL= 1 tab/day
risedronate tab 35mg	QL= 4 tabs/28 days
risedronate tab 5mg	QL= 1 tab/day
ritonavir tab	QL= 12 tabs/30 days
rivastigmine patch	QL= 1 patch/day
rizatriptan ODT	QL= 12 tabs/30 days
rizatriptan tab	QL= 12 tabs/30 days
roflumilast tab	QL= 1 tab/day
ropinirole ER tab	QL= 1 tab/day; Step Therapy requires trial of ropinirole
rosuvastatin tab	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
ROSZET TAB	QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe
ROZLYTREK CAP 100MG	QL= 1 cap/day; Only available through Walgreens 888-347-3416
ROZLYTREK CAP 200MG	QL= 3 caps/day; Only available through Walgreens 888-347-3416
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
RUCONEST INJ	QL= 16 vials/day; Only available through Accredo 800-803-2523
rufinamide susp	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
rufinamide tab	QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
RUKOBIA ER TAB	QL= 60 tabs/30 days
RUZURGI TAB	QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
RYBELSUS TAB	QL= 1 tab/day; Step Therapy requires trial of VICTOZA, TRULICITY, and OZEMPIC; Diagnosis Restricted – Type 2 Diabetes (E11)
RYTARY CAP 23.75-95MG	QL= 750 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYTARY CAP 36.25-145MG	QL= 480 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYTARY CAP 48.75-195MG	QL= 360 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYTARY CAP 61.25-245MG	QL= 300 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYVENT TAB	QL= 4 tabs/day
SAMSCA TAB, TOLVAPTAN TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SANCUSO PATCH	QL= 4 patches/28 days; Step Therapy requires trial of granisetron
SANTYL OINT	QL= 90gm/30 days
SAVAYSA TAB	QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO
SAVELLA TAB	QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin
scopolamine patch	QL= 10 patches/30 days

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SECUADO PATCH	QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
SEEBRI NEOHALER CAP	QL= 60 caps/30 days; Step Therapy requires trial of INCRUSE ELLIPTA and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER
SEGLENTIS TAB	QL= 10 tabs/day; Trial of 3: tramad IR, celecox cap, oxycod tab/cap/sol, hydromorph tab/sol, oxymorph tab, morph sol
SEGLUROMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
SELZENTRY SOLN	QL= 31ml/day
SELZENTRY TAB 150MG	QL= 2 tabs/day
SELZENTRY TAB 25MG	QL= 4 tabs/day
SELZENTRY TAB 300MG	QL= 4 tabs/day
SELZENTRY TAB 75MG	QL= 2 tabs/day
SEMGLEE INJ 100U/ML	QL= 60ml/30 days
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv)	QL= 60ml/30 days
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv)	QL= 60ml/30 days
SEREVENT DISKUS INHALER	QL= 1 inhaler/30 days
SERTRALINE CAP	QL= 30 caps/30 days; Step therapy requires trial of sertraline tab
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 800-803-2523
sildenafil susp	QL= 224ml/30 days
sildenafil tab 20mg	QL= 3 tabs/day
SILIQ INJ	QL= 4 inj/28 days
SIMCOR TAB	QL= 1 tab/day
SIMPONI SC INJ	QL= 1 inj/28 days
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
simvastatin tab 5mg, 10mg, 20mg, 40mg	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
simvastatin tab 80mg	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
SITAVIG TAB	QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir
SIVEXTRO TAB	QL= 6 tabs/fill
SKYCLARYS CAP 50MG	QL= 90 caps/30 days; Only available through Biologics 800-850-4306
SKYRIZI 180MG/1.2ML CARTRIDGE	QL= 1 cartridge/56 days
SKYRIZI INJ	QL= 1 cartridge/56 days
SKYRIZI INJ 150MG/ML	QL= 1 syringe/84 days
SKYRIZI INJ 75MG/0.83ML	QL= 2 inj/84 days
SKYRIZI PEN 150MG/ML	QL= 1 pen/84 days
SKYTROFA INJ	QL= 4 inj/28 days

