



2025 UMP Preferred Drug List for Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) members

What is the UMP Preferred Drug List?

The Uniform Medical Plan (UMP) Preferred Drug List (PDL) offers a choice of covered prescription drugs that are safe, effective, and evidence based.

How does the PDL work?

This PDL classifies prescription drugs into tiers. The amount you pay at network pharmacies for your prescription drug depends on its tier, the pharmacy you use, and your plan benefits. For all plans, you pay \$0 for covered preventive drugs. Also, for all plans you do not have to meet your deductible before the plan pays for certain Tier 2 drugs, which are capped at \$35 per 30-day supply.

This table applies to the following plans: UMP Classic, UMP Select, UMP Achieve 1, UMP Achieve 2, UMP Plus (PEBB and SEBB)				
Tier	How much you pay at network pharmacies per 30-day supply			
Preventive Tier	\$0			
Value Tier	5% coinsurance or \$10 whichever is less			
Tier 1	10% coinsurance or \$25 whichever is less			
Tier 2 30% coinsurance or \$75 whichever is less				
	Covered insulins, certain corticosteroid inhalers, and epinephrine autoinjectors are covered at 30% coinsurance or \$35 whichever is less, the deductible is waived, and the coinsurance you pay is applied to your deductible.			

How is prescription drug coverage different for UMP Consumer-Directed Health Plan (CDHP) and UMP High Deductible?

This table applies to	= -				
UMP Consumer-Dir	ected Health Plan (CDHP) and UMP High Deductible Plan			
Tiers do not apply t	o most prescription	n drugs with these plans. After you meet your			
deductible, you pay	15% coinsurance f	or prescription drugs on the PDL, except for the			
following:	,				
Preventive	You pay \$0 at network pharmacies				
Insulins	The deductible is waived and the cost-share you pay is applied to your				
	deductible:				
	Tier	How much you pay at network pharmacies per			
		30-day supply			
	Preventive Tier	\$0			
	Value Tier	5% coinsurance or \$10 whichever is less			
	Tier 1	10% coinsurance or \$25 whichever is less			
	Tier 2	30% coinsurance or \$35 whichever is less			
Inhaled	You pay up to 15%	6 coinsurance or \$35, whichever is less, at network			
Corticosteroids	pharmacies for ce	rtain inhaled corticosteroids. The deductible is waived			
	and the cost-share	e you pay is applied to your deductible. To determine			
	which inhaled cor	ticosteroids apply, please contact ArrayRx Customer			
	Service at 1-888-3	61-1611 (TRS: 711).			
Epinephrine	After you meet yo	our deductible, you pay up to 15% coinsurance or \$35,			
Autoinjectors	whichever is less,	at network pharmacies for certain epinephrine			
	_	determine which epinephrine autoinjectors apply,			
		rayRx Customer Service at			
	1-888-361-1611 (7	·			
Other Prescription	l	nsurance at network pharmacies and your deductible			
Drugs		r prescription drugs and products listed below.			
	Drug class	Drugs			
	Angiotensin	Enalapril			
	Converting Enzyr				
	(ACE) inhibitors	lisinopril			
		lisinopril/hydrochlorothiazide			
	Anti-resorptive	alendronate			
	therapy				
	Beta-blockers	Atenolol			
		bisoprolol/hydrochlorothiazide			
		carvedilol			
		metoprolol succinate			
		metoprolol tartrate			

Inhaled	Asmanex					
corticosteroids	budesonide suspension					
	Qvar					
Non-insulin glucose	Glimepiride					
lowering agents	glipizide					
Towering agents	glyburide					
	glyburide/metformin					
	metformin					
Continuous glucose	Freestyle Libre					
monitors	Dexcom					
Glucose meters	To learn how to receive a free glucose meter					
	manufactured by Ascensia or Abbott, contact					
	ArrayRx customer service at 1-888-361-1611					
	(TRS: 711).					
Selective Serotonin	Citalopram					
Reuptake Inhibitors	escitalopram					
(SSRIs)	fluoxetine					
	sertraline					
Statins	atorvastatin					
Age 40 & over:	lovastatin					
Deductible waived,	pravastatin					
covered as Preventive	rosuvastatin					
(\$0) Age under 40: Deductible	simvastatin					
waived, 15% coinsurance						

Who decides which prescription drugs are on the PDL?

Two organizations determine which prescription drugs are on the PDL. The Washington State Pharmacy and Therapeutics Committee (an independent group of doctors and pharmacists) and ArrayRx recommend safe and effective prescription drugs for the PDL. ArrayRx determines what tier the prescription drugs are placed on, and which drugs are cost-effective.

Does the PDL contain pricing information?

The PDL contains information about what percentage or maximum cost-share you may pay. To determine your estimated cost based on the specifics of your plan and coverage, use UMP's Prescription Price Check Tool at the website listed on the following pages under <u>"For More Information."</u>

How do I read the PDL?

The tables below define some terms you will find in the PDL. The PDL changes throughout the year as new prescription drugs are approved for use. New prescription drugs may not be covered during the first 180 days they are available.

Drug tier key	Drug tier description
CAPITAL LETTERS	Brand name prescription drugs
Small letters	Generic prescription drugs
Preventive	Preventive drugs required under the Patient Protection and Affordable Care Act or recommended by the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices of the Centers for Disease Control
Value	Specific high-value prescription drugs used to treat certain chronic conditions
Tier 1	Primarily low-cost generic prescription drugs
Tier 2	Preferred brand-name drugs and high-cost generic prescription drugs
Tier 1 Specialty	Specialty prescription drugs that are safe, effective, and represent the most cost-effective option within their therapeutic category
Tier 2 Specialty	Specialty prescription drugs that have been reviewed by UMP and found to be clinically effective at a favorable cost when compared with other prescription drugs in the same category

Special Code	Special Code description
AMSP	Ardon Mandatory Specialty Pharmacy Program: Specialty drugs are used to treat complex chronic health conditions. They often require special handling techniques, careful administration, and a unique ordering process. Most specialty drugs require preauthorization. The plan only covers specialty drugs when you purchase them through Ardon Health, UMP's specialty pharmacy. To set up an account with Ardon Health, call 1-855-425-4085. If Ardon Health does not have access to a specialty drug, we will notify you about how to fill your prescription at another network specialty pharmacy. The plan will only cover it through that specialty pharmacy. If Ardon gains access to the specialty drug, we will send you a notification asking you to transfer your prescription to Ardon Health.
LD	Limited Distribution: You must access these specialty prescription drugs through the exclusive specialty pharmacy indicated. All limited distribution drugs require a preauthorization before they can be dispensed.
LMSP	Lumicera Mandatory Specialty Pharmacy Program: You must access these specialty drugs through the exclusive Lumicera Specialty pharmacy. Lumicera Mandatory Specialty Pharmacy Program prescription drugs require a preauthorization before they can be dispensed. To enroll with Lumicera Specialty Pharmacy, call toll-free at 855-847-3553.
ОТС	Over the Counter: While some drugs may be purchased without a professional provider's prescription, to be covered under UMP you must have a prescription and buy it at the pharmacy counter. ArrayRx follows the federal designation of over the counter (OTC) prescription drugs to decide if an OTC prescription drug is covered.
PA	Preauthorization: These drugs require preauthorization to determine if they are medically necessary. You must receive approval before the plan will cover the drug. You or your prescribing provider may contact ArrayRx to initiate the preauthorization process.
QL	Quantity limits: Some prescription drugs have limits to how much you can get per prescription or refill.
RDX	Restricted to Diagnosis: The plan will cover these drugs if they are prescribed for an approved diagnosis. The pharmacy must submit the diagnosis code on the claim.
SF	Split Fill: These prescription drugs are limited to two 15-day fills per month for the first 3 months of therapy.
SMKG	Smoking Cessation: Smoking cessation prescription drugs are in the preventive tier and covered at no cost to you. Certain restrictions may apply.
ST	Step Therapy: You must try certain prescription drugs for your condition before the plan will cover these drugs.
VAC	Vaccine Program: Certain immunizations and related administration fees are covered at no cost to you if received at network retail pharmacies.

For more information:

- Refer to your plan's current certificate of coverage by visiting Forms and publications at https://doi.org/10.1007/journal.org/
- Call ArrayRx at 1-888-361-1611 (TRS: 711) Monday-Friday: 7:30 a.m. to 5:30 p.m. (Pacific). Available outside these hours with limited services
- Visit UMP's Prescriptions drugs webpages to access UMP's Price Check Tool or find more information:
 - PEBB Program members: <u>ump.regence.com/pebb/benefits/prescriptions</u>
 - > SEBB Program members: <u>ump.regence.com/sebb/benefits/prescriptions</u>

Search Tip:

Drug Name

VAC

Vaccine Program

abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)

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.

UMP Preferred Drug List Alphabetical Index Last Updated 6/1/2025

Category

ANTIVIRALS

Tier

Tier 1

abacavii soiri (ZIAGEN equiv) (QL- 960m/30 days)	QL	ner i	ANTIVIRALS
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
ABILIFY ASIMTUFII INJ 720MG/2.4ML	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY ASIMTUFII INJ 960MG/3.2ML	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime; Covered for ages 60 and over or weeks 32-36 of pregnancy)	QL-VAC	Preventi	VACCINES
ACAM2000 INJ	-	Preventi ve	VACCINES
acamprosate calcium DR tab (CAMPRAL equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	Tier 1	ANTIDIABETICS
acebutolol cap (SECTRAL equiv)	-	Tier 1	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Tier 1	MIGRAINE PRODUCTS
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Tier 2	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Tier 1	DIURETICS
acetazolamide tab	-	Tier 1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	Tier 1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN		Tier 1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	Tier 1	COUGH/COLD/ALLERGY
acitretin cap (SORIATANE equiv) (Step Therapy requires trial of calcipotriene (cream/oint/soln), tazarotene 0.1 cream, or tacro oint)	ST	Tier 2	DERMATOLOGICALS
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
ACULAR (LS) OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	Tier 1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	Tier 2	DERMATOLOGICALS
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		LD Li OTC O RDX R	RANDS = CAPITAL LETTERS mited Distribution ver-the-Counter estricted to Diagnosis tep Therapy

Drug Name	Special Code	Tier	Category
acyclovir oint (ZOVIRAX OINT equiv)	-	Tier 1	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)		Tier 1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	Tier 1	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	Preventi	TOXOIDS
, 15, 15 <u>15, 15, 15, 15, 15, 15, 15, 15, 15, 15, </u>		ve	. 6/10:12 0
ADALIMU-ADAZ INJ 80/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ 10MG/0.1ML (QL= 0.2ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Tier 1	DERMATOLOGICALS
	QL	Tier 1	DERMATOLOGICALS
ADC/FLUORIDE DROP	-	Preventi ve	MULTIVITAMINS
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Tier 1 Specialty	ANTIVIRALS
ADMELOG INJ, HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
	QL	Tier 1	COUGH/COLD/ALLERGY
AEROCHAMBER (QL= 1 device/365 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
AFLURIA INJ (QL= 0.5ml/fill)	QL-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, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	Tier 2	MIGRAINE PRODUCTS
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Tier 2	MIGRAINE PRODUCTS
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		LD Li OTC O RDX R	RANDS = CAPITAL LETTERS mited Distribution over-the-Counter estricted to Diagnosis tep Therapy

Drug Name	Special Code	Tier	Category
albuterol/ipratropium neb soln (DUONEB equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	Tier 1	DERMATOLOGICALS
ALCLOMETASONE OINT	-	Tier 1	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	Tier 1	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
alfuzosin SR tab (UROXATRAL equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	Tier 2	ANTIHYPERTENSIVES
allopurinol tab (ZYLOPRIM equiv)	-	Tier 1	GOUT AGENTS
allopurinol tab 200mg (QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs)	QL-ST	Tier 2	GOUT AGENTS
almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
ALOCRIL OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
alosetron tab (LOTRONEX equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	Tier 1	ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	Tier 2	ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	Tier 1	ANTIANXIETY AGENTS
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
amantadine cap (SYMMETREL equiv)	-	Tier 1	ANTIPARKINSON AGENTS
amantadine soln	-	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
amantadine syrup (SYMMETREL equiv)	-	Tier 1	ANTIPARKINSON AGENTS
amantadine tab	-	Tier 1	ANTIPARKINSON AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	Tier 1	DERMATOLOGICALS
AMCINONIDE LOTION	-	Tier 2	DERMATOLOGICALS
amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Tier 2	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	Preventi ve	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	Tier 1	DIURETICS
AMILORIDE/HCTZ TAB	-	Tier 1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Tier 1	DIURETICS

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

Special Code

Tier

Category

Drug Name

VAC

Vaccine Program

Drug Humo	Opoolal Godo		- Jacogory
aminocaproic acid soln (AMICAR equiv)	AMSP	Tier 1 Specialty	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	Tier 2	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	Tier 1	ANTIARRHYTHMICS
amitriptyline tab (ELAVIL equiv)	-	Value	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	Value	CALCIUM CHANNEL BLOCKERS
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	Tier 2	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	Tier 1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Tier 1	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	Tier 1	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ)	QL-ST	Tier 2	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	Tier 1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Tier 1	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Tier 2	DERMATOLOGICALS
amoxapine tab (QL= 4 tabs/day)	QL	Tier 1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	Tier 1	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	Tier 1	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	Tier 1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	Tier 1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	Tier 1	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Tier 1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Tier 1	PENICILLINS
amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/, NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation		LD OTC RDX	BRANDS = CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy

Drug Name		Tier	Category	
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS	
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS	
ampicillin cap (AMPICILLIN equiv)	-	Tier 1	PENICILLINS	
anagrelide cap (AGRYLIN equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.	
anastrozole tab (ARIMIDEX equiv)	-	Preventi ve	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ANNOVERA RING	-	Preventi ve	CONTRACEPTIVES	
ANORO ELLIPTA INHALER (QL= 60 gm/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Tier 1	OTIC AGENTS	
APAP/CODEINE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID	
APIDRA INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS	
APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS	
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Tier 1 Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS	
apraclonidine ophth soln 0.5% (IOPIDINE equiv)	-	Tier 2	OPHTHALMIC AGENTS	
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1	ANTIEMETICS	
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1	ANTIEMETICS	
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1	ANTIEMETICS	
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month)	QL	Tier 1	ANTIEMETICS	
APTIVUS CAP (QL= 4 caps/day)	QL	Tier 2	ANTIVIRALS	
APTIVUS SOLN (QL= 380ml/30 days)	QL	Tier 2	ANTIVIRALS	
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Tier 2 Specialty		
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS	
AREXVY INJ (QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older)	QL-VAC	Preventi ve	VACCINES	
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS	
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS	
aripiprazole tab (ABILIFY equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS	
ARISTADA 675MG/2.4ML INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS	
ARISTADA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS	
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/, NOREXIANTS	
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS	
NO -Net Coursed		-	PRANDS -CARITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		LD L OTC C RDX F	BRANDS =CAPITAL LETTERS imited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy	

Drug Name	Special Code	Tier	Category
armodafinil tab 250mg (NUVIGIL equiv) (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
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	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventi ve	CONTRACEPTIVES
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for females only)	-	Preventi ve	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for females only)	OTC	Preventi ve	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for females only)	OTC	Preventi ve	ANALGESICS - NONNARCOTIC
aspirin tab (Covered for females only)	ОТС	Preventi ve	ANALGESICS - NONNARCOTIC
aspirin/codeine tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOX equiv)	-	Tier 2	HEMATOLOGICAL AGENTS - MISC.
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy	QL-ST	Tier 2	ANTIANGINAL AGENTS
requires trial of ranolazine ER tab)			
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIVIRALS
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIVIRALS
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Tier 1	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	Value	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Tier 1	ANTIHYPERTENSIVES
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
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	Preventi ve	ANTIHYPERLIPIDEMICS
atorvastatin tab 10mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventi ve	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventi ve	ANTIHYPERLIPIDEMICS

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

Drug Name	Special Code	Tier	Category
atorvastatin tab 40mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0	QL	Preventi	ANTIHYPERLIPIDEMICS
for members 40 years or older; All other members covered at generic copay)		ve Tier 1	ANTI INFECTIVE ACENTS MISC
atovaquone susp (MEPRON equiv)	-		ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	Tier 1	ANTIMALARIALS
atropine ophth oint	-	Tier 1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Tier 1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2	PSYCHOTHERAPEUTIC AND
AUSTEDO XR TAB 18MG (QL= 2 tabs/day)	AMSP-PA-QL	Specialty Tier 2	NEUROLOGICAL AGENTS - MISC.
AUSTEDO XIV TAD TOMO (QL- 2 tabs/day)	AIVIOF-FA-QL	Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days)	AMSP-PA-QL	Tier 2	PSYCHOTHERAPEUTIC AND
NOOTEDO ARTINO (QE OU MOOTOO dayo)	ANIOI TAT QL	Specialty	NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 6MG (QL= 8 tabs/day)	AMSP-PA-QL	Tier 2	PSYCHOTHERAPEUTIC AND
7.65.25674.17.25.116 (42 6 1425.443))	7	Specialty	NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION KIT (QL= 42 tabs/28 days)	LMSP-PA-QL	Tier 2	PSYCHOTHERAPEUTIC AND
(\(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}2\)		Specialty	NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION PACK (QL= 28 tabs/28 days)	AMSP-PA-QL	Tier 2	PSYCHOTHERAPEUTIC AND
(4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Specialty	NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ (QL= 2 inj/fill)	QL	Tier 2	VASOPRESSORS
AVC VAGINAL CREAM	-	Tier 2	VAGINAL PRODUCTS
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl	AMSP-QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND
fumarate, fingolimod, teriflunomide, or glatiramer)		Specialty	NEUROLOGICAL AGENTS - MISC.
azathioprine tab (IMURAN equiv)	-	Tier 1	ASSORTED CLASSES
azathioprine tab 100mg (QL= 30 tabs/30 days; Step therapy requires trial of	QL-ST	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 50mg)	QL-ST	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of	QL-31	Hei Z	MISCELLANEOUS THERAPEUTIC CLASSE
azathioprine tab 50mg) azelaic acid gel (FINACEA equiv) (QL= 300g/30 days)	QL	Tier 1	DERMATOLOGICALS
azelastine ophth soln (OPTIVAR equiv)	QL -	Tier 1	OPHTHALMIC AGENTS
azithromycin susp (ZITHROMAX equiv)	-	Tier 1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-		MACROLIDES
. ,	-	Tier 1	
BACITRACIN OPHTH OINT	-	Tier 2	OPHTHALMIC ACENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	•	Tier 1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN	-	Tier 1	OPHTHALMIC AGENTS
equiv)	01.07	T	AUTOCI II COMELETAL THERARY ACENTO
baclofen oral soln 5mg/5ml (QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush))	QL-ST	Tier 2	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	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab 15mg (QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine)	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
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Drug Name	Special Code	Tier	Category
BACLOFEN TAB 5MG	-	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
BALCOLTRA TAB	-	Preventi	CONTRACEPTIVES
		ve	
balsalazide cap (COLAZAL equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Tier 2	ANTIDIABETICS
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIVIRALS
BASAGLAR KWIKPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
B-D INSULIN SYRINGE	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
BD NEEDLES	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	Tier 2	ULCER DRUGS
BELLADONNA ALKALOID/OPIUM SUPP	-	Tier 2	ULCER DRUGS
benazepril tab (LOTENSIN equiv)	-	Tier 1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
BENZNIDAZOLE TAB	-	Tier 2	ANTHELMINTICS
BENZONATATE CAP (QL= 3 caps/day)	QL	Tier 1	COUGH/COLD/ALLERGY
benzonatate cap (TESSALON equiv)	QL	Tier 1	COUGH/COLD/ALLERGY
benztropine tab	-	Tier 1	ANTIPARKINSON AGENTS
bepotastine besilate ophth soln (BEPREVE equiv) (QL= 5mL/25 days; Step	QL-ST	Tier 2	OPHTHALMIC AGENTS
Therapy requires trial of azelastine 0.05% ophth soln)		TICI Z	OF THIS AGENTO
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30	LD-PA-QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS -
days; Only available through Walgreens 888-347-3416)		Specialty	MISC.
BETAMETH VALERATE LOTION	-	Tier 1	DERMATOLOGICALS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	Tier 1	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	Tier 1	DERMATOLOGICALS
betamethasone augmented gel (QL= 200 gm/30 days; ST req trial of 2 high potency steroids: betameth- (oint, crm, lot), clobet-, halobet-, or fluocin-)	QL-ST	Tier 2	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	Tier 1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Tier 1	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	Tier 1	DERMATOLOGICALS
betamethasone diproprionate lotion	-	Tier 1	DERMATOLOGICALS
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	Tier 1	DERMATOLOGICALS
betamethasone valerate cream	-	Tier 1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	Tier 2	DERMATOLOGICALS
betamethasone valerate lotion	-	Tier 1	DERMATOLOGICALS
betamethasone valerate oint	-	Tier 1	DERMATOLOGICALS
betaxolol ophth soln (BETOPTIC-S equiv)	-	Tier 1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	Tier 1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	Tier 1	URINARY ANTISPASMODICS
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Specialty Tier 1	DERMATOLOGICALS
BEXSERO INJ	VAC	Specialty Preventi	VACCINES
BEYAZ TAB	-	ve Preventi	CONTRACEPTIVES
		ve	
bicalutamide tab (CASODEX equiv)	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIKTARVY TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
NC =Not Covered generic =small letters			BRANDS =CAPITAL LETTERS
			MANUE VALUE LEULING
NC =Not Covered generic =small letters AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion			imited Distribution
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit		LD Li	ver-the-Counter
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion		LD Li OTC O RDX R	