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Last Updated* 7/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SOAANZ TAB	QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
SOAANZ TAB 60MG	QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
SODIUM OXYBATE SOLN, XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
sodium/potassium/magnesium soln	QL= 2 fills/year
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
SOGROYA INJ	QL= 6ml/28 days
solifenacin tab	QL= 1 tab/day
SOLIUVA INJ	QL= 18ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPICOR
SOLOSEC GRANULES PACKET	QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole
SOMRYST	QL= 1 membership/lifetime
SOTYKTU TAB	QL= 1 tab/day
SOVALDI TAB	QL= 28 tabs/28 days
SPIKEVAX INJ	QL= 1 dose/24 days
SPINOSAD SUSP	QL= 1 bottle/fill, 1 fill/month
SPIRIVA HANDIHALER	QL= 1 cap/day; For use with Handihaler device
SPIRIVA RESPIMAT INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO
1.25MCG/ACT	ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler
SPIRIVA RESPIMAT INHALER	QL= 1 inhaler/30 days
2.5MCG/ACT	
SPRAVATO NASAL SOLN	QL= 4 kits/28 days; Only available through Walgreens 888-347-3416
SPRIX NASAL SPRAY	QL= 5 units/30 days
STAHIST AD TAB 25-60MG	QL= 4 tabs/day
stavudine cap	QL= 2 caps/day
STEGLATRO TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB
STELARA INJ	QL= 1 inj/84 days
STIMUFEND INJ	QL = 1.2 units/28 days
STIOLTO INHALER	QL= 1 inhaler/30 days
STIVARGA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
STRIANT FILM	QL= 60 films/30 days
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of SEREVENT DISKUS
SUBSYS SPRAY	QL= 180 sprays/30 days
SULFADIAZINE TAB	QL= 8 tabs/day
sumatriptan inj	QL= 8 inj/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 8 inj/30 days
sumatriptan nasal spray	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
sumatriptan tab	QL= 9 tabs/30 days
sumatriptan vial inj	QL= 1 inj/7 days

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
sumatriptan/naproxen tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
sunitinib malate cap	QL= 1 cap/day; Only available through Walgreens 888-347-3416
SUNOSI TAB 150MG	QL= 1 tab/day
SUNOSI TAB 75 MG	QL= 2 tabs/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SYMJEPI INJ	QL= 2 inj/fill
SYMLINPEN INJ 120	QL= 11ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin or Novolog or Fiasp or generic insulin aspart insulin
SYMLINPEN INJ 60	QL= 6ml/30 days; Step Therapy requires trial of Lantus or Toujeo AND Novolin or Novolog or Fiasp or generic insulin aspart insulin
SYMPROIC TAB	QL= 30 tabs/30 days
SYNAGIS INJ	QL= 2 inj/28 days
SYNDROS SOLN	QL= 60ml/30 days
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TABLOID TAB	QL= 4 tabs/day
TABRECTA TAB	QL= 112 tabs/28 days
tadalafil tab	QL= 1 tab/day; Prior Authorization for BPH
tadalafil tab (PAH)	QL= 2 tabs/day
TADLIQ SUSP	QL= 10ml/day
TAFINLAR CAP	QL= 4 caps/day
TAFINLAR TAB	QL= 12 tabs/day
tafluprost preservative free (pf) ophth soln	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln
TAGRISO TAB	QL= 1 tab/day
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML	QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523
TALTZ INJ	QL= 1 inj/28 days
TALZENNA CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416
TALZENNA CAP 0.25MG	QL= 1 cap/day; Only available through Walgreens 888-347-3416
TALZENNA CAP 1MG	QL= 1 cap/day; Only available through Walgreens 888-347-3416
TARPEYO CAP	QL= 120 caps/30 days
TASCENSO ODT TAB	QL= 1 tab/day
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
TAVNEOS CAP	QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479
tazarotene gel 0.05%	QL= 30g/30 days; Step Therapy requires trial of tazarotene cream
tazarotene gel 0.1%	QL= 30g/30 days; Step Therapy requires trial of tazarotene cream
TAZVERIK TAB	QL= 8 tabs/day; Only available through Onco360 877-662-6633
TECHNIVIE TAB	QL= 1 pack/28 days; Only available through Walgreens 888-347-3416
TEGSEDI INJ	QL= 4 inj/28 days; Only available through Accredo 800-803-2523

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TENCON TAB	QL= 6 tabs/day
tenofovir disoproxil fumarate tab	QL= 1 tab/day
TEPMETKO TAB	QL= 60 tabs/30 days; Only available through Biologics 800-850-4306
teriflunomide tab	QL= 30 tabs/30 days
TERIPARATIDE INJ	QL= 2.48 units/28 days
TESTOSTERONE ENANTHATE INJ	QL= 4 vials/28 days
TESTOSTERONE GEL 1% 25MG	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 300gm/30 days
testosterone gel 1% pump	QL= 300gm/30 days
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
testosterone gel 2%	QL= 2 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
TESTOSTERONE GEL, VOGELXO GEL	QL= 2 packets/day
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ	QL= 1 vial/28 days
testosterone soln	QL= 2 bottles/30 days
TEZSPIRE INJ	QL= 1 pen/30 days
THALITONE TAB	QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg
THALOMID CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
THIOLA EC TAB	QL= 8 tabs/day; Only available through Eversana 636-519-2400
tiagabine tab 12mg	QL= 4 tabs/day
tiagabine tab 16mg	QL= 3 tabs/day
tiagabine tab 2mg	QL= 4 tabs/day
tiagabine tab 4mg	QL= 4 tabs/day
TIBSOVO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
timolol maleate (pf) ophth soln 0.5%	QL= 2ml/day
timolol maleate preservative free ophth soln	QL= 2ml/day
tiopronin tab	QL= 8 tabs/day; Only available through Eversana 636-519-2400
TIVICAY PD TAB	QL= 180 tabs/30 days
TIVICAY TAB	QL= 180 tabs/30 days
tolcapone tab	QL= 3 caps/day
TOLSURA CAP	QL= 4 caps/day; Step Therapy requires trial of itraconazole
tolvaptan tab	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
tolvaptan tab 15mg	QL= 1 tab/day; Only available through Walgreens 888-347-3416
topiramate cap er 200mg	QL= 2 caps/day
topiramate er cap	QL= 1 cap/day
topiramate ER cap 100mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 150mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 200mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 25mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TOSYMRA SOLN	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
TOUJEO MAX SOLOSTAR INJ	QL= 18ml/30 days
TOUJEO SOLOSTAR INJ	QL= 18ml/30 days
TRACLEER TAB 32MG	QL= 4 tabs/day; Only available through Accredo 800-803-2523
TRADJENTA TAB	QL= 1 tab/day
TRAMADOL ER CAP	QL= 1 cap/day; Step Therapy requires trial of tramadol tab
TRAMADOL HCL ER TAB 100MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 200MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 300MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
tramadol hcl tab 100mg	QL= 4 tabs/day
tranexamic acid tab	QL= 180 tabs/30 days
travoprost ophth soln	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln
TRELEGY ELLIPTA INHALER	QL= 1 inhaler/30 days
TREMFYA INJ	QL= 1 inj/56 days
TRESIBA FLEXTOUCH INJ	QL= 60ml/30 days
TRESIBA INJ	QL= 60ml/30 days
TREXIMET TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODONE CAP	QL= 10 caps/day
TRIJARDY XR 10-5-1000MG	QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRIJARDY XR 25-5-1000MG	QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRIJARDY XR TAB 12.5-2.5-1000MG	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRIJARDY XR TAB 5-2.5-1000MG	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416
TRIKAFTA THERAPY PACK	QL= 20 packets/28 days; Only available through Walgreens 888-347-3416
trilyte soln	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
triprolidine/pseudoephedrine tab 2.5-60 mg	QL= 4 tabs/day
trisphec pse liquid	QL= 1200ml/30 days
TRIUMEQ PD TAB	QL= 6 tabs/day
TRIUMEQ TAB	QL= 1 tab/day
TRIZIVIR TAB	QL= 2 tabs/day
TROKENDI XR CAP	QL= 1 cap/day
TRUDHESA NASAL SPRAY	QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan
TRULANCE TAB	QL= 30 tabs/30 days
TRULICITY INJ	QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
TRUSELTIQ PACK 100MG	QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TRUSELTIQ PACK 175MG	QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246
TRUSELTIQ PACK 50MG, 125MG	QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246
TUDORZA PRESSAIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER
TUKYSA TAB	QL= 120 tabs/30 days; Only available through Biologics 800-850-4306
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
TUSSICAPS	QL= 20 caps/fill, 2 fills/30 days
tussin cf liquid	QL= 1200ml/30 days
TUXARIN ER TAB	QL= 20 tabs/fill, 2 fills/30 days
TUZISTRA XR SUSP	QL= 120ml/fill, 2 fills/30 days
TWYNEO CREAM	QL= 30 grams/30 days; Step therapy requires trial of 2 preferred acne agents
TYMLOS INJ	QL= 1.56 units/30 days
TYRVAYA SOLN	QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)
TYVASO DPI POWDER 16-32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 16-32MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB 100MG	QL= 16 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
UBRELVY TAB 50MG	QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
UDENYCA INJ	QL = 2 injectors/28 days
ULESFIA LOTION	QL= 4 bottles/fill, 2 fills/month
UPNEEQ SOLN	QL= 30 droppers/30 days
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
UTIBRON NEOHALER CAP	QL= 2 caps/day; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Optum 877-445-6874
VALSARTAN ORAL SOLN	QL= 2400ml/30 days
vancomycin cap 125mg	QL= 56 caps/30 days
vancomycin cap 250mg	QL= 112 caps/30 days
varenicline tartrate tab	Limited to 180 days/plan year
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist; Step Therapy requires trial of ondansetron
VELTASSA POWDER	QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, Lokelma
VEMLIDY TAB	QL= 1 tab/day
VENLAFAXINE TAB	QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
VEOZAH TAB	QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial 1: gabapen, pregab, clonidine
VERKAZIA EMULSION 0.1% OPHTH	QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth
VERQUVO TAB	QL= 30 tabs/30 days
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VIDEX SOLN	QL= 600ml/30 days
VIEKIRA PAK TAB	QL= 4 tabs/day
VIEKIRA XR TAB	QL= 3 tabs/day
vigabatrin powder pack	QL= 6 packs/day; Only available through Walgreens 888-347-3416
vigabatrin tab	QL= 6 tabs/day; Only available through Walgreens 888-347-3416
VIJOICE TAB	QL= 1 tab/day
vilazodone hcl tab	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox
VIREAD TAB	QL= 1 tab/day
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through Accredo 888-773-7376
VITRAKVI CAP 25MG	QL= 8 caps/day; Only available through Accredo 888-773-7376
VITRAKVI SOLN	QL= 10ml/day; Only available through Accredo 888-773-7376
VIVJOA CAP	QL= 18 caps/84 days; Only available through Walgreens 888-347-3416
VIVLODEX CAP	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
VIZIMPRO TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
VOGELXO PUMP	QL= 4 bottles/30 days
VONJO CAP	QL= 120 tabs/30 days; Only available through Biologics by McKesson 800-850-4306
VOQUEZNA DUAL PAK	QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit
VOQUEZNA TRIP PAK	QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit
VOSEVI TAB	QL= 1 tab/day
VOWST CAP	QL= 12 caps/30 days
VOXZOGO INJ	QL= 30 vials/30 days; Only available through Accredo 800-803-2523
VRAYLAR CAP	QL= 1 cap/day
VRAYLAR PACK	QL= 2 packs/plan year
VTAMA CREAM	QL= 60 grams/30 days
VUMERITY CAP	QL= 120 caps/30 days
VYLEESI INJ	QL= 2.4 ml/28 days
VYNDAMAX CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAQEL CAP	QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416