Drug Name	Special Code	Tier	Category	
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 2	OPHTHALMIC AGENTS	
bismuth/metro/tetra cap (PYLERA equiv) (QL= 120 tabs/10 days)	QL	Tier 1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS	
bisoprolol tab (ZEBETA equiv)	-	Tier 1	BETA BLOCKERS	
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value	ANTIHYPERTENSIVES	
BLEPHAMIDE OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS	
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.	
BOSULIF CAP (QL= 5 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE	
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE	
BREYNA INHALER (BREYNA equiv) (QL= 10.3g/30 days; Step therapy requires trial of two: fluticasone/salmeterol, WIXELA, DULERA)	QL-ST	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
BRILINTA TAB (QL= 2 tabs/day)	QL	Tier 2	HEMATOLOGICAL AGENTS - MISC.	
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Tier 2	OPHTHALMIC AGENTS	
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Tier 1	OPHTHALMIC AGENTS	
brimonidine tartrate gel (MIRVASO equiv) (QL= 60 grams/30 days; ST req trial of azelaic acid gel and metronidazole topical)	QL-ST	Tier 2	DERMATOLOGICALS	
brimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Tier 2	OPHTHALMIC AGENTS	
brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	Tier 2	OPHTHALMIC AGENTS	
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	Tier 2	OPHTHALMIC AGENTS	
BRIXADI SOLN	-	Tier 2 Specialty	ANALGESICS - OPIOID	
bromfenac ophth soln (BROMDAY equiv) (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Tier 2	OPHTHALMIC AGENTS	
bromfenac sodium ophth soln 0.07% (PROLENSA equiv) (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	Tier 2	OPHTHALMIC AGENTS	
bromocriptine cap (PARLODEL equiv)	-	Tier 1	ANTIPARKINSON AGENTS	
bromocriptine tab (PARLODEL equiv)	-	Tier 1	ANTIPARKINSON AGENTS	
budesonide ER tab (UCERIS equiv)	-	Tier 2	CORTICOSTEROIDS	
budesonide inh susp (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema)	QL-ST	Tier 2	ANORECTAL AND RELATED PRODUCTS	
budesonide SR cap (ENTOCORT EC equiv)	-	Tier 1	CORTICOSTEROIDS	
bumetanide tab (BUMEX equiv)	-	Tier 1	DIURETICS	
buprenorphine hcl buccal film (BELBUCA equiv) (Step therapy requires trial of buprenorphine patch)	ST	Tier 2	ANALGESICS - OPIOID	
buprenorphine patch (BUTRANS equiv)	-	Tier 1	ANALGESICS - OPIOID	
buprenorphine SL tab (SUBUTEX equiv)	-	Tier 1	ANALGESICS - OPIOID	
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Tier 1	ANALGESICS - OPIOID	
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Tier 1	ANALGESICS - OPIOID	
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Drug Name	Special Code	Tier	Category
bupropion ER tab (WELLBUTRIN equiv)	-	Tier 1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventi	PSYCHOTHERAPEUTIC AND
		ve	NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	Tier 1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	Tier 1	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	Tier 1	ANTIANXIETY AGENTS
butalbital/acetaminophen cap	-	Tier 2	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Tier 1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	Tier 1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv)	QL	Tier 1	ANALGESICS - OPIOID
(QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for			
members age 21 or older; Day supply limit of 42 days in 90 days)			
butalbital/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv) (QL= 18	QL	Tier 1	ANALGESICS - OPIOID
caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21			
or older; Day supply limit of 42 days in 90 days)			
butorphanol nasal spray (QL= 5ml/30 days)	QL	Tier 1	ANALGESICS - OPIOID
cabergoline tab (DOSTINEX equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS -
			MISC.
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens	LD-PA-QL-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
888-347-3416)		Specialty	THERAPIES
caffeine citrate soln (CAFCIT equiv)	-	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//
			NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	Tier 1	DERMATOLOGICALS
calcipotriene oint	-	Tier 1	DERMATOLOGICALS
CALCIPOTRIENE SOLN	-	Tier 1	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	Tier 1	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	Tier 2	DERMATOLOGICALS
calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/	QL-ST	Tier 2	DERMATOLOGICALS
BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires			
trial of 2: high potency corticosteroids, topical calcipotriene)			
calcitonin inj (MIACALCIN equiv)	-	Tier 2	ENDOCRINE AND METABOLIC AGENTS -
			MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS -
			MISC.
calcitriol cap (ROCALTROL equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS -
			MISC.
calcitriol soln (CALCITRIOL equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS -
			MISC.
calcium acetate cap (PHOSLO equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	Tier 2	MEDICAL DEVICES AND SUPPLIES
CALQUENCE CAP (QL= 2 caps/day)	AMSP-PA-QL-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
CALQUENCE TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or	ST	Tier 1	ANTIHYPERTENSIVES
losartan/hctz and irbesartan or irbesartan/hctz)			
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	AMSP	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Tier 2	COUGH/COLD/ALLERGY

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

Drug Name	Special Code	Tier	Category
CAPRELSA TAB 100MG (QL= 2 tabs/day; Only available through Biologics	LD-PA-QL	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
800-850-4306)	LD-PA-QL	Specialty	THERAPIES
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2	ST	Tier 2	ANTIHYPERTENSIVES
angiotensin-converting enzyme (ACE) inhibitors)	01	1101 2	7.WTIITTI ERTENGIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	Tier 1	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of	ST	Tier 2	ANTIHYPERTENSIVES
one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor			
blocker (ARB) combination drug) CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older)	QL-VAC	Preventi	VACCINES
on white into (at 3.6 intrini, obvious for ages to years and sider)	QL V/10	ve	VACCINEC
carbamazepine chew tab (TEGRETOL equiv)	-	Tier 1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	Tier 1	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	Tier 1	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	Tier 1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	Tier 1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	Tier 1	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Tier 1	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	Tier 1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	Tier 1	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL=	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY
8 tabs/day)			AGENTS
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN (QL= 40ml/day)	QL	Tier 1	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Tier 1	ANTIHISTAMINES
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo	LD-PA	Tier 1	ENDOCRINE AND METABOLIC AGENTS -
888-773-7376)	QL-ST	Specialty Tier 1	MISC. MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or	QL-31	Hel I	WOOCOLOGRELETAL THERAFT AGENTS
orphenadrine ER) CARISOPRODOL/ASPIRIN TAB		Tier 1	MUSCULOSKELETAL THERAPY AGENTS
	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv) CARISOPRODOL/ASPIRIN/CODEINE TAB	_	Tier 1	MUSCULOSKELETAL THERAPY AGENTS MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
CARTEOLOL OPHTH SOLN		Tier 1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	Tier 1	OPHTHALMIC AGENTS OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	Tier 2	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	Value	BETA BLOCKERS
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	- LD	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
Onto totalian toolia (only available unough valigleens 000-347-3410)	בט		ANTI-INI LOTTYL AGENTO - MIGO.
		Specialty	

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
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VAC	Vaccine Program				

Drug Name	Special Code	Tier	Category
cefadroxil susp (DURICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	Tier 1	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	Tier 1	CEPHALOSPORINS
CEFPODOXIME PROXETIL SUSP	-	Tier 1	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	Tier 1	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	Tier 1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	Tier 1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	Tier 1	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
cephalexin cap (KEFLEX equiv)	-	Tier 1	CEPHALOSPORINS
cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap)	QL-ST	Tier 2	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	Tier 1	CEPHALOSPORINS
cephalexin tab	-	Tier 1	CEPHALOSPORINS
CEQUR SIMPLICITY 2U (QL= 10 patches/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
CEQUR SIMPLICITY INSERTER (QL= 1 device/lifetime)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
CEQUR SIMPLICITY INSERTER (QL= 1 inserter/lifetime)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP (Only available through Accredo 800-803-2523)	LD-PA	Tier 2 Specialty	HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	Preventi ve	VACCINES
CERVICAL CAP	-	Preventi ve	MEDICAL DEVICES AND SUPPLIES
cevimeline cap (EVOXAC equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHENODAL TAB	-	Tier 2 Specialty	GASTROINTESTINAL AGENTS - MISC.
chlordiazepoxide cap (LIBRIUM equiv)	-	Tier 1	ANTIANXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Tier 1	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	Tier 1	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	Tier 1	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	Tier 1	DIURETICS
chlorpromazine tab (THORAZINE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	Value	DIURETICS
chlorzoxazone tab (QL= 4 tabs/day)	QL	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2	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	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		LD Li OTC O RDX R	RANDS = CAPITAL LETTERS mited Distribution ver-the-Counter estricted to Diagnosis tep Therapy

Drug Name	Special Code	Tier	Category
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
cicatrace kit (REXASIL equiv)	-	Tier 2	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	Tier 1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	Tier 1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC SOLN equiv)	-	Tier 1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Tier 1	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	Tier 1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.
CIMDUO TAB	-	Tier 2	ANTIVIRALS
cimetidine tab (TAGAMET equiv)	-	Tier 1	ULCER DRUGS
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS -
oniacation and coning (control of any) (control of any)	~=		MISC.
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Tier 1	OTIC AGENTS
CIPRO SUSP	-	Tier 1	FLUOROQUINOLONES
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	Tier 1	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	Tier 1	OPHTHALMIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	Tier 1	FLUOROQUINOLONES
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Tier 1	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	Tier 1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	Value	ANTIDEPRESSANTS
CLARITHROMYC SUSP	-	Tier 2	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	Tier 1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	Tier 1	MACROLIDES
clindamycin cap (CLEOCIN equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv) (QL= 300g/30 days; Step Therapy	QL-ST	Tier 2	DERMATOLOGICALS
requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)			
clindamycin gel (CLEOCIN GEL equiv)	-	Tier 1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	Tier 1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	Tier 1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	Tier 1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Tier 1	VAGINAL PRODUCTS
clindamycin/tretinoin gel (ZIANA equiv) (QL= 360g/30 days; Step Therapy	QL-ST	Tier 2	DERMATOLOGICALS
requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or			
erythromycin)	QL	Tior 1	ANTICONVULSANTS
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Tier 1	
clobazam tab (ONFI equiv)	-	Tier 1	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	Tier 2	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv) clobetasol propionate gel (TEMOVATE GEL equiv)	-	Tier 1 Tier 1	DERMATOLOGICALS DERMATOLOGICALS
NC =Not Covered generic =small letters			BRANDS =CAPITAL LETTERS
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion		LD	Limited Distribution
LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit		OTC RDX	Over-the-Counter Restricted to Diagnosis
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VAC Vaccine Program			

Drug Name	Special Code	Tier	Category
clobetasol propionate oint (TEMOVATE equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	Tier 1	DERMATOLOGICALS
clocortolone pivalate cream (CLOCORTOLONE equiv) (QL= 1 tube/30 days;	QL-ST	Tier 2	DERMATOLOGICALS
Step therapy requires trial of one preferred topical steroid)			
clomipramine cap (ANAFRANIL equiv)	-	Tier 1	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	Tier 1	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	Tier 1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	Tier 2	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	Tier 1	ANTIHYPERTENSIVES
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Tier 1	HEMATOLOGICAL AGENTS - MISC.
clopidogrel tab 75mg (PLAVIX equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	_	Tier 1	ANTIANXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	_	Tier 1	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)		Tier 1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole troches (MTGELEX TROCHES equiv) clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Tier 1	DERMATOLOGICALS
CLOTRIMAZOLE/BETAMETHASONE LOTION	-		
	-	Tier 1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Tier 1	DERMATOLOGICALS
CLOZAPINE ODT (QL= 3 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
codeine sulfate tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
CODEINE SULFATE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90	QL	Tier 2	ANALGESICS - OPIOID
days)	01	T 0	0011011/001 B/ALL EBOY
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
colchicine cap (MITIGARE equiv) (QL= 4 caps/day)	QL	Tier 2	GOUT AGENTS
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Tier 1	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	Tier 1	GOUT AGENTS
cold/allergy elx children (QL= 2400ml/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	Tier 2	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ	VAC	Preventi ve	VACCINES
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventi ve	VACCINES
COMPLERA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
CONCEPT DHA CAP	-	Tier 2	MULTIVITAMINS
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Tier 1	DIAGNOSTIC PRODUCTS
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Drug Name	Special Code	Tier	Category
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
CONTRACEPTIVE FILM	OTC	Preventi ve	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	Preventi ve	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	Preventi ve	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	ОТС	Preventi ve	VAGINAL PRODUCTS
CORTISONE ACETATE TAB	-	Tier 2	CORTICOSTEROIDS
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COVID-19 TEST (QL= 2 tests/30 days)	QL	Preventi	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventi ve	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventi ve	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	Preventi ve	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	Preventi ve	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 ini/fill)	QL	Preventi ve	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	Preventi ve	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	Preventi ve	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER)	VAC	Preventi ve	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	Preventi ve	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	VAC	Preventi ve	VACCINES
CREON CAP	-	Tier 2	DIGESTIVE AIDS
CREXONT CAP 35-140MG (QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY AGENTS
CREXONT CAP 52.5-210MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY AGENTS
CREXONT CAP 70-280MG (QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY AGENTS

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

Drug Name	Special Code	Tier	Category
CREXONT CAP 87.5-350MG (QL= 180 caps/30 days; Step Therapy requires	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY
trial of one: carbidopa/levodopa IR/ER/ODT OR			AGENTS
carbidopa-levodopa-entacapone)			
CRIXIVAN CAP	-	Tier 2	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	Tier 1	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
cryselle tab	-	Preventi ve	CONTRACEPTIVES
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventi ve	DIAGNOSTIC PRODUCTS
cyanocobalamin inj	-	Tier 1	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500mcg/0.1ml (NASCOBAL equiv) (ST req trial	ST	Tier 2	HEMATOPOIETIC AGENTS
of cyanocobalamin injection)			
cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab (FLEXERIL equiv)		Tier 1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (Trial of 2: cyclobenzaprine 5mg,	ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (mar of 2. dyclobenzaprine sing, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine)	-		
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Tier 1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine cap (SANDIMMUNE equiv)	-	Tier 2	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	Tier 1	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	Tier 1	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Tier 1	OPHTHALMIC AGENTS
cyproheptadine syrup	-	Tier 1	ANTIHISTAMINES
cyproheptadine tab	-	Tier 1	ANTIHISTAMINES
CYSTADANE POWDER (QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007)	LD-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTAGON CAP 150MG (Only available through CVS Specialty	LD-RDX	Tier 2	GENITOURINARY AGENTS -
800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))		Specialty	MISCELLANEOUS
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS	LD-QL-RDX	Tier 2	GENITOURINARY AGENTS -
Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))		Specialty	MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Tier 2 Specialty	OPHTHALMIC AGENTS
CÝTRA K ČRYSTAĽS	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Tier 1	ANTICOAGULANTS
DAKLINZA TAB (Only available through Lumicera 855-847-3553)	LMSP-PA	Tier 2 Specialty	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Tier 1	ANDROGENS-ANABOLIC

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Drug Name	Special Code	Tier	Category
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv) (QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Tier 2	DERMATOLOGICALS
dapsone tab	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
darifenacin SR tab (ENABLEX equiv) (Step therapy requires trial of 2: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	ST	Tier 2	URINARY ANTISPASMODICS
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
dasatinib tab (SPRYCEL equiv)	AMSP-PA-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAYVIGO TAB (QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem er, eszopiclone, zaleplon, ramelteon)	QL-ST	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
deferasirox granules packet (JADENU equiv)	AMSP-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	AMSP-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deflazacort susp (EMFLAZA equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 2 Specialty	CORTICOSTEROIDS
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Tier 2 Specialty	CORTICOSTEROIDS
DELSTRIGO TAB	-	Tier 2	ANTIVIRALS
demeclocycline tab (DECLOMYCIN equiv)	-	Tier 1	TETRACYCLINES
DEPO-PROVERA INJ (QL= 1 inj/84 days)	QL	Preventi ve	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventi ve	CONTRACEPTIVES
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Tier 1	DERMATOLOGICALS
DESCOVY TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PrEP)	QL-RDX	Tier 2	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	Tier 1	ANTIDEPRESSANTS
desmopressin acetate nasal spray (DDAVP equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESMOPRESSIN NASAL SPRAY	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonate gel	-	Tier 2	DERMATOLOGICALS
desonide cream	-	Tier 1	DERMATOLOGICALS
DESONIDE GEL	-	Tier 2	DERMATOLOGICALS
desonide lotion	-	Tier 1	DERMATOLOGICALS
desonide oint desoximetasone cream (TOPICORT CREAM equiv)	-	Tier 1 Tier 1	DERMATOLOGICALS DERMATOLOGICALS
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Drug Name	Special Code	Tier	Category
desoximetasone gel (TOPICORT equiv)	-	Tier 1	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	Tier 1	DERMATOLOGICALS
desoximetasone spray 0.25% (TOPICORT equiv)	-	Tier 2	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	Tier 2	CORTICOSTEROIDS
dexamethasone elixir	-	Tier 1	CORTICOSTEROIDS
dexamethasone pak (DEXPAK equiv)	-	Tier 1	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	Tier 2	CORTICOSTEROIDS
dexamethasone tab (DEXAMETHASONE equiv)	-	Tier 1	CORTICOSTEROIDS
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Tier 2	CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
dexmethylphenidate ER 10mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dexmethylphenidate ER 15mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dexmethylphenidate ER 20mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dexmethylphenidate ER 5mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Tier 2	CORTICOSTEROIDS
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	Tier 1	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, dexmethylphenidate tab)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/, NOREXIANTS
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate)	QL-ST	Tier 2	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, dexmethylphenidate tab)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
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Drug Name	Special Code	Tier	Category
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab,	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	01.07	T	
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate,	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine, dexmethylphenidate) dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/
DIALYVITE TAB	_	Tier 1	NOREXIANTS MULTIVITAMINS
DIALYVITE/ZINC TAB	-	Tier 1	MULTIVITAMINS
DIAPHRAGM	_	Preventi	MEDICAL DEVICES AND SUPPLIES
DIAL FILATONI	_	ve	WEDIOAE DEVIGEO AND GOTT EIEG
diazepam conc (VALIUM equiv)	-	Tier 1	ANTIANXIETY AGENTS
DIAZEPAM GEL (QL= 4 doses/fill)	QL	Tier 2	ANTICONVULSANTS
diazepam oral soln 5mg/5ml (QL= 360ml/30 days)	QL	Tier 1	ANTIANXIETY AGENTS
diazepam rectal gel (QL= 4 doses/fill)	QL	Value	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	Tier 1	ANTIANXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	Tier 1	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Tier 1	DIURETICS
		Specialty	
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Tier 1	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg.	QL-ST	Tier 2	MIGRAINE PRODUCTS
sumatriptan)) diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
requires trial of diclofenac sodium EC or diclofenac sodium ER tablets) diclofenac potassium tab (CATAFLAM equiv)	_	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (OATAI EAW equiv) diclofenac potassium tab 25mg (QL= 4 tabs/day; Step therapy requires trial	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
of diclofenac sodium EC or diclofenac sodium ER tablets) diclofenac sodium EC tab (VOLTAREN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Tier 1	OPHTHALMIC AGENTS
	ST	Tier 2	DERMATOLOGICALS
diclofenac sodium soln 2% (Step therapy requires trial of of diclofenac 1.5% soln)	31		
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	Tier 2	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	Tier 1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	Tier 1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	Tier 1	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	Tier 1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Tier 1	ANTIVIRALS
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Tier 2	ANTIVIRALS
DIFICID SUSP (QL= 126 mL/10 days)	QL	Tier 2	MACROLIDES
DIFICID TAB (QL= 20 tabs/10 days)	QL	Tier 2	MACROLIDES
diflorasone oint	-	Tier 2	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	Tier 1	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv) (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	Tier 2	OPHTHALMIC AGENTS
digoxin soln (LANOXIN equiv)	-	Tier 2	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	Tier 1	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Tier 1	CARDIOTONICS
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VAC Vaccine Program		31 3	otop thotapy

Drug Name	Special Code	Tier	Category
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	Tier 2	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	Tier 2	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	Tier 2	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL=	AMSP-QL	Tier 1	PSYCHOTHERAPEUTIC AND
60 caps/30 days)		Specialty	NEUROLOGICAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Tier 1	ANTIHISTAMINES
diphenhydramine inj	-	Tier 1	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	Tier 2	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Tier 1	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	Tier 1	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND
DIURIL SUSP	-	Tier 2	NEUROLOGICAL AGENTS - MISC. DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	Tier 1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	Tier 1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	Tier 1	ANTICONVULSANTS
dofetilide cap (TIKOSYN equiv)	-	Tier 1	ANTIARRHYTHMICS
donepezil ODT (ARICEPT equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 10mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 5mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
dorzolamide ophth soln (TRUSOPT equiv)	-	Tier 1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Tier 1	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Tier 1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
DOVATO TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	Tier 1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	Tier 1	ANTIDEPRESSANTS
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Tier 2	DERMATOLOGICALS

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

Drug Name	Special Code	Tier	Category	
doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER/SL tab, doxepin 10mg, trazodone tab)	QL-ST	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS	
doxercalciferol cap (HECTOROL equiv)	-	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.	
doxycycline (rosacea) cap delayed release (ORACEA equiv) (QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	DERMATOLOGICALS	
doxycycline hyclate cap (QL= 2 caps/day)	QL	Tier 1	TETRACYCLINES	
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Tier 1	TETRACYCLINES	
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	TETRACYCLINES	
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 1	TETRACYCLINES	
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	TETRACYCLINES	
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	TETRACYCLINES	
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	TETRACYCLINES	
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Tier 1	TETRACYCLINES	
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2	TETRACYCLINES	
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	Tier 2	TETRACYCLINES	
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2	TETRACYCLINES	
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 2	TETRACYCLINES	
doxycycline monohydrate cap 100mg (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 2	TETRACYCLINES	
doxycycline monohydrate cap 50mg (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 1	TETRACYCLINES	
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Tier 1	TETRACYCLINES	
doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps)	QL-ST	Tier 2	TETRACYCLINES	
doxycycline susp (VIBRAMYCIN equiv)	-	Tier 1	TETRACYCLINES	
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Tier 1	ANTIEMETICS	
D-PENAMINE TAB	-	Tier 2	ASSORTED CLASSES	
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Tier 2	ANTIEMETICS	
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventi ve	CONTRACEPTIVES	
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE TAB, SAFYRAL TA	-	Preventi ve	CONTRACEPTIVES	
DROXIA CAP	-	Tier 2	HEMATOPOIETIC AGENTS	
droxidopa cap (NORTHERA equiv)	AMSP	Tier 1 Specialty	VASOPRESSORS	
DRYSOL SOLN	-	Tier 2	DERMATOLOGICALS	
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	Tier 2	ANTIDEPRESSANTS	
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Tier 1	ANTIDEPRESSANTS	
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Tier 1	ANTIDEPRESSANTS	
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIDEPRESSANTS	
NC =Not Covered generic =small letters			RANDS =CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit			mited Distribution ver-the-Counter	
PA Prior Authorization QL Quantity Limit			estricted to Diagnosis	
SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		ST S	tep Therapy	

Drug Name	Special Code	Tier	Category
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
dutasteride cap (AVODART equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
E.E.S. TAB (ST req trial of erythromycin ethinylsuccinate susp)	ST	Tier 2	MACROLIDES
econazole cream (SPECTAZOLE equiv)	-	Tier 1	DERMATOLOGICALS
EDURANT PED TAB (QL= 6 tabs/day)	AMSP-QL	Tier 2 Specialty	ANTIVIRALS
EDURANT TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
EFAVIRENZ CAP	-	Tier 1	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	Tier 1	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Tier 1	ANTIVIRALS
eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Tier 2	ANTICOAGULANTS
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	Preventi ve	CONTRACEPTIVES
ELMIRON CAP (QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine)	QL-ST	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 6 packets/day)	AMSP-PA-QL	Tier 1 Specialty	HEMATOPOIETIC AGENTS
eltrombopag olamine tab (PROMACTA equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Tier 1 Specialty	HEMATOPOIETIC AGENTS
eluryng vaginal ring (NUVARING equiv)	-	Preventi ve	CONTRACEPTIVES
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	Tier 2	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preventi ve	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preventi ve	ANTIVIRALS
EMTRIVA SOLN (QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
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	Tier 2	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	Value	ANTIHYPERTENSIVES
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enalapril/hydrochlorothiazide tab (VASERETIC equiv) ENBREL INJ (QL= 8 inj/28 days)	-	Value	
ENBREL INJ (QL= 8 inj/28 days)		valuo	ANTIHYPERTENSIVES
	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENDOMETRIN INSERT	PA	Tier 2	VAGINAL PRODUCTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventi ve	VACCINES
enoxaparin inj (LOVENOX equiv)	-	Tier 1	ANTICOAGULANTS
enoxaparin inj 300mg (LOVENOX equiv)	-	Tier 1	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	-	Preventi ve	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	-	Tier 1	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
ENTRESTO CAP (QL= 8 caps/day)	QL	Tier 2	CARDIOVASCULAR AGENTS - MISC.
ENTRESTO TAB (QL= 2 tabs/day)	QL	Tier 2	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ (QL= 1.36ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	GASTROINTESTINAL AGENTS - MISC.
ENVARSUS XR TAB (Step therapy requires trial of tacrolimus IR capsules)	ST	Tier 2	ASSORTED CLASSES
EOHILIA SUS 2MG/10ML (Step therapy requires trial of budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0))	RDX-ST	Tier 2	CORTICOSTEROIDS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Tier 2 Specialty	ANTICONVULSANTS
epinastine ophth soln (ELESTAT equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln)	QL-ST	Tier 2	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	Tier 2	NASAL AGENTS - SYSTEMIC AND TOPICAL
EPINEPHRINE INJ	-	Tier 2	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
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Tier 2 Specialty	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	Tier 1	ANTIHYPERTENSIVES
ERGOTAMINE/CAFFEINE TAB (QL= 40 tabs/28 days)	QL	Tier 2	MIGRAINE PRODUCTS
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	Tier 2	MIGRAINE PRODUCTS
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
ERY PAD	-	Tier 1	DERMATOLOGICALS
ERYTHROMYCIN CAP DR	-	Tier 2	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	Tier 1	MACROLIDES
ERYTHROMYCIN EC CAP	-	Tier 2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Tier 1	MACROLIDES
erythromycin ethylsuccinate tab (ST req trial of erythromycin ethinylsuccinate	ST	Tier 2	MACROLIDES
susp)	-	Tier 1	DERMATOLOGICALS
erythromycin gel erythromycin ophth oint	-	Tier 1	OPHTHALMIC AGENTS
	-		DERMATOLOGICALS
erythromycin pad	-	Tier 1	
erythromycin soln	-	Tier 1	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	Tier 1	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Tier 1	MACROLIDES
ERZOFRI INJ 117MG/0.75ML	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 156MG/ML	AMSP	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
		Specialty	
ERZOFRI INJ 234MG/1.5ML	AMSP	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
		Specialty	
ERZOFRI INJ 351MG/2.25ML	AMSP	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
		Specialty	
ERZOFRI INJ 39MG/0.25ML	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 78MG/0.5ML	AMSP	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
		Specialty	
escitalopram soln (LEXAPRO equiv)	-	Tier 1	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	Value	ANTIDEPRESSANTS
eslicarbazepine acetate tab (APTIOM equiv) (QL= 60 tabs/30 days)	QL	Tier 1	ANTICONVULSANTS
estazolam tab (PROSOM equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER
cotarified cotrogonalmothyltoptoptorona tob (ESTRATEST aguiv)		Tier 1	AGENTS ESTROGENS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	•		
estradiol cream (ESTRACE equiv)	-	Tier 2	VAGINAL PRODUCTS
estradiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Tier 2	ESTROGENS
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Tier 2	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Tier 2	ESTROGENS
estradiol tab (ESTRACE equiv)	-	Tier 1	ESTROGENS
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial	QL-ST	Tier 2	ESTROGENS
of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv,	QL-01	TICI Z	LOTROCENO
Lopreeza/Mimvey/Amabelz)			
estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) (QL= 37.5gm/30 days; Step	QL-ST	Tier 2	ESTROGENS
therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv,	ζ_ 0.		
Lopreeza/Mimvey/Amabelz)		Tion 4	VACINAL PRODUCTS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Tier 1	VAGINAL PRODUCTS
	-	Tier 1	ESTROGENS
		T /	FOTBOOFNIO
estradiol valerate inj estradiol/norethindrone tab (ACTIVELLA equiv) ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	- QL	Tier 1 Tier 2	ESTROGENS VAGINAL PRODUCTS

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Drug Name	Special Code	Tier	Category
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ethacrynic tab (EDECRIN equiv)	-	Tier 2	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	Tier 1	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	Tier 1	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	-	Tier 1	ANTINEOPLASTICS
ETOPOSIDE CAP	-	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTIVIRALS
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
everolimus tab (ZORTRESS equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVOTAZ TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
exemestane tab (AROMASIN equiv)	-	Preventi ve	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty	NEUROMUSCULAR AGENTS
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
FALESSA KIT	-	Preventi	CONTRACEPTIVES
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	ve Tier 1	ANTIVIRALS
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill, 2 fills/month)	QL	Tier 1	ANTIVIRALS
FARXIGA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
	QL-ST	Tier 1	GOUT AGENTS
febuxostat tab (ULORIC equiv) (QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg)			
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Tier 1	ANTICONVULSANTS
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Tier 1	ANTICONVULSANTS
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
FEMALE CONDOMS	OTC	Preventi ve	MEDICAL DEVICES AND SUPPLIES
FEMLYV TAB (QL= 28 tabs/24 days)	QL	Preventi ve	CONTRACEPTIVES
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Tier 2	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	Tier 2	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
fenoprofen calcium cap (NALFON equiv) (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen)			

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fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days)	PA-QL	Tier 2	ANALGESICS - OPIOID
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day; Step therapy	QL-ST	Tier 2	URINARY ANTISPASMODICS
requires trial of oxybutynin IR/ER AND solifenacin)			
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
FIASP INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
FIASP PUMP CARTRIDGE (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
finasteride tab (PROSCAR equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FLAREX OPHTH SUSP	-	Tier 2	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv) (QL= 8 tabs/day; Step therapy requires trial of oxybutynin AND solifenacin)	QL-ST	Tier 2	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	Tier 1	ANTIARRHYTHMICS
FLORIVA DROPS	-	Tier 2	MINERALS & ELECTROLYTES
FLORIVA PLUS DROPS	-	Preventi	MULTIVITAMINS
		ve	
FLUAD INJ	VAC	Preventi ve	VACCINES
FLUAD QUAD INJ	VAC	Preventi	VACCINES
		ve	
FLUBLOK INJ	VAC	Preventi ve	VACCINES
FLUBLOK INJ (QL= 0.5ml/fill)	VAC-QL	Preventi	VACCINES
FLUBLOK QUAD PF INJ	VAC	ve Preventi	VACCINES
	QL-VAC	ve	VACCINICS
FLUCELVAX INJ (QL= 0.5ml/fill)	QL-VAC	Preventi ve	VACCINES
FLUCELVAX QUAD INJ	VAC	Preventi	VACCINES
		ve	
fluconazole susp (DIFLUCAN equiv)	-	Tier 1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	Tier 1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	Tier 1	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	Tier 1	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventi ve	VACCINES
FLUMIST NASAL (QL= 1 dose/fill; Limited to members aged 2 to 49 years old)	QL-VAC	Preventi	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	ve Preventi	VACCINES
		ve	
fluocinolone acetonide cream	-	Tier 1	DERMATOLOGICALS
fluocinolone acetonide oil	-	Tier 1	DERMATOLOGICALS
fluocinolone acetonide oint	-	Tier 1	DERMATOLOGICALS
fluocinolone acetonide soln	-	Tier 1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	Tier 1	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	Tier 1	DERMATOLOGICALS
fluocinonide cream 0.1%	-	Tier 2	DERMATOLOGICALS
fluocinonide emollient cream	-	Tier 1	DERMATOLOGICALS
fluocinonide gel	-	Tier 1	DERMATOLOGICALS
			DANDO CARITAL LETTERO

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

Drug Name	Special Code	Tier	Category
luocinonide oint	-	Tier 1	DERMATOLOGICALS
uocinonide soln	-	Tier 1	DERMATOLOGICALS
LUORABON SOLN (Covered at \$0 for members 5 years or younger; All	-	Preventi	MINERALS & ELECTROLYTES
ther members covered at preferred brand copay)		ve	
uorometholone ophth soln (FML LIQUIFILM equiv)	-	Tier 1	OPHTHALMIC AGENTS
uorouracil cream (EFUDEX CREAM equiv)	-	Tier 1	DERMATOLOGICALS
uorouracil soln (FLUOROURACIL equiv)	-	Tier 1	DERMATOLOGICALS
LUOROURACIL SOLN	-	Tier 2	DERMATOLOGICALS
uoxetine cap (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
LUOXETINE CAP (PMDD)	-	Value	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
uoxetine cap 90mg (PROZAC equiv)	-	Tier 1	ANTIDEPRESSANTS
uoxetine soln (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
LUOXETINE TAB	-	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
uoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
LUOXETINE TAB 60MG	-	Tier 2	ANTIDEPRESSANTS
uphenazine tab (PROLIXIN equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
urandrenolide cream (CORDRAN equiv)	-	Tier 2	DERMATOLOGICALS
urandrenolide oint (CORDRAN equiv)	-	Tier 2	DERMATOLOGICALS
LURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac	ST	Tier 2	OPHTHALMIC AGENTS
odium ophth soln or ketorolac ophth soln) LURBIPROFEN TAB	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
		Tier 1	ANALGESICS - ANTI-INFLAMMATORY
urbiprofen tab (ANSAID equiv) utamide cap (EULEXIN equiv)	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE
FLUTICASONE LOTION (ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%))	ST	Tier 2	THERAPIES DERMATOLOGICALS
luticasone propionate cream (CUTIVATE equiv)	-	Tier 1	DERMATOLOGICALS
uticasone propionate lotion (CUTIVATE equiv)	-	Tier 2	DERMATOLOGICALS
uticasone propionate oint (CUTIVATE equiv)	-	Tier 1	DERMATOLOGICALS
LUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
uticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 nhaler/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
uvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial	QL-ST	Preventi	ANTIHYPERLIPIDEMICS
of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at peneric copay)		ve	
uvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires ial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin;	QL-ST	Preventi ve	ANTIHYPERLIPIDEMICS
covered at \$0 for members 40 years or older; All other members covered at eneric copay)		.0	
LUVIRIN INJ	VAC	Preventi ve	VACCINES
uvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)	QL	Tier 2	ANTIDEPRESSANTS
uvoxamine tab (LUVOX equiv)	-	Tier 1	ANTIDEPRESSANTS
• ,	VAC	Preventi	VACCINES

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Drug Name	Special Code	Tier	Category
FLUZONE HIGH DOSE PF INJ	VAC	Preventi ve	VACCINES
FLUZONE QUAD INJ	VAC	Preventi ve	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	Preventi ve	VACCINES
FOLBEE PLUS CZ TAB	-	Tier 1	MULTIVITAMINS
folic acid cap (Covered at \$0 for females only; All other members covered at	-	Preventi	HEMATOPOIETIC AGENTS
generic copay)		ve	
folic acid tab 1mg (Covered at \$0 for females only; All other members	-	Preventi	HEMATOPOIETIC AGENTS
covered at generic copay)		ve	
folic acid tab 400mcg (Covered for females only)	OTC	Preventi ve	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	ОТС	Preventi ve	HEMATOPOIETIC AGENTS
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv)	-	Tier 1	ANTICOAGULANTS
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)	-	Tier 1	ANTICOAGULANTS
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv)	-	Tier 1	ANTICOAGULANTS
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)	-	Tier 1	ANTICOAGULANTS
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	Tier 1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Tier 1	DIAGNOSTIC PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	Value	DIURETICS
furosemide soln (LASIX equiv)	-	Value	DIURETICS
furosemide tab (LASIX equiv)	-	Value	DIURETICS
FUZEON INJ	-	Tier 2	ANTIVIRALS
gabapentin (once-daily) tab (GRALISE equiv) (QL= 2 tabs/day)	PA-QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
gabapentin cap (NEURONTIN equiv)	-	Tier 1	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	Tier 1	ANTICONVULSANTS
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		LD Li OTC O RDX R	RANDS = CAPITAL LETTERS mited Distribution ver-the-Counter estricted to Diagnosis tep Therapy