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Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VYVANSE CAP	QL= 1 cap/day
VYVANSE CHEW TAB	QL= 1 tab/day
VYZULTA SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost ophth soln
WAKIX TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
WELIREG TAB	QL= 90 tabs/30 days; Only available through Biologics 800-850-4306
WINLEVI CREAM	QL= 60 grams/30 days; Step Therapy requires trial of 1 topical antibiotic AND 1 of the following: adapalene OR tretinoin
XACIATO GEL	QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap
XADAGO TAB	QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa
XALKORI CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
XARELTO STARTER PACK 15MG/20MG	QL= 1 pack/30 days
XARELTO SUSP	QL= 10ml/day
XARELTO TAB 10MG	QL= 30 tabs/30 days
XARELTO TAB 15MG	QL= 60 tabs/30 days
XARELTO TAB 2.5MG	QL= 60 tabs/30 days
XARELTO TAB 20MG	QL= 30 tabs/30 days
XARTEMIS XR TAB	QL= 12 tabs/day
XATMEP SOLN	QL= 60ml/30 days
XCOPRI PAK 100-150MG	QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 150-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 50-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TAB 150MG, 200MG	QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG	QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XELJANZ SOLN	QL= 10ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XELSTRYM PAD	QL= 1 patch/day; Step therapy requires trial of 2: Ampht-Dexamph, dextroamphetamine tab/soln, methylphenidate tab/soln, dexmethylphen ER
XENLETA TAB	QL= 10 tabs/fill, 1 fill/month
XEPI CREAM	QL= 30gm/30 days
XERMELO TAB	QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306
XIFAXAN TAB 200MG	QL= 9 tabs/fill, 2 fills/month