Drug Name	Special Code	Tier	Category
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GARDASIL 9 INJ	VAC	Preventi ve	VACCINES
GARDASIL INJ	VAC	Preventi ve	VACCINES
gatifloxacin ophth soln (ZYMAXID equiv)		Tier 2	OPHTHALMIC AGENTS
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2	QL	Preventi	LAXATIVES
fills/calendar year; All other members covered at generic copay)		ve	LAXATIVES
gavilyte-h kit	-	Tier 2	
gefitinib tab (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gemfibrozil tab (LOPID equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Specialty Tier 2	ENDOCRINE AND METABOLIC AGENTS -
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Specialty Tier 2	MISC. ENDOCRINE AND METABOLIC AGENTS -
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Specialty Tier 2	MISC. ENDOCRINE AND METABOLIC AGENTS -
		Specialty	MISC.
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	Tier 1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	Tier 1	DERMATOLOGICALS
gentamicin sulfate oint	-	Tier 1	DERMATOLOGICALS
GENVOYA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventi	CONTRACEPTIVES
	I D D4 O1	ve	
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo	LD-PA-QL	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
800-803-2523) glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	AMSP-QL	Specialty	THERAPIES
gialilamer inj zomg/mi (COPAXONE equiv) (QL- 30 syninges/30 days)	AWSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NC =Not Covered generic =small letters		В	RANDS =CAPITAL LETTERS
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VAC Vaccine Program			

Drug Name	Special Code	Tier	Category
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glimepiride tab (AMARYL equiv)	-	Value	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	Value	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	Value	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	Tier 1	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2	ANTIDIABETICS
GLUCAGEN INJ	-	Tier 2	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (QL= 2 inj/fill, 2 fills/month)	QL	Tier 1	ANTIDIABETICS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Tier 2	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	Tier 2	ANTIDIABETICS
GLYBURID MCR TAB	-	Tier 1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	Value	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value	ANTIDIABETICS
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Tier 1	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	Tier 1	ULCER DRUGS
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab	QL-ST	Tier 2	ANTIDIABETICS
or metformin er tab)	α_ σ.		,
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Tier 1	ANTIEMETICS
GRASTEK SL TAB (QL= 30 tabs/30 days)	QL	Tier 2	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	Tier 2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	_	Tier 1	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	_	Tier 2	ANTIFUNGALS
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2	OTC-QL	Tier 1	COUGH/COLD/ALLERGY
fills/month)			
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Tier 2	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	Tier 1	ANTIHYPERTENSIVES
GUANIDINE TAB	-	Tier 1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Tier 2	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2	ANTIDIABETICS
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
(42 - ","-", "," ", "," ", ", ", ", ", ", ", ", ",		Specialty	
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through	LD-PA-QL	Specialty Tier 2	HEMATOLOGICAL AGENTS - MISC.
Accredo 800-803-2523) HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through	LD-PA-QL	Specialty Tier 2	HEMATOLOGICAL AGENTS - MISC.
Accredo 800-803-2523)	ST	Specialty Tier 2	DERMATOLOGICALS
halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	31	Hei Z	DENIVIATOLOGICALS
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Drug Name	Special Code	Tier	Category
HALDOL DECANOATE INJ	-	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
halobetasol propionate cream (ULTRAVATE equiv)	-	Tier 1	DERMATOLOGICALS
halobetasol propionate foam (QL= 50g/30 days; ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol cream/oint))	QL-ST	Tier 2	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	Tier 1	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	Tier 1	DERMATOLOGICALS
haloperidol decanoate inj	AMSP	Tier 1 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol lactate conc (HALDOL equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HAVRIX INJ, VAQTA INJ	VAC	Preventi ve	VACCINES
HC BUTYRATE CREAM	-	Tier 1	DERMATOLOGICALS
HC BUTYRATE SOLN	-	Tier 2	DERMATOLOGICALS
heparin porcine inj	-	Tier 1	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	Preventi ve	VACCINES
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty	ANTINEOPLASTICS
HOMATROPINE OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS
HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS
HUMULIN N INJ (QL= 60 units/30 days; Step Therapy requires trial of	OTC-QL-ST	Tier 2	ANTIDIABETICS
NOVOLIN) HUMULIN N PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS
HUMULIN R INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS
HUMULIN R INJ U-500 (QL= 40 units/30 days)	QL	Tier 1	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ (QL= 24 units/30 days)	QL	Tier 1	ANTIDIABETICS
HYCAMTIN CAP	LMSP-PA	Tier 2	ANTINEOPLASTICS
	=•	Specialty	
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Tier 1	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	Tier 1	ANTIHYPERTENSIVES
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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.

Drug Name	Special Code	Tier	Category
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)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Tier 1	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Tier 1	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Tier 1	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE OINT	-	Tier 1	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	Tier 1	ANORECTAL AGENTS
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		LD OTC RDX ST	BRANDS = CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy

Drug Name	Special Code	Tier	Category
hydrocortisone lotion (HYTONE equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	Tier 2	DERMATOLOGICALS
nydrocortisone oint	-	Tier 1	DERMATOLOGICALS
nydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv)	-	Tier 1	CORTICOSTEROIDS
nydrocortisone tab (CORTEF equiv)	-	Tier 1	CORTICOSTEROIDS
nydrocortisone valerate cream	-	Tier 1	DERMATOLOGICALS
nydrocortisone valerate oint (WESTCORT equiv)	-	Tier 1	DERMATOLOGICALS
nydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
nydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
nydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
nydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
hydromorphone liquid (DILAUDID equiv) (QL= 90ml/fill for members age 20 or vounger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
HYDROMORPHONE SUPP (QL= 90ml/fill for members age 20 or younger; QL: 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv) (QL= 18 tabs/fill for members age 20 or vounger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42	QL	Tier 1	ANALGESICS - OPIOID
days in 90 days) hydroxychloroquine tab (PLAQUENIL equiv)	-	Tier 1	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Tier 2 Specialty	PROGESTINS
ydroxyurea cap (HYDREA equiv)	-	Tier 1	ANTINEOPLASTICS
ydroxyzine pamoate cap (VISTARIL equiv)	-	Tier 1	ANTIANXIETY AGENTS
nydroxyzine syrup (ATARAX equiv)	-	Tier 1	ANTIANXIETY AGENTS
nydroxyzine tab (ATARAX equiv)	_	Tier 1	ANTIANXIETY AGENTS
HYOPHEN TAB	_	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
HYPERRAB INJ, IMOGAM INJ	-	Tier 2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HYPODERMIC NEEDLES	OTC	Tier 2	MEDICAL DEVICES AND SUPPLIES
pandronate tab 150mg (BONIVA equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ouprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
puprofen tab	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
ouprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
catibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Tier 1 Specialty	HEMATOLOGICAL AGENTS - MISC.
catibant inj (SAJAZIR equiv) (QL= 36ml/30 days; Only available through Accredo 888-773-7376)	AMSP-PA-QL-LD	Tier 1 Specialty	HEMATOLOGICAL AGENTS - MISC.
CLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
cosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
matinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	AMSP-PA-QL	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
matinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program		LD Li OTC O RDX R	RANDS =CAPITAL LETTERS mited Distribution ver-the-Counter estricted to Diagnosis tep Therapy

Drug Name	Special Code	Tier	Category
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MBRUVICA TAB (QL= 1 tab/day; Only available through Optum 377-445-6874)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mipramine pamoate cap (TOFRANIL PM equiv)	-	Tier 2	ANTIDEPRESSANTS
mipramine tab (TOFRANIL equiv)	-	Tier 1	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	Tier 2	DERMATOLOGICALS
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Tier 1	DERMATOLOGICALS
IMOVAX INJ	-	Tier 2	VACCINES
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Tier 2 Specialty	ANTI-INFECTIVE AGENTS - MISC.
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventi ve	CONTRACEPTIVES
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	Tier 1	DIURETICS
indomethacin cap (INDOCIN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv) (QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc))	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv) (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
	VAC	Preventi ve	TOXOIDS
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
	LD-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA SPRINKLE CAP (QL= 30 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLYTA TAB 5MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
,	QL	Value	ANTIDIABETICS
	QL	Value	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days	QL	Value	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
, , , , , , , , , , , , , , , , , , , ,	QL	Value	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL) (QL= 18ml/3 days)	QL	Value	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) (QL= 18ml/3 days)	QL	Value	ANTIDIABETICS
	QL	Value	ANTIDIABETICS

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

Drug Name	Special Code	Tier	Category
INTELENCE TAB (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
INTRON-A INJ	AMSP	Tier 2 Specialty	ANTINEOPLASTICS
INVEGA HAFYERA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA SUSTENNA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TRINZA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP (QL= 10 caps/day)	QL	Tier 2	ANTIVIRALS
INVIRASE TAB (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Tier 1	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	Tier 2	DERMATOLOGICALS
IPOL INJ	-	Preventi ve	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	Tier 1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Tier 1	ANTIHYPERTENSIVES
ISENTRESS (HD) TAB (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
ISENTRESS CHEW TAB (QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
ISENTRESS POWDER PACK (QL= 2 packets/day; No deductible, coinsurance	QL-RDX	Tier 2	ANTIVIRALS
or other UM edits when used for PEP / PrEP) isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventi ve	CONTRACEPTIVES
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Tier 1	MIGRAINE PRODUCTS
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Tier 2	MIGRAINE PRODUCTS
isoniazid tab	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide	ST	Tier 2	ANTIANGINAL AGENTS
mononitrate, or isosorbide mononitrate ER)			
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Tier 1	ANTIANGINAL AGENTS
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Tier 1	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	Tier 1	ANTIANGINAL AGENTS
ISOSORBIDE MONONITRATE TAB	-	Tier 1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	Tier 1	ANTIANGINAL AGENTS
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Tier 2	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
itraconazole cap (SPORANOX equiv) itraconazole soln (SPORANOX equiv)	-	Tier 1 Tier 2	ANTIFUNGALS ANTIFUNGALS
ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days)	PA-QL	Tier 1	CARDIOVASCULAR AGENTS - MISC.
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy	QL-ST	Tier 2	DERMATOLOGICALS
requires trial of oral doxycycline and topical metronidazole) ivermectin tab (STROMECTOL equiv)	_	Tier 1	ANTHELMINTICS
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy	QL-ST	Tier 2	OPHTHALMIC AGENTS
requires trial of latanoprost ophth soln)			

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

Drug Name	Special Code	Tier	Category
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens	LD-PA-QL-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
888-347-3416)		Specialty	THERAPIES
JARDIANCE TAB (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
JAVYGTOR PAK 100MG (Only available through Accredo 800-803-2523)	LD-PA	Tier 1	ENDOCRINE AND METABOLIC AGENTS -
JAVYGTOR POW 500MG (Only available through Accredo 800-803-2523)	LD-PA	Specialty Tier 1	MISC. ENDOCRINE AND METABOLIC AGENTS -
JAVYGTOR TAB 100MG (Only available through Accredo 800-803-2523)	LD-PA	Specialty Tier 1	MISC. ENDOCRINE AND METABOLIC AGENTS -
,	25171	Specialty	MISC.
JENTADUETO TAB (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	Tier 1	ESTROGENS
JULUCA TAB (QL= 1 tab/day)	QL	Tier 2	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	Tier 2 Specialty	ANTIHYPERLIPIDEMICS
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens	LD-PA-QL	Tier 2	ENDOCRINE AND METABOLIC AGENTS -
888-347-3416)		Specialty	MISC.
JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens	LD-PA-QL	Tier 2	ENDOCRINE AND METABOLIC AGENTS -
888-347-3416)		Specialty	MISC.
JYNNEOS INJ	-	Preventi ve	VACCINES
KALETRA TAB 100-25MG (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
KALETRA TAB 200-50MG (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
kelnor tab (DEMULEN equiv)	-	Preventi	CONTRACEPTIVES
KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide or glatiramer)	AMSP-QL-ST	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	Tier 1	DERMATOLOGICALS
ketoconazole foam 2% (EXTINA equiv)	-	Tier 2	DERMATOLOGICALS
ketoconazole shampoo		Tier 1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	Tier 1	ANTIFUNGALS
ketorolac inj		Tier 1	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Tier 1	OPHTHALMIC AGENTS
ketorolac ophth soln .4% (ACULAR (LS) equiv)		Tier 1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv)	_	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days)	AMSP-PA-QL	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES

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Drug Name	Special Code	Tier	Category
KISQALI TAB (QL= 63 tabs/28 days)	AMSP-PA-QL	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
KLOXXADO NASAL SPRAY	-	Tier 2	ANTIDOTES AND SPECIFIC ANTAGONISTS
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Tier 2	ANTIMALARIALS
K-TAB	-	Tier 1	MINERALS & ELECTROLYTES
KYLEENA IUD	-	Preventi	CONTRACEPTIVES
		ve	
labetalol tab (NORMODYNE equiv)	-	Tier 1	BETA BLOCKERS
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Tier 1	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lactulose oral crystal packet (KRISTALOSE equiv) (ST req trial of lactulose)	ST	Tier 2	LAXATIVES
lactulose soln	-	Tier 1	LAXATIVES
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for	QL	Tier 2	ANTIVIRALS
members age 18 years or older)			
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Tier 1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-QL	Tier 1	ANTIVIRALS
		Specialty	
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day; No deductible,	QL-RDX	Tier 1	ANTIVIRALS
coinsurance or other UM edits when used for PEP / PrEP)			
lamotrigine chew tab (LAMICTAL equiv)	-	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine odt (LAMICTAL equiv) (QL= 2 tabs/day; Step Therapy requires trial	QL-ST	Tier 2	ANTICONVULSANTS
of lamotrigine chew)			
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	Tier 2	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	Tier 1	ANTICONVULSANTS
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
LANCET KIT	OTC	Tier 2	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	Tier 2	MEDICAL DEVICES AND SUPPLIES
lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req	QL-ST	Tier 1	GASTROINTESTINAL AGENTS - MISC.
trial of sevelamer carbonate tab or sevelamer HCL tab)			
lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day;	QL-ST	Tier 1	GASTROINTESTINAL AGENTS - MISC.
ST req trial of sevelamer carbonate tab or sevelamer HCL tab)			
lapatinib ditosylate tab (TYKERB equiv) (QL= 5 tabs/day)	AMSP-PA-QL	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
latanoprost ophth soln (XALATAN equiv)	-	Value	OPHTHALMIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventi ve	CONTRACEPTIVES
leflunomide tab (ARAVA equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through	LD-PA-QL	Tier 1	MISCELLANEOUS THERAPEUTIC CLASSES
Onco360 877-662-6633)	•	Specialty	
			41 THE SEL 4 STICS 41 B 4 B 11 H 1 STIL
LENVIMA CAP (QL= 3 caps/day, Only available through Optum	LD-PA-QL-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE

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

Drug Name	Special Code	Tier	Category
letrozole tab (FEMARA equiv)	-	Preventi	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	_	ve Tier 1	ANTINEOPLASTICS
LEUPROLIDE INJ (3 MONTH) (QL= 1 kit/90 days)	AMSP-PA-QL	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
levalbuterol neb soln (XOPENEX equiv)	-	Specialty Tier 1	THERAPIES ANTIASTHMATIC AND BRONCHODILATOR
lovetire estam EP tob (KEDDDA VD equiv)	_	Tior 1	AGENTS ANTICONVULSANTS
levetiracetam ER tab (KEPPRA XR equiv) levetiracetam soln (KEPPRA equiv)	-	Tier 1 Tier 1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	Tier 1	ANTICONVULSANTS
LEVOBUNOLOL OPHTH SOLN	-		
	-	Tier 1	OPHTHALMIC ACENTS
levobunolol ophth soln (BETAGAN equiv)	-	Tier 1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levofloxacin ophth soln (QUIXIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv)	-	Tier 1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	Tier 1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	Preventi ve	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	Preventi ve	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days; ST req trial of 2 short acting opioids(eg hydrocodone,	QL-ST	Tier 2	ANALGESICS - OPIOID
hydromorphone, oxycodone)) levothyroxine tab (SYNTHROID equiv)	-	Tier 1	THYROID AGENTS
I-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy	AMSP-QL-ST	Tier 1	HEMATOPOIETIC AGENTS
requires trial of hydroxyurea caps) lidocaine cream 3% (LIDAMANTLE equiv)	-	Specialty Tier 2	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	Tier 2	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	Tier 1	DERMATOLOGICALS
lidocaine lotion	-	Tier 2	DERMATOLOGICALS
	- QL	Tier 1	DERMATOLOGICALS
lidocaine oint (QL= 8gm/day) LIDOCAINE ORAL SOLN 4%	QL	Tier 2	MOUTH/THROAT/DENTAL AGENTS
lidocaine oral Soln 4%	-		DERMATOLOGICALS
	-	Tier 1	
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	Tier 1	ANORECTAL AGENTS
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Tier 1	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	Tier 1	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	Tier 1	DERMATOLOGICALS
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
linezolid susp	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 30 caps/30 days)	QL	Tier 2	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	Tier 1	THYROID AGENTS
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 1	ANTIDIABETICS
lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicra Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		LD L OTC C RDX R	BRANDS = CAPITAL LETTERS imited Distribution byer-the-Counter testricted to Diagnosis tep Therapy

Drug Name	Special Code	Tier	Category
lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium oral solution (LITHIUM equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LO LOESTRIN TAB	-	Preventi ve	CONTRACEPTIVES
LOCOID LIPOCREAM	-	Tier 1	DERMATOLOGICALS
lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month)	PA-QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone)	QL-ST	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
LONSURF TAB (Only available through Optum 877-445-6874 or Walgreens	LD-PA	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
888-347-3416)		Specialty	THERAPIES
loperamide cap (IMODIUM equiv)	- QL-RDX	Tier 1	ANTIDIARRHEALS
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	-	Tier 1	ANTIVIRALS
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
lorazepam conc (ATIVAN equiv)	-	Tier 1	ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	Tier 1	ANTIANXIETY AGENTS
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
losartan tab (COZAAR equiv)	-	Value	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value	ANTIHYPERTENSIVES
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	Tier 2	OPHTHALMIC AGENTS
LOTEMAX SM GEL	-	Tier 2	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Tier 2	OPHTHALMIC AGENTS
loteprednol etabonate ophth susp 0.2% (ALREX equiv) (QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Tier 2	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	Tier 1	OPHTHALMIC AGENTS
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at \$0 for members	QL	Preventi	ANTIHYPERLIPIDEMICS
40 years or older; All other members covered at generic copay)		ve	ANTIDOVOLIOTIOO/ANTINAANIO ACENTO
loxapine cap (LOXITANE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL AMCD DA OL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
LUPRON DEPOT INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
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Drug Name	Special Code	Tier	Category
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS -
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUTRATE DEPO INJ (QL= 1 kit/90 days)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
LYUMJEV KWIKPEN (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
LYUMJEV KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
LYUMJEV TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
malathion lotion (OVIDE equiv)	-	Tier 1	DERMATOLOGICALS
MALE CONDOMS	OTC	Preventi ve	MEDICAL DEVICES AND SUPPLIES
MAPROTILINE TAB	-	Tier 1	ANTIDEPRESSANTS
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTIVIRALS
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Tier 2	COUGH/COLD/ALLERGY
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty	ANTINEOPLASTICS
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Tier 1 Specialty	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Tier 1 Specialty	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
MECLOFENAMATE CAP	_	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventi	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	ve Tier 1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
	-		
mefloquine tab (LARIAM equiv)	-	Tier 2	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv) MEGESTROL SUSP	-	Tier 1 Tier 1	PROGESTINS PROGESTINS
megestrol susp (MEGACE equiv)	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN (QL= 40ml/day)	LMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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Special Code

Tier

Category

Drug Name

MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
MELPHALAN TAB	AMSP	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv) (QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR)	QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	Preventi ve	VACCINES
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
MENHIBRIX INJ	VAC	Preventi ve	VACCINES
MENOMUNE INJ	VAC	Preventi ve	VACCINES
MENQUADFI INJ	VAC	Preventi ve	VACCINES
MENVEO INJ	VAC	Preventi ve	VACCINES
MENVEO SOLN	VAC	Preventi ve	VACCINES
MEPERIDINE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	Tier 2	ANTIANXIETY AGENTS
mercaptopurine susp 2000mg/100ml (PURIXAN equiv)	_	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE
			THERAPIES
mercaptopurine tab (PURINETHOL equiv)	-	Tier 1	ANTINEOPLASTICS
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv) (QL= 60mL/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv) (QL= 8 caps/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	Tier 2	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (QL= 9 tabs/1 day)	QL	Tier 2	GASTROINTESTINAL AGENTS - MISC.
mesna tab (MESNEX equiv)	AMSP	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
metaxalone tab (SKELAXIN equiv)	-	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	Tier 2	ANTIDIABETICS
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Drug Name	Special Code	Tier	Category
metformin ER osmotic tab (GLUMETZA equiv) (Step Therapy requires trial of	ST	Tier 2	ANTIDIABETICS
metformin or metformin ER)			
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	Tier 2	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	Value	ANTIDIABETICS
methadone soln (QL= 4 ml/day)	QL	Tier 1	ANALGESICS - OPIOID
methadone soln 10mg/5ml (QL= 20ml/day)	QL	Tier 1	ANALGESICS - OPIOID
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Tier 1	ANALGESICS - OPIOID
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Tier 1	ANALGESICS - OPIOID
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Tier 1	ANALGESICS - OPIOID
methadose tab (QL= 1 tab/day)	PA-QL	Tier 1	ANALGESICS - OPIOID
methamphetamine hcl tab (METHAMPHETAMINE equiv) (QL= 5 tabs/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//
. , , , , , , , , , , , , , , , , , , ,			NOREXIANTS
methazolamide tab (NEPTAZANE equiv) (Step Therapy requires trial of acetazolamide)	ST	Tier 2	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	Tier 1	THYROID AGENTS
methocarbamol tab (ROBAXIN equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
methocarbamol tab 1000mg (QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	_	Tier 1	ANTINEOPLASTICS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Tier 1	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	_	Tier 1	ULCER DRUGS
methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of	QL-ST	Tier 2	ANTICONVULSANTS
ethosuximide tab/soln)	QL O1	1101 2	744110014402074410
METHYCLOTHIAZIDE TAB	-	Tier 1	DIURETICS
methyldopa tab (ALDOMET equiv)	_	Tier 1	ANTIHYPERTENSIVES
METHYLDOPA TAB	_	Tier 2	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	_	Tier 1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv)		Tier 1	OXYTOCICS
	QL	Tier 2	
methylphenidate 10mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)			ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate 20mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate 30mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER 18mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER 27mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/,
tabs/30 days) methylphenidate ER 36mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Tier 1	NOREXIANTS ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS

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

Special Code

Tier

Category

Drug Name

methylphenidate ER cap (RITALIN LA equiv) (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate er cap 10mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/, NOREXIANTS
methylphenidate er cap 15mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate er cap 20mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate er cap 30mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate er cap 40mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/, NOREXIANTS
methylphenidate er cap 50mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate er cap 60mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER tab (QL= 1 tab/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 72mg (QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 18MG (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 27MG (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 36MG (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/, NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	Tier 1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	Tier 1	CORTICOSTEROIDS
methyltestosterone cap (QL= 150 tablets/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		LD OTC RDX ST	BRANDS = CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy

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Drug Name	Special Code	Tier	Category
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventi ve	ANTIVIRALS
mometasone cream (ELOCON equiv)	-	Tier 1	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	Tier 1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	Tier 1	DERMATOLOGICALS
montelukast chew tab (SINGULAIR equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 1	ANALGESICS - OPIOID
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 1	ANALGESICS - OPIOID
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	PA-QL	Tier 1	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 100MG/5ML (QL= 90ml/fill for members ag 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
morphine sulfate oral soln 100mg/5ml (MORPHINE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
morphine sulfate oral soln 10mg/5ml (MORPHINE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
morphine sulfate oral soln 20mg/5ml (MORPHINE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
morphine sulfate tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
MORPHINE SULFATE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Tier 2	GASTROINTESTINAL AGENTS - MISC.
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Tier 1	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	Tier 1	FLUOROQUINOLONES
AMSP Ardon Mandatory Specialty Pharmacy Program Ardon Mandatory Specialty Pharmacy Program Ardon Mandatory Specialty Pharmacy Program Ardon Medical Benefit Pharmacy Program Ardon Medical Benefit QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		LD L OTC C RDX R	BRANDS = CAPITAL LETTERS imited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy

Drug Name	Special Code	Tier	Category
MRESVIA INJ (QL= 0.5 mL/fill; Covered for ages 60 years and older)	QL-VAC	Preventi ve	VACCINES
multigen plus tab (CHROMAGEN FORTE equiv)	-	Tier 1	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	Tier 1	HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventi ve	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventi ve	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Preventi ve	MULTIVITAMINS
mupirocin cream (BACTROBAN CREAM equiv)	-	Tier 1	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	Tier 1	DERMATOLOGICALS
mycophenolate DR tab (MYFORTIC equiv)	-	Tier 1	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	Tier 1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Tier 1	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	Tier 1	ASSORTED CLASSES
MYHIBBIN SUSP	-	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
MYLERAN TAB	AMSP	Tier 2	ANTINEOPLASTICS
		Specialty	
nabumetone tab (RELAFEN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	Tier 1	BETA BLOCKERS
naftifine cream (NAFTIN equiv) (QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products)	QL-ST	Tier 2	DERMATOLOGICALS
NAFTIFINE CREAM 1%	-	Tier 2	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	Tier 2	DERMATOLOGICALS
naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	QL-ST	Tier 2	DERMATOLOGICALS
naloxone hcl nasal spray (NARCAN equiv)	-	Value	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE HCL SOLN 0.4MG/ML (QL= 2ml/fill, 2 fills/30 days)	QL	Tier 1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	Tier 1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE NASAL SPRAY	-	Value	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	Tier 1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	Tier 1	ANTIDOTES
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Tier 2	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	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naproxen EC tab (NAPROSYN EC equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Tier 1	MIGRAINE PRODUCTS
NARCAN HCL SPRAY (OTC)	OTC	Value	ANTIDOTES AND SPECIFIC ANTAGONISTS
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Tier 2	OPHTHALMIC AGENTS
NATAZIA TAB	-	Preventi ve	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	Tier 1	ANTIDIABETICS
NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month)	QL	Tier 2	ANTICONVULSANTS
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Drug Name	Special Code	Tier	Category
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day)	QL	Tier 1	BETA BLOCKERS
NEFAZODONE TAB	-	Tier 1	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	Tier 1	ANTIDEPRESSANTS
NEFFY SPRAY (QL= 2 doses/fill)	QL	Tier 2	VASOPRESSORS
neomycin tab	-	Tier 1	AMINOGLYCOSIDES
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	Tier 1	OTIC AGENTS
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	Tier 1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Tier 1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Tier 1	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
NEPHRON FA TAB	-	Tier 2	HEMATOPOIETIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Tier 2	ANTIVIRALS
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Tier 2	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
NEXPLANON IMPLANT	-	Preventi	CONTRACEPTIVES
		ve	
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventi	CONTRACEPTIVES
		ve	
niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
NICAZELDOXY KIT	-	Tier 2	TETRACYCLINES
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi	PSYCHOTHERAPEUTIC AND
		ve	NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi	PSYCHOTHERAPEUTIC AND
		ve	NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi	PSYCHOTHERAPEUTIC AND
		ve	NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi	PSYCHOTHERAPEUTIC AND
		ve	NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi	PSYCHOTHERAPEUTIC AND
(00)	070 01 0141/0	ve	NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi	PSYCHOTHERAPEUTIC AND
minestine metals (NICODEDM a suits) (Limited to 100 decision)	OTO OL CMICO	ve	NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventi	PSYCHOTHERAPEUTIC AND
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Ve	NEUROLOGICAL AGENTS - MISC.
TWOOTTOL INTIALLIT (LITTILED to 100 days/plair year)	QL-SIVING	Preventi	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	ve Preventi	PSYCHOTHERAPEUTIC AND
(Limited to 100 days/plan year)	QL CIVII (C	ve	NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE
(Specialty	THERAPIES
nimodipine cap (NIMOTOP equiv)	-	Tier 2	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	AMSP-PA	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
nisoldipine ER tab (SULAR equiv)	-	Tier 2	CALCIUM CHANNEL BLOCKERS

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

Special Code

Tier

Category

Drug Name

Drug Hame	Opeciai Odae	1101	Outegory
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days; ST req trial of metronidazole AND tinidazole)	QL-ST	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	LMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT		Tier 2	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	_	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv)	_	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	_	Tier 1	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	_	Tier 2	ANTIANGINAL AGENTS
nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure	RDX	Tier 1	ANORECTAL AND RELATED PRODUCTS
(K60.2)) nitroglycerin patch (NITRO-DUR equiv)	_	Tier 1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	Tier 1	ANTIANGINAL AGENTS ANTIANGINAL AGENTS
nizatidine cap (AXID equiv)	-	Tier 1	ULCER DRUGS
NIZATIDINE CAP	-		
NIZATIDINE CAP	-	Tier 2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizoral a-d shampoo (NIZORAL equiv)	OTC	Tier 1	DERMATOLOGICALS
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventi ve	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	Preventi ve	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	Tier 1	PROGESTINS
norethindrone/ethinyl estradiol 21 tab (LOESTRIN 21 equiv)	-	Preventi ve	CONTRACEPTIVES
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventi ve	CONTRACEPTIVES
norethindrone/ethinyl estradiol tab (LOESTRIN equiv)	-	Preventi ve	CONTRACEPTIVES
NORPACE CR CAP	-	Tier 2	ANTIARRHYTHMICS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventi ve	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	Preventi ve	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	Tier 1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Tier 1	ANTIDEPRESSANTS
NORVIR CAP (QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
	QL-RDX	Tier 2	ANTIVIRALS
	QL-RDX	Tier 2	ANTIVIRALS
NOVAVAX INJ	VAC	Preventi ve	VACCINES
NOVOFINE PEN NEEDLE	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	Value	ANTIDIABETICS
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL QL	Value	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program Generic =small letters Plan Exclusion Medical Benefit QL Quantity Limit SMKG Smoking Cessation		LD Li OTC O RDX R	RANDS =CAPITAL LETTERS mited Distribution ver-the-Counter estricted to Diagnosis tep Therapy

Drug Name	Special Code	Tier	Category
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN R INJ 100 UNIT (QL= 60ml/30 days)	OTC-QL	Value	ANTIDIABETICS
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG INJ FLEX REL (QL= 60ml/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOPEN ECHO (QL= 1 pen device/365 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST PEN NEEDLE	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens	LD-PA-QL	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
888-347-3416)		Specialty	THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUVARING	-	Preventi ve	CONTRACEPTIVES
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Tier 2	VAGINAL PRODUCTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	Tier 1	DERMATOLOGICALS
nystatin oint	-	Tier 1	DERMATOLOGICALS
nystatin powder	-	Tier 1	ANTIFUNGALS
nystatin susp	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	Tier 1	ANTIFUNGALS
nystatin topical powder	-	Tier 1	DERMATOLOGICALS
nystatin/triamcinolone cream	_	Tier 1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	Tier 1	DERMATOLOGICALS
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB (QL= 30 tabs/30 days)	QL	Tier 2	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	Tier 1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	Tier 1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	•	Tier 1	FLUOROQUINOLONES
olanzapine inj (ZYPREXA equiv)	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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Drug Name	Special Code	Tier	Category
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
olmesartan tab (BENICAR equiv)	-	Tier 1	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days)	QL	Tier 1	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICAL
OLYSIO CAP (Only available through Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ANTIVIRALS
OMECLAMOX (QL= 80 tabs/10 days)	QL	Tier 2	ULCER DRUGS
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 KIT (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 PODS MISC (QL= 15 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 15 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PDM KIT (GEN 4) (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
		Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL		
OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ (QL= 13.5 mL/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron inj (ZOFRAN equiv) (QL= 24ml/fill, 1 fill/15 days)	QL	Tier 1	ANTIEMETICS
ondansetron ODT (ZOFRAN equiv)	-	Tier 1	ANTIEMETICS
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Tier 1	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	•	Tier 1	ANTIEMETICS
OPILL TAB	-	Preventi	CONTRACEPTIVES
	1.0.04.01	ve	
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
OPVEE NASAL SPRAY	-	Tier 2	ANTIDOTES AND SPECIFIC ANTAGONISTS
OPZELURA CREAM (QL= 120 grams/28 days)	PA-QL	Tier 2	DERMATOLOGICALS
ORACIT SOLN	-	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB (QL= 30 tabs/30 days)	QL	Tier 2	BIOLOGICALS MISC
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
NC =Not Covered generic =small letters		В	RANDS =CAPITAL LETTERS
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Drug Name	Special Code	Tier	Category
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens	LD-PA-QL	Tier 2	RESPIRATORY AGENTS - MISC.
888-347-3416)		Specialty	
ormalvi tab 50mg (QL= 4 tabs/day; Only available through LeMed	LD-PA-QL	Tier 1	DIURETICS
347-913-4656 or Vanscoy 855-826-7269)		Specialty	
orphenadrine citrate ER tab (NORFLEX equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Tier 1	ANTIVIRALS
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Tier 1	ANTIVIRALS
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Tier 1	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Tier 1	ANTIVIRALS
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	Tier 1	OTIC AGENTS
OXANDROLONE TAB	PA	Tier 1	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam,	ST	Tier 2	ANTIANXIETY AGENTS
chlordiazepoxide, diazepam, or lorazepam tab)			
oxcarbazepine er tab 150mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	Tier 2	ANTICONVULSANTS
oxcarbazepine er tab 300mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	Tier 2	ANTICONVULSANTS
oxcarbazepine er tab 600mg (OXTELLAR equiv) (QL= 4 tabs/day)	QL	Tier 2	ANTICONVULSANTS
oxcarbazepine susp (TRILEPTAL equiv)	-	Tier 1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	Tier 1	ANTICONVULSANTS
oxiconazole nitrate cream (OXISTAT equiv)	-	Tier 2	DERMATOLOGICALS
oxybutynin ER tab (DITROPAN XL equiv)	-	Tier 1	URINARY ANTISPASMODICS
oxybutynin syrup	-	Tier 1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	Tier 1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category	
oxycodone tab (ROXICODONE equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID	
oxycodone/acetaminophen cap (TYLOX equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID	
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID	
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID	
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID	
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID	
OXYCODONE/ASPIRIN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID	
OXYCODONE/IBUPROFEN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID	
oxycodone/ibuprofen tab (COMBUNOX equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID	
OXYCONTIN ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID	
OXYCONTIN ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID	
OXYCONTIN ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID	
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID	
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID	
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID	
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID	
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID	
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID	
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID	
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID	
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID	
oxymorphone tab (OPANA equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID	
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2	ANTIDIABETICS	
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS	
PARAGARD IUD	-	Preventi ve	CONTRACEPTIVES	
paramox hc gel (NOVACORT GEL equiv)	-	Tier 1	DERMATOLOGICALS	
NC =Not Covered generic =small letters			RANDS =CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit			imited Distribution over-the-Counter	
PA Prior Authorization QL Quantity Limit			estricted to Diagnosis	
SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation		ST S	tep Therapy	
VAC Vaccine Program				

Drug Name	Special Code	Tier	Category
paricalcitol cap (ZEMPLAR equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	Tier 1	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	Tier 2	ANTIDEPRESSANTS
paroxetine oral susp (PAXIL equiv) (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Tier 2	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	Tier 1	ANTIDEPRESSANTS
PAXLOVID PAK (QL= 11 tabs/5 days)	QL	Tier 2	ANTIVIRALS
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 12 years or older)	QL	Tier 2	ANTIVIRALS
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; Covered for members age 12 years or older)	QL	Tier 2	ANTIVIRALS
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older)	QL	Tier 2	ANTIVIRALS
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	Tier 2	ULCER DRUGS
PCE TAB	-	Tier 2	MACROLIDES
pediatric multiple vitamins/fluoride soln	-	Preventi ve	MULTIVITAMINS
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	Tier 2	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	QL	Preventi ve	LAXATIVES
generic copay) PEGASYS INJ	AMSP-PA	Tier 2 Specialty	ANTIVIRALS
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP-PA	Tier 2 Specialty	ANTIVIRALS
PENBRAYA INJ (Covered for members age 10 through 25 years)	-	Preventi ve	VACCINES
penciclovir cream (DENAVIR equiv) (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	Tier 2	DERMATOLOGICALS
penicillamine cap (CUPRIMINE equiv)	-	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Tier 1	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin g potassium for inj (PFIZERPEN equiv)	-	Tier 1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	Tier 1	PENICILLINS
pentamidine neb soln (NEBUPENT equiv)	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP 500MG (QL= 8 caps/day; Diagnosis Restricted - Crohn's Disease (K50.9), UC (K51.9); For UC, ST req trial of generic APRISO or	QL-RDX-ST	Tier 2	GASTROINTESTINAL AGENTS - MISC.
generic LIALDA) pentazocine/acetaminophen tab (TALACEN equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)		Tier 1	HEMATOLOGICAL AGENTS - MISC.
perindopril tab (ACEON equiv)	-	Tier 1	ANTIHYPERTENSIVES
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Drug Name	Special Code	Tier	Category
permethrin cream (ELIMITE CREAM equiv)	-	Tier 1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSERIS INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
phenazopyridine tab (PYRIDIUM equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Tier 1	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	Tier 1	ANTIDEPRESSANTS
phenobarbital elixir	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenobarbital tab	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	Tier 2	ANTIHYPERTENSIVES
phenylephrine ophth soln (MYDFRIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	Tier 1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	Tier 1	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	Tier 1	ANTICONVULSANTS
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventi ve	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	Tier 2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv) (QL= 8 tabs/day)	QL	Tier 1	MINERALS & ELECTROLYTES
phytonadione tab (MEPHYTON equiv)	-	Tier 1	VITAMINS
PIFELTRO TAB	-	Tier 2	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Tier 1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	Tier 2	DERMATOLOGICALS
PIMOZIDE TAB	-	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	Tier 1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	Tier 2	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Tier 1	ANTIDIABETICS
pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day)	AMSP-PA-QL-SF	Tier 1 Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB 534MG (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv) (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	Tier 2	ANTIHYPERLIPIDEMICS
PLAN B TAB	OTC	Preventi ve	CONTRACEPTIVES
PNEUMOVAX INJ	VAC	Preventi ve	VACCINES
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VAC	Vaccine Program				