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**Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XIFAXAN TAB 550MG	QL= 2 tabs/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XIIDRA OPTH SOLN	QL= 60ml/30days; Step Therapy requires trial of cyclosporine 0.05% opth emulsion (generic Restasis)
XOFLUZA TAB	QL= 2 tabs/120 days
XOFLUZA TAB THERAPY PACK 40MG	QL= 2 tabs/120 days
XOFLUZA TAB THERAPY PACK 80MG	QL= 2 tabs/120 days
XOLAIR INJ	QL= 1 syringe/28 days
XOSPATA TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
XPOVIO TAB	QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
XTAMPZA ER CAP 13.5MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 18MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 27MG	QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 36MG	QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 9MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTANDI CAP	QL= 4 caps/day; Only available through Walgreens 888-347-3416
XTANDI TAB 40MG	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
XTANDI TAB 80MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
XULTOPHY INJ	QL= 15ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIQ
XYOSTED INJ	QL= 4 syringes/28 days
YONSA TAB	QL= 4 tabs/day
YUPELRI SOLN	QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT
zaleplon cap	QL= 1 cap/day
zaleplon cap 10mg	QL= 2 caps/day
ZARXIO INJ	QL= 15 syringes/30 days
ZAVZPRET SPRAY	QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal
ZECUITY PAD	QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ZEJULA CAP	QL= 3 caps/day; Only available through Optum 877-445-6874
ZELBORAF TAB	QL= 8 tabs/day; Only available through Walgreens 888-347-3416
zenzedi tab 10mg	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 2.5MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
zenzedi tab 5mg	QL= 3 tabs/day; Step Therapy requires trial of dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate

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**Moda Texas Individual Formulary Cont.
Last Updated* 7/1/2023
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ZENZEDI TAB 7.5MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexamethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZEPATIER TAB	QL= 1 tab/day
ZEPHREX-D TAB 30MG	QL= 240 tabs/30 days
ZEPOSIA CAP	QL=30 caps/30 days
ZEPOSIA STARTER PACK	QL= 28 caps/28 days
zidovudine cap	QL= 6 caps/day
zidovudine syrup	QL= 1920ml/30 days
zidovudine tab	QL= 2 tabs/day
ZIEXTENZO INJ	QL= 1.2 units/28 days
zileuton ER tab	QL= 2 tabs/day
ZIMHI SOLN	QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj
ZIOPTAN OPHTH SOLN	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln
ziprasidone cap	QL= 2 caps/day
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT
zolmitriptan ODT	QL= 9 tabs/30 days
ZOLMITRIPTAN SPRAY	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/30 days
ZOLPIDEM CAP	QL= 1 cap/day; ST requires trial of zolpidem tab AND Trial of 1: eszopiclone, zaleplon
zolpidem ER tab	QL= 1 tab/day
zolpidem tab	QL= 1 tab/day
zolpidem tartrate SL tab	QL= 1 tab/day
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZONISADE SUSP	QL= 900ml/30 days
ZORVOLEX CAP	QL= 3 caps/day
ZORYVE CREAM	QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AN topical tacrolimus oint
ZTALMY SUSP	QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575
ZUBSOLV SL TAB	QL= 90 tabs/30 days
ZURAMPIC TAB	QL= 1 tab/day
ZYCLARA CREAM 2.5%	QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream
ZYFLO TAB	QL= 4 tabs/day
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYPITAMAG TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin

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

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint.

Please mail or fax it to:

Moda Partners, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں تو سنی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با تماس بگیرد. (TTY: 711) 1-877-605-3229

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意:日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવે) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)