Drug Name	Special Code	Tier	Category	
PODOCON SOLN	-	Tier 2	DERMATOLOGICALS	
podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	Tier 2	DERMATOLOGICALS	
podofilox soln (CONDYLOX equiv)	-	Tier 1	DERMATOLOGICALS	
PODOFILOX SOLN (QL= 0.5ml/day)	QL	Tier 2	DERMATOLOGICALS	
POLYETHYLENE GLYCOL 8000 GRANULES	-	Tier 2	PHARMACEUTICAL ADJUVANTS	
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	_	Tier 1	OPHTHALMIC AGENTS	
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens	LD-PA-QL	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE	
888-347-3416)	25171 Q2	Specialty	THERAPIES	
posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy	QL-ST	Tier 2	ANTIFUNGALS	
requires trial of fluconazole, itraconazole or VFEND)				
posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of	ST	Tier 2	ANTIFUNGALS	
fluconazole, itraconazole or voriconazole)				
POT/CHLORIDE EFFER TAB	-	Tier 1	MINERALS & ELECTROLYTES	
POTABA POWDER PACKET	-	Tier 2	VITAMINS	
potassium bicarbonate effer tab (K-LYTE equiv)	-	Tier 2	MINERALS & ELECTROLYTES	
potassium chloride effer tab (K-LYTE/CL equiv)	-	Tier 1	MINERALS & ELECTROLYTES	
potassium chloride ER cap (MICRO-K equiv)	-	Tier 1	MINERALS & ELECTROLYTES	
potassium chloride ER tab (K-TAB equiv)	-	Tier 1	MINERALS & ELECTROLYTES	
potassium chloride micro tab (K-DUR equiv)	-	Tier 1	MINERALS & ELECTROLYTES	
potassium chloride powder packet (KLOR-CON equiv)	-	Tier 2	MINERALS & ELECTROLYTES	
potassium chloride soln	-	Tier 2	MINERALS & ELECTROLYTES	
POTASSIUM CHLORIDE TAB ER	-	Tier 1	MINERALS & ELECTROLYTES	
potassium citrate CR tab (UROCIT-K TAB equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS	
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS	
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS	
potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY	
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day)	QL	Tier 1	MINERALS & ELECTROLYTES	
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	Tier 2	ANTIPARKINSON AGENTS	
pramipexole tab (MIRAPEX equiv)	-	Tier 1	ANTIPARKINSON AGENTS	
PRAMOSONE CREAM 1-1%	-	Tier 2	DERMATOLOGICALS	
PRAMOSONE E CREAM	-	Tier 2	DERMATOLOGICALS	
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Tier 1	HEMATOLOGICAL AGENTS - MISC.	
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at \$0 for	QL	Preventi	ANTIHYPERLIPIDEMICS	
members 40 years or older; All other members covered at generic copay)		ve		
praziquantel tab (BILTRICIDE equiv)	-	Tier 1	ANTHELMINTICS	
prazosin cap (MINIPRESS equiv)	-	Tier 1	ANTIHYPERTENSIVES	
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS	
PRED MILD OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS	
PRED-G OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS	
PREDNICARBATE CREAM	-	Tier 2	DERMATOLOGICALS	
PREDNICARBATE OIN	-	Tier 2	DERMATOLOGICALS	
prednisolone acetate ophth susp	-	Tier 1	OPHTHALMIC AGENTS	
prednisolone ODT (ORAPRED equiv) (Step therapy requires trial of two of the	ST	Tier 2	CORTICOSTEROIDS	
following: prednisolone oral soln, methylprednisolone, prednisone tab/soln) PREDNISOLONE OPHTH SUSP		Tier 1	OPHTHALMIC AGENTS	
	-			
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS	
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LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit			lver-the-Counter estricted to Diagnosis	

AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LD Limited Distribution

LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit OTC Over-the-Counter

PA Prior Authorization QL Quantity Limit RDX Restricted to Diagnosis

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

VAC Vaccine Program

Drug Name	Special Code	Tier	Category
prednisolone soln	-	Tier 1	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	Tier 1	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	Tier 2	CORTICOSTEROIDS
orednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2:	ST	Tier 2	CORTICOSTEROIDS
prednisolone oral soln, methylprednisolone, prednisone tab/soln)			
prednisone pack	-	Tier 1	CORTICOSTEROIDS
PREDNISONE SOLN	-	Tier 1	CORTICOSTEROIDS
orednisone tab (DELTASONE equiv)	-	Tier 1	CORTICOSTEROIDS
pregabalin cap (LYRICA equiv)	-	Tier 1	ANTICONVULSANTS
oregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy	QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND
requires trial of gabapentin and pregabalin cap or pregabalin soln)			NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Tier 1	ANTICONVULSANTS
PRENATABS RX TAB	-	Tier 2	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	Tier 2	MULTIVITAMINS
PRENATAL 19 TAB	-	Tier 2	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Tier 2	MULTIVITAMINS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or	-	Preventi	MOUTH/THROAT/DENTAL AGENTS
ounger; All other members covered at preferred brand copay)		ve	
PREVNAR 13 INJ	VAC	Preventi	VACCINES
		ve	
PREVNAR 20 INJ	VAC	Preventi	VACCINES
		ve	
PREZCOBIX TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
PREZISTA SUSP (QL= 400ml/30 days; No deductible, coinsurance or other UN	QL-RDX	Tier 2	ANTIVIRALS
edits when used for PEP / PrEP)			
PREZISTA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
PREZISTA TAB 150MG (QL= 8 tabs/day; No deductible, coinsurance or other	QL-RDX	Tier 2	ANTIVIRALS
JM edits when used for PEP / PrEP)	01	T	ANITH (IDAL O
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Tier 2	ANTIVIRALS
PREZISTA TAB 75MG (QL= 16 tabs/day; No deductible, coinsurance or other	QL-RDX	Tier 2	ANTIVIRALS
JM edits when used for PEP / PrEP)		T: 0	ANITIMAL ADIAL C
primaquine tab (PRIMAQUINE equiv)	-	Tier 2	ANTIMALARIALS
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Tier 1	ANTICONVULSANTS
primidone tab (MYSOLINE equiv)	QL	Tier 1	ANTICONVULSANTS
PRIMSOL SOLN	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	Preventi	VACCINES
probenecid tab (BENEMID equiv)		Ve	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	Tier 1 Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
rochlorperazine supp (COMPAZINE equiv)	-		ANTIPSYCHOTICS/ANTIMANIC AGENTS ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCTOFOAM HC FOAM		Tier 1	ANORECTAL AGENTS
	-	Tier 2 Tier 1	ANORECTAL AGENTS ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv) PRODRIN TAB	-	Tier 1	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	Tier 1	PROGESTINS PROGESTINS
progesterone oil inj	-	Tier 1	
promethazine DM syrup	-	Tier 1	COUGH/COLD/ALLERGY
promethazine inj (PHENERGAN equiv)	-	Tier 1	ANTIHISTAMINES
promethazine supp (PHENERGAN equiv)	-	Tier 1	ANTIHISTAMINES
promethazine syrup	-	Tier 1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	Tier 1	ANTIHISTAMINES

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Drug Name	Special Code	Tier	Category
PROMETHAZINE VC SYRUP (QL= 30ml/day)	QL	Tier 1	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	QL	Tier 1	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	Tier 1	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Tier 1	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Tier 1	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	Tier 1	ANTIHISTAMINES
propafenone ER cap (RYTHMOL SR equiv)	-	Tier 2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	Tier 1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	Tier 2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	Tier 1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	Tier 1	BETA BLOCKERS
ropranolol oral soln	-	Tier 1	BETA BLOCKERS
PROPRANOLOL SOLN		Tier 1	BETA BLOCKERS
ropranolol tab (INDERAL equiv)	-	Tier 1	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Tier 1	ANTIHYPERTENSIVES
propylthiouracil tab	-	Tier 1	THYROID AGENTS
PROQUAD INJ	-	Preventi	VACCINES
		ve	
rotriptyline tab (VIVACTIL equiv)	-	Tier 1	ANTIDEPRESSANTS
PROZAC WEEKLY CAP (QL= 4 caps/28 days; Step Therapy requires trial of uoxetine IR)	QL-ST	Tier 2	ANTIDEPRESSANTS
rucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day; Step therapy	QL-ST	Tier 2	GASTROINTESTINAL AGENTS - MISC.
equires trial of Trulance, Linzess, AND lubiprostone)	Δ= 0.		
seudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICA
seudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICA
seudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICA
seudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICA
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
PURIXAN SUSP 2000MG/100ML	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pyrazinamide tab		Tier 1	ANTIMYCOBACTERIAL AGENTS
yridostigmine CR tab (MESTINON equiv)	_	Tier 1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
yridostigmine tab (MESTINON equiv)		Tier 1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
yridstigmine soln (MESTINON equiv)	-	Tier 2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through	LD-PA-QL	Tier 1	ANTIMALARIALS
Valgreens 888-347-3416)	LD I / CQL	Specialty	7 WY HVI ZEZ WALES
QTERN TAB (QL= 30 tabs/30 days; Step Therapy requires trial of metformin	QL-ST	Tier 2	ANTIDIABETICS
r metformin ER) uetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
uetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
uinapril tab (ACCUPRIL equiv)		Tier 1	ANTIHYPERTENSIVES
uinapril tab (ACCOT Nic equiv)	-	Tier 1	ANTIHYPERTENSIVES
uinidine gluconate CR tab	-	Tier 2	ANTIARRHYTHMICS
uinidine sulfate tab (QL= 8 tabs/day)	QL	Tier 1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day)	QL	Tier 2	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 200MG (QL= 5 tabs/day)	QL	Tier 2	ANTIARRHYTHMICS
uinine sulfate cap (QUALAQUIN equiv)	- -	Tier 1	ANTIMALARIALS
QVAR REDIHALER (QL= 21.2gm/30 days)	QL	Value	ANTIMALARIALS ANTIASTHMATIC AND BRONCHODILATOR

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VAC	Vaccine Program				

VAC

Special Code

Tier

Tier 2

Category

VACCINES

Drug Name

RABAVERT INJ

10 10 10 11 11 10	*****	1101 =	V 10011120
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB (QL= 30 tabs/30 days)	QL	Tier 2	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)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ramipril cap (ALTACE equiv)	-	Tier 1	ANTIHYPERTENSIVES
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	Tier 1	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPARKINSON AGENTS
REBETOL SOLN	AMSP-PA	Tier 2 Specialty	ANTIVIRALS
REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate,	AMSP-QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND
fingolimod, teriflunomide or glatiramer)		Specialty	NEUROLOGICAL AGENTS - MISC.
REBIF INJ (QL= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBIF TITRTN INJ PACK (QL= 4.2ml/28 days; Step therapy requires trial of	AMSP-QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND
dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)		Specialty	NEUROLOGICAL AGENTS - MISC.
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Tier 2	ANTIVIRALS
RELTONE CAP	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	Tier 1	ANTIDIABETICS
REPAGLINIDE TAB	-	Tier 2	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Tier 2	ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Tier 2	ANTIHYPERLIPIDEMICS
RESCRIPTOR TAB	-	Tier 2	ANTIVIRALS
RETACRIT INJ (QL= 12 vials/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
REXULTI TAB (QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Tier 2	ANTIVIRALS
REZYST CHEW TAB	-	Tier 1	ANTIDIARRHEALS
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Tier 2 Specialty	ANTIVIRALS
RIBAVIRIN CAP	AMSP	Tier 1 Specialty	ANTIVIRALS
ribavirin cap (REBETOL equiv)	AMSP	Tier 1 Specialty	ANTIVIRALS
RIBAVIRIN TAB	AMSP	Tier 1 Specialty	ANTIVIRALS
rifabutin cap (MYCOBUTIN equiv)	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	AMSP	Tier 1 Specialty	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	Tier 1	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
NC =Not Covered generic =small letters		В	RANDS =CAPITAL LETTERS
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion		LD Li	mited Distribution
LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit			ver-the-Counter estricted to Diagnosis
SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program			tep Therapy

Special Code

AMSP-PA-QL

QL-ST

Tier

Tier 2 Specialty

Tier 2

Category

ANALGESICS - ANTI-INFLAMMATORY

ENDOCRINE AND METABOLIC AGENTS -

Drug Name

RINVOQ ORAL SOLN (QL= 360ml/30 days)

risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy

				MISC.
risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab requires trial of alendronate)	/30 days; Step Therapy	QL-ST	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/o	day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs	/28 days)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/da	ay)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risperidone microspheres inj (RISPERDAL equiv)		AMSP	Tier 1 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)		-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT		-	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)		-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)		-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR equiv) (QL= 12 tabs/day; No dother UM edits when used for PEP / PrEP)	eductible, coinsurance or	QL-RDX	Tier 1	ANTIVIRALS
rivastigmine cap (EXELON equiv)		-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv) (QL= 1 patch/da	y)	QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 da	vs)	QL	Tier 1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days		QL	Tier 1	MIGRAINE PRODUCTS
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	,	PA-QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day trial of ropinirole)	; Step Therapy requires	QL-ST	Tier 2	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)		-	Tier 1	ANTIPARKINSON AGENTS
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; (Covered at \$0 for	QL	Preventi	ANTIHYPERLIPIDEMICS
members 40 years or older; All other members cover			ve	
RUBRACA TAB (QL= 4 tabs/day; Only available thro		LD-PA-QL-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
877-445-6874)			Specialty	THERAPIES
rufinamide susp (BANZEL equiv) (QL= 80ml/day; Ste of two: valproate, lamotrigine, topiramate, pregabalin		QL-ST	Tier 2	ANTICONVULSANTS
rufinamide tab (BANZEL equiv) (QL= 8 tabs/day; Ste of two: valproate, lamotrigine, topiramate, pregabalin		QL-ST	Tier 2	ANTICONVULSANTS
RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restrict (E11))		QL-RDX	Tier 2	ANTIDIABETICS
RYKÍNDO INJ		AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RYTARY CAP 23.75-95MG (QL= 750 caps/30 days; trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	Step Therapy requires	QL-ST	Tier 2	ANTIPARKINSON AGENTS
RYTARY CAP 36.25-145MG (QL= 480 caps/30 days trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	s; Step Therapy requires	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 48.75-195MG (QL= 360 caps/30 days trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	s; Step Therapy requires	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY AGENTS
NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	BEXC Plan Exclusion M Medical Benefit QL Quantity Limit SMKG Smoking Cessation		LD Li OTC O RDX R	BRANDS = CAPITAL LETTERS imited Distribution over-the-Counter estricted to Diagnosis tep Therapy

Drug Name	Special Code	Tier	Category
RYTARY CAP 61.25-245MG (QL= 300 caps/30 days; Step Therapy requires	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY
trial of one: carbidopa/levodopa IR/ER/ODT OR			AGENTS
carbidopa-levodopa-entacapone)			
SAFETY SYRINGE	-	Tier 2	MEDICAL DEVICES AND SUPPLIES
salicylic acid aerosol	-	Tier 2	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	Tier 1	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	Tier 1	ANALGESICS - NONNARCOTIC
SANTYL OINT (QL= 90gm/30 days)	QL	Tier 2	DERMATOLOGICALS
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
saxagliptin hcl tab (ONGLYZA equiv) (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Tier 2	ANTIDIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) (QL= 2 tabs/day;	QL-ST	Tier 2	ANTIDIABETICS
Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)			
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Tier 1	ANTIEMETICS
SEASONIQUE TAB	-	Preventi	CONTRACEPTIVES
		ve	
selegiline cap (ELDEPRYL equiv)	-	Tier 1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	Tier 1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	Tier 1	DERMATOLOGICALS
SELZENTRY SOLN (QL= 31ml/day)	QL	Tier 2	ANTIVIRALS
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Tier 2	ANTIVIRALS
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Tier 2	ANTIVIRALS
sertraline conc (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventi ve	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty	LD-PA-QL	Tier 2	ENDOCRINE AND METABOLIC AGENTS -
Pharmacy 844-288-5007)		Specialty	MISC.
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Tier 1	CARDIOVASCULAR AGENTS - MISC.
silodosin cap (RAPAFLO equiv)	-	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
silver nitrate soln	-	Tier 1	DERMATOLOGICALS
SILVER NITRATE SOLN	-	Tier 2	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Tier 1	DERMATOLOGICALS
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Tier 2	ANTIHYPERLIPIDEMICS
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventi ve	ANTIHYPERLIPIDEMICS

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

Drug Name	Special Code	Tier	Category
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for	PA-QL	Preventi	ANTIHYPERLIPIDEMICS
members 40 years or older; All other members covered at generic copay)		ve	
sirolimus soln (RAPAMUNE equiv)	-	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	Tier 2	ASSORTED CLASSES
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Tier 2 Specialty	ANTIMYCOBACTERIAL AGENTS
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
SKYLA IUD	-	Preventi ve	CONTRACEPTIVES
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	AMSP-PA-QL	Tier 2 Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ (QL= 1 cartridge/56 days)	AMSP-PA-QL	Tier 2 Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	Preventi	CONTRACEPTIVES
		ve	
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride inj	-	Tier 1	MINERALS & ELECTROLYTES
SODIUM CHLORIDE IRRIGATION SOLN	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride neb soln (HYPER-SAL equiv)	-	Tier 1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years	-	Preventi	MINERALS & ELECTROLYTES
or younger; All other members covered at generic copay)		ve	
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5	-	Preventi	MOUTH/THROAT/DENTAL AGENTS
years or younger; All other members covered at generic copay)		Ve Tion 4	MOLITUITUDO ATIDENTAL A CENTO
sodium fluoride gel (PREVIDENT equiv) sodium fluoride paste (PREVIDENT equiv)	-	Tier 1 Tier 1	MOUTH/THROAT/DENTAL AGENTS MOUTH/THROAT/DENTAL AGENTS
. ,	-		MINERALS & ELECTROLYTES
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or	-	Preventi	WINERALS & ELECTROLFIES
younger; All other members covered at generic copay) SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All	_	ve Preventi	MINERALS & ELECTROLYTES
other members covered at generic copay)		ve	WINVERVICE & LELECTROET TES
sodium phenylbutyrate powder (BUPHENYL equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Tier 1	ENDOCRINE AND METABOLIC AGENTS -
		Specialty	MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	Tier 2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	Tier 2	ASSORTED CLASSES
sodium sulfacetamide lotion (KLARON equiv)	-	Tier 1	DERMATOLOGICALS
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Tier 1	LAXATIVES
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty	ANTIVIRALS
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Tier 1	URINARY ANTISPASMODICS
SOLU-CORTEF INJ	-	Tier 2	CORTICOSTEROIDS
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NC =Not Covered generic =small letters			BRANDS = CAPITAL LETTERS
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit			imited Distribution Over-the-Counter
PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		RDX R	estricted to Diagnosis tep Therapy

Drug Name	Special Code	Tier	Category
sorafenib tosylate tab (NEXAVAR equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
sotalol AF tab (BETAPACE AF equiv)	-	Tier 1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	Tier 1	BETA BLOCKERS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventi ve	VACCINES
SPIKEVAX INJ 50/0.5ML	VAC	Preventi ve	VACCINES
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventi ve	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Tier 2	DERMATOLOGICALS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv) (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	Tier 2	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	Value	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Tier 1	DIURETICS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventi ve	CONTRACEPTIVES
SPS	-	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Tier 2	COUGH/COLD/ALLERGY
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIVIRALS
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
STIMATE NASAL SOLN	-	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE INJ 100MG/0.5ML	LMSP	Tier 2 Specialty	ANALGESICS - OPIOID
SUBLOCADE INJ 300MG/1.5ML	LMSP	Tier 2 Specialty	ANALGESICS - OPIOID
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Tier 2	ANALGESICS - OPIOID
SUBOXONE SL FILM 8-2MG (QL= 3 films/day)	QL	Tier 2	ANALGESICS - OPIOID
sucralfate susp (CARAFATE equiv)	-	Tier 1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
sucralfate tab (CARAFATE equiv)	-	Tier 1	ULCER DRUGS
SUFLAVE SOLN (QL= 2 fills/year)	QL	Tier 2	LAXATIVES
SULFACETAMIDE SODIUM OPHTH OINT	-	Tier 2	OPHTHALMIC AGENTS
	-	Tier 1	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)			
sulfacetamide sodium ophth soln (BLEPH-10 equiv) sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	_	Tier 1	OPHTHALMIC AGENTS

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sulfadigane tab (SULFAD/AZINE equiv) (OL=8 tabs/day) QL Ter 1 DLFOMM/DES SULFAMYLON CREAM - Ter 2 DERMITOLOGICALS sulfasalazine EC tab (AZULFIDINE equiv) - Ter 1 GASTROINTESTINAL AGENTS - MISC. sulfasalazine EC tab (AZULFIDINE equiv) - Ter 1 GASTROINTESTINAL AGENTS - MISC. sulfasalazine EC tab (AZULFIDINE equiv) (QL = 8 in)/30 days) QL Ter 2 MIGRAINE PRODUCTS SUMATRIPTAN INI 6MG/S SML (QL = 8 in)/30 days) QL Ter 2 MIGRAINE PRODUCTS SUMATRIPTAN INI 6MG/S SML (QL = 8 in)/30 days. QL Ter 1 MIGRAINE PRODUCTS sumaritypian tab (MITREX equiv) (QL = 9 tabs/30 days) QL Ter 1 MIGRAINE PRODUCTS sumaritypian tab (MITREX equiv) (QL = 9 tabs/30 days) CL Ter 1 MIGRAINE PRODUCTS sumaritypian tab (MITREX equiv) (QL = 9 tabs/30 days) Ter 2 MIGRAINE PRODUCTS sumaritypian tab (MITREX equiv) (QL = 9 tabs/30 days) Ter 2 MIGRAINE PRODUCTS sumaritypian tab (MITREX equiv) (QL = 9 tabs/30 days) Ter 2 MIGRAINE PRODUCTS symble (N L) (L = 2 tabs/day) QL Ter 2 AMTINEDEL PRODUCTS	Drug Name	Special Code	Tier	Category
SULFAMYLON OREAM	sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day)	QL	Tier 1	SULFONAMIDES
sulfaeataine tak (AZULFIDINE equiv) - Tier 1 GASTROINTESTINAL AGENTS - MISC. sultindac tab (CLINCRIL equiv) - Tier 1 AMACISCS - ANT-INFLAMMATORY sumaripian ini (MITREX equiv) (CL-8 ini)30 days) OL Tier 2 MIGRAINE PRODUCTS SUMARTIPTAN INI 6MG/05 ML. (CL-8 ini)30 days) OL-87 Tier 1 MIGRAINE PRODUCTS sumaripian nasai spray (MITREX, SUMATRIPTAN equiv) (CL-8 expays/30 days) OL-87 Tier 1 MIGRAINE PRODUCTS sumaripian tab (MITREX equiv) (CL-9 stabs/30 days) QL Tier 1 MIGRAINE PRODUCTS sumaripian tab (MITREX equiv) (CL-9 stabs/30 days) QL-87 Tier 2 MIGRAINE PRODUCTS sumaripian tab (MITREX equiv) (CL-9 stabs/30 days) QL-87 Tier 2 MIGRAINE PRODUCTS sumaripian tab (MITREX equiv) (CL-9 stabs/30 days) CL-94 Tier 2 MIGRAINE PRODUCTS sumaripian tab (MITREX equiv) (CL-9 stabs/30 days) MSP-PA-OL-SF Tier 1 ANTINEOPLASTICS AND ADJUNCTIVE symber (CTAB (CL-2 stabs/42) Department tab (CL-2 stabs/42) AMSP-PA-OL-SF Tier 2 ASTRAINGIN AGENTS - MISC. SYMADEKO TAB (CL-2 tabs/42) Department tab (CL-2 tabs/42) LMSP-PA-OL-SF	, , , , , , , , , , , , , , , , , , , ,	-	Tier 2	DERMATOLOGICALS
sulflada tab (LAULIFIONEL equiv) -	sulfasalazine EC tab (AZULFIDINE equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
suinatraptan (i) (IMTREX equiv) (QL= 8 in)/30 days) QL Ifier 2 MIGRAINE PRODUCTS SUMATRIPTAN INL BMG/G-SML (QL=8 in)/30 days) QL Ifier 2 MIGRAINE PRODUCTS SUMATRIPTAN INL BMG/G-SML (QL=8 in)/30 days) Sumatriptan nasal spray (IMTREX, SUMATRIPTAN equiv) (QL=6 sprays/30 days, Step Therapy requires titral of 2: maratriptan tab, or sumatriptan tab) Sumatriptan usb (IMTREX equiv) (QL=9 tabs/30 days) Sumatriptan via in (IMITREX equiv) (QL=9 tabs/30 days) STI equiv (QL=9 tabs/30 days) SYMDEKO TAB (QL=2 tabs/day; Only available through Walgreens SYMDEKO TAB (QL=2 tabs/day; Only available through Walgreens SYMDEKO TAB (QL=2 tabs/day) SYMAPROIC TAB (QL=2 tabs/day) SYMAPROIC TAB (QL=2 tabs/day) SYMAPROIC TAB (QL=2 tabs/day) SYMAPROIC TAB (QL=2 tabs/day) SYNAGIS INJ (QL=2 inj/28 days) SYNAGIS INJ (QL=2 tabs/day) SYNAGIS INJ		-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
SUMATRIPTAN IN MGMG-5M, (CL = 8 in y30 days)		-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
SUMATRIPTAN IN J. 6M/GG.5ML (QL = 8 in/30 days)	• ,	QL	Tier 2	MIGRAINE PRODUCTS
days, Step Therapy requires trial of 2: naratriptan tab in rizatriptan tab in communication and in the communication an		QL	Tier 2	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL = 9 tabs/30 days) QL Tier 1 MIGRAINE PRODUCTS sumatriptan tab (IMITREX equiv) (QL = 4 tabs/30 days; ST req trial of 2: paratriptan tab, rizatriptan tab). crizatriptan tab, rizatriptan tab (QL = 9 tabs/30 days; ST req trial of 2: paratriptan tab, rizatriptan tab; or sumatriptan tab). Tier 2 MIGRAINE PRODUCTS of 2: naratriptan tab, rizatriptan tab; or sumatriptan tab; o	days; Step Therapy requires trial of 2: naratriptan tab, rizatriptan tab/ODT,	QL-ST	Tier 1	MIGRAINE PRODUCTS
naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab) sumatriptan/naproxen tab (TREXIMET equiv) (QL= 9 tabs/30 days, ST req trial of 2: naratriptan tab; naratriptan tab/ODT, zolmitriptan tab, or sumatriptan tab) sunitini malate cap (SUTENT equiv) (QL= 26 caps/42 days) sunitini malate cap (SUTENT equiv) (QL= 26 caps/42 days) SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens SYMJEPI INJ (QL= 2 inj/fill) SYMJEPI	sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Tier 1	MIGRAINE PRODUCTS
of 2: naratriptan tab, inzatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab) sunitinib malate cap (SUTENT equiv) (QL= 28 caps/42 days) **MSP-PA-QL*** **Specialty** **THERAPIES** **Specialty** **THERAPIES** **Specialty** **THERAPIES** **Specialty** **THERAPIES** **Specialty** **THERAPIES** **Specialty**		-	Tier 2	MIGRAINE PRODUCTS
Specialty THERAPIES RESPIRATORY AGENTS - MISC. Specialty Specialty SPAULE THERAPIES RESPIRATORY AGENTS - MISC. Specialty SPAULE THERAPIES SPECIAL THERAPIES SPECIAL THERAPIES SPAULE THERAPIES SPAULE THERAPIES SPAULE THERAPIES SPAULE THERAPIES SPAULE THERAPIES THERAPI	of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)		Tier 2	MIGRAINE PRODUCTS
888-347-3416) Specialty SYMJEPI INJ (QLE 2 inj/fill) QL Value VASOPRESSORS SYMPROIC TAB (QLE 30 labs/30 days) PA-QL Tier 2 GASTROINTESTINAL AGENTS - MISC. SYMTROIC TAB (QLE 2 inj/28 days) LMSP-PA-QL Tier 2 ANTIVIRALS SYNAGIS INJ (QLE 2 inj/28 days) LMSP-PA-QL Tier 2 PASSIVE IMMUNIZING AND TREATMENT Specialty AGENTS SYNAREL NASAL SOLN - Tier 2 PASSIVE IMMUNIZING AND TREATMENT MISC. SYNJARDY TAB (QLE 2 tabs/day) QL Tier 2 PASSIVE IMMUNIZING AND TREATMENT MISC. SYNJARDY TAB 10-1000MG, 25-1000MG (QLE 1 tab/day) QL Tier 2 ANTIDIABETICS SYNJARDY XR TAB 10-1000MG, 25-1000MG (QLE 2 tabs/day) QL Tier 2 ANTIDIABETICS SYNARDY XR TAB 10-1000MG, 25-1000MG (QLE 2 tabs/day) QL Tier 2 ANTIDIABETICS SYNARDY XR TAB 5-1000MG (DLE 2 tabs/day) QL Tier 2 ANTIDIABETICS SYNARDY XR TAB 5-1000MG (DLE 2 tabs/day) QL Tier 2 ANTIDIABETICS SYNARDY XR TAB 5-1000MG (DLE 2 tabs/day) QL Tier 2 ANTIDIABETICS SYNARDY XR TAB 5-1000MG (DLE 2 tabs/day) AMSP-QL Tier 2 ANTIDIABETICS SYNARDY XR TAB 5-1000MG (DLE 2 tabs/day) AMSP-QL Tier 1 ASSORTED CLASSES	sunitinib malate cap (SUTENT equiv) (QL= 28 caps/42 days)			THERAPIES
SYMPROIC TAB (QL= 30 tabs/30 days) PA-QL Tier 2 GASTROINTESTINAL AGENTS - MISC. SYMUZA TAB - Tier 2 ANTIVIRALS SYNAGIS INJ (QL= 2 inj/28 days) LMSP-PA-QL Tier 2 ANTIVIRALS SYNAREL NASAL SOLN - Tier 2 NDOCRINE AND METABOLIC AGENTS - MISC. SYNJARDY TAB (QL= 2 tabs/day) QL Tier 2 ANTIDIABETICS SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 2 tabs/day) QL Tier 2 ANTIDIABETICS SYNJARDY XR TAB 10-1000MG, 12-51000MG (QL= 2 tabs/day) QL Tier 2 ANTIDIABETICS SYNJARDY XR TAB 5-1000MG, 12-51000MG (QL= 2 tabs/day) QL Tier 2 ANTIDIABETICS SYNRIBO INJ (Only available through US Bioservices 888-518-7246) LD-PA Tier 2 ANTIDIABETICS SYRINGE LUER-LOK OTC Tier 2 ANTIDIABETICS YRRIBO INJ (Only available through US Bioservices 888-518-7246) AMSP-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE SYRINGE LUER-LOK OTC Tier 2 ANTINEOPLASTICS ANTINEOPLASTICS SYRINGE (LUER-LOK) Tier 1 ASSORTED CLASSES tacrolimus cap (PR	888-347-3416)		Specialty	
SYMTUZA TAB - Tier 2 ANTIVIRALS SYNAGIS INJ (QL= 2 inj/28 days) LMSP-PA-QL Tier 2 PASSIVE IMMUNIZING AND TREATMENT AGENTS SYNAREL NASAL SOLN - Tier 2 ENDOCRINE AND METABOLIC AGENTS - MISC. SYNJARDY TAB (QL= 2 tabs/day) QL Tier 2 ANTIDIABETICS SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) QL Tier 2 ANTIDIABETICS SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) QL Tier 2 ANTIDIABETICS SYNRIBO INJ (Only available through US Bioservices 888-518-7246) LD-PA Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE SYRINGE LUBE-LOK OTC Tier 2 ANTINEOPLASTICS AND SUPPLIES ATBLOID TAB (QL= 4 tabs/day) AMSP-QL Tier 2 ANTINEOPLASTICS Tabloid TAB (QL= 1 tab/day) - Tier 1 ASSORTED CLASSES tacrolimus cap (PROGRAF equiv) - Tier 1 ASSORTED CLASSES tadalafil tab (CIALIS equiv) (QL= 1 tab/day) QL Tier 1 CARDIOVASCULAR AGENTS - MISC. tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day) QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty <td></td> <td></td> <td>Value</td> <td>VASOPRESSORS</td>			Value	VASOPRESSORS
SYNAGIS INJ (QL=2 inj/28 days) LMSP-PA-QL Tier 2 PASSIVE IMMUNIZING AND TREATMENT Specialty AGENTS Specialty AGENTS SPORT Specialty AGENTS SPORT Specialty AGENTS SPORT Specialty Specialt		PA-QL	Tier 2	GASTROINTESTINAL AGENTS - MISC.
Specialty AGENTS SYNAREL NASAL SOLN -		-	Tier 2	ANTIVIRALS
MISC.		LMSP-PA-QL	Specialty	
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) QL Tier 2 ANTIDIABETICS SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) QL Tier 2 ANTIDIABETICS SYNRIBO INJ (Only available through US Bioservices 888-518-7246) LD-PA Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES SYRINGE LUER-LOK OTC Tier 2 MEDICAL DEVICES AND SUPPLIES TABLOID TAB (QL= 4 tabs/day) AMSP-QL Tier 2 Specialty Tier 1 ASSORTED CLASSES Tacrolimus cap (PROGRAF equiv) Tier 1 ASSORTED CLASSES Tacrolimus oint (PROTOPIC OINT equiv) Tier 1 DERMATOLOGICALS Tadalafil tab (CIALIS equiv) (QL= 1 tab/day) QL Tier 1 CARDIOVASCULAR AGENTS - MISC. TAFINLAR CAP (QL= 4 caps/day) AMSP-PA-QL Tier 2 ANTINEOPLASTICS Specialty THERAPIES TAFINLAR TAB (QL= 12 tabs/day) TAFINLAR TAB (QL= 12 tabs/day) LMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES THERAPIES THERAPIES TAGINUS THERAPIES TAGRISSO TAB (QL= 1 tab/day) AMSP-PA-QL Tier 2 Specialty THERAPIES TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo LD-PA-QL Tier 2 Specialty THERAPIES THEMATOLOGICAL AGENTS - MISC.		-	Tier 2	MISC.
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) QL Tier 2 ANTIDIABETICS SYNRIBO INJ (Only available through US Bioservices 888-518-7246) LD-PA Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES SYRINGE LUER-LOK TABLOID TAB (QL= 4 tabs/day) AMSP-QL Tier 2 ANTINEOPLASTICS Specialty tacrolimus cap (PROGRAF equiv) tacrolimus cap (PROGRAF equiv) tacrolimus cint (PROTOPIC OINT equiv) - Tier 1 ASSORTED CLASSES tacrolimus oint (PROTOPIC OINT equiv) QL Tier 1 CARDIOVASCULAR AGENTS - MISC. tadalafil tab (CIALIS equiv) (QL= 1 tab/day) QL Tier 1 CARDIOVASCULAR AGENTS - MISC. TAFINLAR CAP (QL= 4 caps/day) AMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES TAFINLAR TAB (QL= 12 tabs/day) LMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES TAFINLAR TAB (QL= 12 tabs/day) AMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES TAGRISSO TAB (QL= 1 tab/day) AMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo LD-PA-QL Tier 2 HEMATOLOGICAL AGENTS - MISC. Specialty TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through TIER 2 HEMATOLOGICAL AGENTS - MISC.			Tier 2	
SYNRIBO INJ (Only available through US Bioservices 888-518-7246) SYRINGE LUER-LOK TABLOID TAB (QL= 4 tabs/day) TABLOID TAB (QL= 12 tabs/day) TABLOID TAB				
SYRINGE LUER-LOK TABLOID TAB (QL= 4 tabs/day) AMSP-QL Tier 2 ANTINEOPLASTICS Specialty tacrolimus cap (PROGRAF equiv) tacrolimus oint (PROTOPIC OINT equiv) tadalafil tab (CIALIS equiv) (QL= 1 tab/day) Tier 1 ASSORTED CLASSES tacrolimus oint (PROTOPIC OINT equiv) - Tier 1 DERMATOLOGICALS tadalafil tab (CIALIS equiv) (QL= 1 tab/day) QL Tier 1 CARDIOVASCULAR AGENTS - MISC. tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day) TAFINLAR CAP (QL= 4 caps/day) TAFINLAR TAB (QL= 12 tabs/day) TAFINLAR TAB (QL= 12 tabs/day) LMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES THERAPIES THERAPIES T			Tier 2	ANTIDIABETICS
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tacrolimus cap (PROGRAF equiv) - Tier 1 ASSORTED CLASSES tacrolimus oint (PROTOPIC OINT equiv) - Tier 1 DERMATOLOGICALS tadalafil tab (CIALIS equiv) (QL= 1 tab/day) QL Tier 1 CARDIOVASCULAR AGENTS - MISC. tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day) QL Tier 1 CARDIOVASCULAR AGENTS - MISC. TAFINLAR CAP (QL= 4 caps/day) TAFINLAR TAB (QL= 12 tabs/day) TAFINLAR TAB (QL= 12 tabs/day) LMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES TAFINLAR TAB (QL= 12 tabs/day) LMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES TAGRISSO TAB (QL= 1 tab/day) AMSP-PA-QL Tier 1 OPHTHALMIC AGENTS TAGRISSO TAB (QL= 1 tab/day) TAGRISSO TAB (QL= 1 tab/day) TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo LD-PA-QL Tier 2 HEMATOLOGICAL AGENTS - MISC.			Tier 2	
tacrolimus oint (PROTOPIC OINT equiv) tadalafil tab (CIALIS equiv) (QL= 1 tab/day) QL Tier 1 CARDIOVASCULAR AGENTS - MISC. tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day) QL Tier 1 CARDIOVASCULAR AGENTS - MISC. TAFINLAR CAP (QL= 4 caps/day) AMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES TAFINLAR TAB (QL= 12 tabs/day) LMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 QL-ST Tier 1 OPHTHALMIC AGENTS pouches/30 days; Step Therapy requires trial of latanoprost ophth soln) TAGRISSO TAB (QL= 1 tab/day) AMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo LD-PA-QL Tier 2 HEMATOLOGICAL AGENTS - MISC.	TABLOID TAB (QL= 4 tabs/day)	AMSP-QL		
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TAFINLAR CAP (QL= 4 caps/day) AMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES TAFINLAR TAB (QL= 12 tabs/day) LMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES TAFINLAR TAB (QL= 12 tabs/day) LMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES THERAPIES TIER 1 OPHTHALMIC AGENTS AMSP-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo LD-PA-QL Tier 2 ANTINEOPLASTICS AND ADJUNCTIVE Specialty THERAPIES TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo Specialty TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through LD-PA-QL Tier 2 HEMATOLOGICAL AGENTS - MISC.				
TAFINLAR TAB (QL= 12 tabs/day) LMSP-PA-QL Tier 2 Specialty THERAPIES THER			Tier 1	CARDIOVASCULAR AGENTS - MISC.
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 QL-ST Tier 1 OPHTHALMIC AGENTS pouches/30 days; Step Therapy requires trial of latanoprost ophth soln) TAGRISSO TAB (QL= 1 tab/day) TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through LD-PA-QL Tier 2 HEMATOLOGICAL AGENTS - MISC. Specialty TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through LD-PA-QL Tier 2 HEMATOLOGICAL AGENTS - MISC.	TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL		
pouches/30 days; Step Therapy requires trial of latanoprost ophth soln) TAGRISSO TAB (QL= 1 tab/day) AMSP-PA-QL Tier 2 Specialty THERAPIES TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through LD-PA-QL Tier 2 HEMATOLOGICAL AGENTS - MISC. Specialty TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through LD-PA-QL Tier 2 HEMATOLOGICAL AGENTS - MISC.	TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL		
TAGRISSO TAB (QL= 1 tab/day) AMSP-PA-QL Tier 2 Specialty THERAPIES TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo LD-PA-QL Tier 2 HEMATOLOGICAL AGENTS - MISC. Specialty TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through LD-PA-QL Tier 2 HEMATOLOGICAL AGENTS - MISC.		QL-ST	Tier 1	OPHTHALMIC AGENTS
800-803-2523) TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through LD-PA-QL Specialty Tier 2 HEMATOLOGICAL AGENTS - MISC.	TAGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL		
	· · · · · · · · · · · · · · · · · · ·	LD-PA-QL		
		LD-PA-QL		HEMATOLOGICAL AGENTS - MISC.

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

Drug Name	Special Code	Tier	Category
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or	_	Preventi	ANTINEOPLASTICS AND ADJUNCTIVE
older; All other members covered at generic copay)		ve	THERAPIES
tamsulosin cap (FLOMAX equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Tier 1 Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDEF
tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Tier 2	DERMATOLOGICALS
tazarotene cream 0.05% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Tier 2	DERMATOLOGICALS
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Tier 1	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires	QL-ST	Tier 2	DERMATOLOGICALS
trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	Q2 01	1101 2	DETRIMIT OF OCIO, IEC
tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	Tier 2	DERMATOLOGICALS
TB SYRINGE	-	Tier 2	MEDICAL DEVICES AND SUPPLIES
TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ANTIVIRALS
telmisartan tab (MICARDIS equiv)	-	Tier 1	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temozolomide cap (TEMODAR equiv)	AMSP	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	Tier 1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	Tier 1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	Tier 1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	Tier 1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	Tier 1	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMSP Ardon Mandatory Specialty Pharmacy Program Ardon Mandatory Specialty Pharmacy Program Ardon Mandatory Specialty Pharmacy Program Ardon Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		LD Li OTC O RDX R	RRANDS = CAPITAL LETTERS mited Distribution iver-the-Counter estricted to Diagnosis tep Therapy

Drug Name	Special Code	Tier	Category
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml (FORTEO equiv) (QL=	AMSP-PA-QL	Tier 2	ENDOCRINE AND METABOLIC AGENTS -
2.24 mL/28 days) TERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days)	AMSP-PA-QL	Specialty	MISC.
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	AWSP-PA-QL	Tier 2 Specialty	
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Tier 1	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days	:QL	Tier 1	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	QL	Tier 1	ANDROGENS-ANABOLIC
testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	QL	Tier 1	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days)	QL	Tier 2	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Tier 1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	QL-PA	Tier 2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL-FA QL	Tier 1	ANDROGENS-ANABOLIC
	QL		
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days)		Tier 1	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 10MG/ACT (QL= 2 bottles/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Tier 1	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Tier 2	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Tier 2	ANDROGENS-ANABOLIC
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Tier 2	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventi	TOXOIDS
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	ve Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracaine ophth soln	-	Tier 1	OPHTHALMIC AGENTS
tetracycline cap	-	Tier 1	TETRACYCLINES
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens	LD-QL	Tier 2	ASSORTED CLASSES
888-347-3416)		Specialty	
theophylline CR tab (QUIBRON-T equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thioridazine hcl tab (QL= 8 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTICONVULSANTS
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTICONVULSANTS
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTICONVULSANTS
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTICONVULSANTS
ticagrelor tab (BRILINTA equiv) (QL= 2 tabs/day)	QL	Tier 1	HEMATOLOGICAL AGENTS - MISC.
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Tier 2 Specialty	NEUROMUSCULAR AGENTS
NC =Not Covered generic =small letters			BRANDS = CAPITAL LETTERS
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit			imited Distribution over-the-Counter
PA Prior Authorization QL Quantity Limit			estricted to Diagnosis
SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program			tep Therapy

Limodo maleate (pt) polith soin 0.5% (TIMOPTIC equiv) (QL- 2 midsay) ST Tir 2 OPHTHALMIC AGENTS	Drug Name	Special Code	Tier	Category
timolor maleate ophth sonic. Covered for mombors ago 5 years or younger) timolor maleate ophth sonic 25% (TIMOPTIC equiv) timolor maleate open sonic 25% (TIMOPTIC equiv) timolor maleate open sonic 25% (TIMOPTIC equiv) timolor maleate open sonic 25% (TIMOPTIC equiv) (CL = 2milday) CL Timic 2 OPHTHALMIC AGENTS timolor phase to the Coverage open sonic 25% (TIMOPTIC equiv) (CL = 15milday) CL Timic 2 OPHTHALMIC AGENTS timolor ophth sonic (TIMOPTIC equiv) (CL = 15milday) CL Timic 2 OPHTHALMIC AGENTS timolor ophth sonic (TIMOPTIC equiv) (CL = 15milday) CL Timic 2 OPHTHALMIC AGENTS timolor ophth sonic (TIMOPTIC equiv) (CL = 15milday) CL Timic 2 OPHTHALMIC AGENTS timolor ophth sonic (TIMOPTIC equiv) (CL = 15milday) CL Timic 2 OPHTHALMIC AGENTS timolor ophth sonic (TIMOPTIC equiv) (CL = 15milday) CL Timic 2 OPHTHALMIC AGENTS Timic 2 OPHTHAL	timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day)	QL	Tier 2	OPHTHALMIC AGENTS
simolor maleate ophth soft 0.25% (TIMOPTIC equiv) immolor maleate ophth soft 0.5% (STALCL equiv) (Step Therapy requires trial of fimolor maleate ophth soft) immolor maleate ophth soft 0.5% (STALCL equiv) (Step Therapy requires trial of fimolor maleate ophth soft) immolor maleate ophth soft 0.5% (TIMOPTIC equiv) (QL = 2ml/day) QL Tier 2 OPHTHALMIC AGENTS immolor maleate step (BC LCADRER bequiv) (CL = 10ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor ophth soft (BCTIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor ophth soft (BCTIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor ophth soft (BCTIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor ophth soft (BCTIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor ophth soft (BCTIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor ophth soft (BCTIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor ophth soft (BCTIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor ophth soft (BCTIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor ophth soft (BCTIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor that (TIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor that (TIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor that (TIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor that (TIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor that (TIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor that (TIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor that (TIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor that (TIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor that (TIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor that (TIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immolor that (TIMOL equiv) (CL = 15ml/30 days) QL Tier 2 OPHTHALMIC AGENTS immo	timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of	ST	Tier 2	OPHTHALMIC AGENTS
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Immobil malasta polyth sofn 0.5% (TIMOPTIC equiv) (QL= 2milday) QL Tier 2 OPHTHALMIC AGENTS		ST	Tier 2	OPHTHALMIC AGENTS
Initial color maleate preservative free opths soft (TIMOPTIC aquiy) (QL=2milday) QL Timer 2 QPHTHALMIC AGENTS Initial opths soft (BETMOL equiy) (QL=16mild30 days) QL Timer 2 QPHTHALMIC AGENTS QPHTHALMIC AGENT		0.7		OBUTUAL MIC A CENTO
Innoid maleate tab (BLOCADREN equiv) -				
Innotice ophths soft (BETIMOL equiv) (QL = form/30 days)				
timolo ophth soft (BETIMOL equiv) (QLE = fibril/30 days) old, Tier 2 ophthALMIC AGENTS timolo ophth soft (BETIMOL equiv) (QLE = fibril/30 days) old, Tier 2 ophthALMIC AGENTS timolo ophth soft (BETIMOL equiv) (QLE = 8 tabs/day) only available through LD-PA-QL Fier 1 GENTTOURNARY AGENTS - Specialty MISCELLANEOUS Specialty MISCELLANEOUS AMSP-PA-QL Tier 1 GENTTOURNARY AGENTS - Specialty MISCELLANEOUS AMSP-PA-QL Tier 1 GENTTOURNARY AGENTS - Specialty MISCELLANEOUS AMSP-PA-QL Tier 1 GENTTOURNARY AGENTS - Specialty MISCELLANEOUS AMSP-PA-QL Tier 2 ATTIVIAR TIMATIC AND BRONCHODILATOR AGENTS TOURNARY AGENTS - Specialty MISCELLANEOUS ANTIVIAR TIMATIC AND BRONCHODILATOR AGENTS TOURNARY AGENTS - Specialty AMSP-PA-QL Tier 2 ATTIVIAR TIMATIC AND BRONCHODILATOR AGENTS TOURNARY AGENTS AGENTS TOURNARY AGENTS TOURNARY AGENTS TOURNARY AGENTS ACCURATE ACCURAT	• /			
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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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Drug Name	Special Code	Tier	Category	
topiramate tab (TOPAMAX equiv)	-	Tier 1	ANTICONVULSANTS	
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
torsemide tab (DEMADEX equiv)	-	Tier 1	DIURETICS	
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.	
TRADJENTA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS	
tramadol ER tab (RYZOLT equiv)	PA	Tier 2	ANALGESICS - OPIOID	
tramadol ER tab 100mg (ULTRAM ER equiv)	PA	Tier 1	ANALGESICS - OPIOID	
tramadol ER tab 200mg (ULTRAM ER equiv)	PA	Tier 1	ANALGESICS - OPIOID	
tramadol ER tab 300mg (ULTRAM ER equiv)	PA	Tier 1	ANALGESICS - OPIOID	
tramadol hcl tab 100mg (QL= 18 tabs/fill for members age 20 or younger; QL=	QL	Tier 1	ANALGESICS - OPIOID	
42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)				
tramadol tab (ULTRAM equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID	
tramadol/acetaminophen tab (ULTRACET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID	
trandolapril tab (MAVIK equiv)	-	Tier 1	ANTIHYPERTENSIVES	
trandolapril/verapamil ER tab (TARKA equiv)	-	Tier 1	ANTIHYPERTENSIVES	
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Tier 1	HEMOSTATICS	
tranylcypromine tab (PARNATE equiv)	-	Tier 1	ANTIDEPRESSANTS	
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 1	OPHTHALMIC AGENTS	
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Tier 1	ANTIDEPRESSANTS	
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
TREMFYA INJ (QL= 1ml/56 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS	
TREMFYA INJ (QL= 2ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS	
TREMFYA INJ CROHNS INDUCTION PACK (QL= 12 mL/year)	LMSP-PA-QL	Tier 2 Specialty	GASTROINTESTINAL AGENTS - MISC.	
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.	
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.	
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.	
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.	
tretinoin cap (VESANOID equiv)	AMSP	Tier 1 Specialty	ANTINEOPLASTICS	
tretinoin cream (RETIN-A CREAM equiv)	-	Tier 1	DERMATOLOGICALS	
tretinoin gel (RETIN-A GEL equiv)	-	Tier 1	DERMATOLOGICALS	
tretinoin gel (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Tier 2	DERMATOLOGICALS	
triamcinolone acetonide oint (TRIANEX equiv) (Step Therapy requires trial of	ST	Tier 2	DERMATOLOGICALS	

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

Drug Name	Special Code	Tier	Category
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Tier 1	DERMATOLOGICALS
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Tier 1	DERMATOLOGICALS
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Tier 1	DERMATOLOGICALS
triamcinolone cream	-	Tier 1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	Tier 1	DERMATOLOGICALS
TRIAMCINOLONE SPRAY (QL= 450gm/30 days; Req trial of 2 med potency	QL-ST	Tier 2	DERMATOLOGICALS
steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint)			
triamcinolone spray (KENALOG equiv)	QL-ST	Tier 2	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or	ST	Tier 2	DIURETICS
spironolactone)		Tion 1	DILIDETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv) triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Tier 1 Tier 1	DIURETICS DIURETICS
· · · · · · · · · · · · · · · · · · ·	-		
triazolam tab (HALCION equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
tricitrates soln (POLYCITRA-LC equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
trientine cap 250mg (SYPRINE equiv) (ST req trial of generic penicillamine tab)	ST	Tier 1	MISCELLANEOUS THERAPEUTIC CLASSES
TRIENTINE CAP 500MG (ST req trial of generic penicillamine tab and then trial	ST	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
of gen trientine 250mg cap)			
trifluoperazine tab (STELAZINE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
trihexyphenidyl elixir (ARTANE equiv)	-	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	Tier 1	ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	Preventi	CONTRACEPTIVES
• , ,		ve	
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75	QL	Preventi	LAXATIVES
years-Limited to 2 fills/calendar year; All other members covered at generic copay)		ve	
trimethobenzamide cap (TIGAN equiv)	-	Tier 1	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
TRIMETHOPRIM TAB	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure	ST	Tier 1	ANTIDEPRESSANTS
of 2 generic SSRI/SNRIs)	01	T. 4	0011011/001 B/ALL EBOY
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Tier 1	COUGH/COLD/ALLERGY
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Tier 1	COUGH/COLD/ALLERGY
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventi ve	CONTRACEPTIVES
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Tier 2	ANTIVIRALS
TRIUMEQ TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
tropicamide ophth soln (MYDRIACYL equiv)	-	Tier 1	OPHTHALMIC AGENTS
trospium chloride SR cap (SANCTURA XR equiv)	-	Tier 2	URINARY ANTISPASMODICS
trospium tab (SANCTURA equiv)	_	Tier 2	URINARY ANTISPASMODICS
TRULANCE TAB (QL= 30 tabs/30 days)	QL	Tier 2	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes	QL-RDX	Tier 2	ANTIDIABETICS
(E11))	Q_		,
TRUMENBA INJ	VAC	Preventi ve	VACCINES
NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion HASP Lyminor Mandatory Specialty Pharmacy Program Amedical Reports		LD L	BRANDS = CAPITAL LETTERS imited Distribution house the Capitars
LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		RDX R	over-the-Counter Restricted to Diagnosis Step Therapy

Drug Name	Special Code	Tier	Category
tussigon tab (HYCODAN equiv)	-	Tier 1	COUGH/COLD/ALLERGY
tussin cf liquid (QL= 1200ml/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	Preventi	VACCINES
		ve	
TWIRLA PATCH	-	Preventi ve	CONTRACEPTIVES
TYBLUME TAB	-	Preventi ve	CONTRACEPTIVES
TYBOST TAB	-	Tier 2	ANTIVIRALS
TYENNE INJ (QL= 1.8ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of	QL-ST	Tier 2	OPHTHALMIC AGENTS
cyclosporine 0.05% ophth emulsion (generic Restasis))			
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available	LD-PA-QL	Tier 2	CARDIOVASCULAR AGENTS - MISC.
through Accredo 800-803-2523)		Specialty	
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available	LD-PA-QL	Tier 2	CARDIOVASCULAR AGENTS - MISC.
through Accredo 800-803-2523)		Specialty	
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ANTIVIRALS
UBRELVY TAB (QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan ODT, sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
umecta mouss aer (HYDRO 40 equiv)	-	Tier 2	DERMATOLOGICALS
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo	LD-PA-QL	Tier 2	CARDIOVASCULAR AGENTS - MISC.
800-803-2523)		Specialty	
ursodiol cap (ACTIGALL equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
JTA cap	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
UZEDY INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
valacyclovir tab (VALTREX equiv)	-	Tier 1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
ouu-ous-2525) valganciclovir soln (VALCYTE equiv)	-	Tier 1	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	_	Tier 1	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	Tier 1	ANTICONVULSANTS
valproic acid cap (DEFAKENE equiv)	-	Tier 1	ANTICONVULSANTS
VALSARTAN SOLN (QL= 2400ml/30 days)	QL	Tier 2	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv)	- -	Tier 1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 4 doses/fill, 5 fills/month)			
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Tier 2	ANTICONVULSANTS
	QL	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days) vancomycin hcl for iv soln (VANCOMYCIN equiv)	QL	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
variconfiguration to som (variconfiguration equity)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.

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

Drug Name	Special Code	Tier	Category
vancomycin hcl for oral soln 25mg/ml (FIRVANQ equiv) (QL= 300ml/30 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for oral soln 50mg/ml (FIRVANQ equiv) (QL= 300ml/30 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab start pack (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARIVAX INJ	VAC	Preventi ve	VACCINES WILLOW
VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron)	QL-ST	Tier 2	ANTIEMETICS
VAXCHORA SUSP	VAC	Preventi ve	VACCINES
VAXELIS INJ	VAC	Preventi ve	TOXOIDS
VAXNEUVANCE INJ	VAC	Preventi ve	VACCINES
VELIVET PAK	-	Preventi ve	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	Preventi ve	CONTRACEPTIVES
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Tier 2 Specialty	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	Tier 1	ANTIDEPRESSANTS
venlafaxine ER tab	-	Tier 2	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	Tier 1	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
verapamil SR cap (VERELAN equiv) (Step Therapy requires trial of verapamil ER tab (generic Calan))	ST	Tier 2	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIDEX SOLN (QL= 600ml/30 days)	QL	Tier 2	ANTIVIRALS
VIEKIRA PAK TAB (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Tier 2 Specialty	ANTIVIRALS
VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Tier 2 Specialty	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventi ve	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty	ANTICONVULSANTS
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Tier 1 Specialty	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty	ANTICONVULSANTS
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		LD Li OTC O RDX R	RANDS = CAPITAL LETTERS mited Distribution ever-the-Counter estricted to Diagnosis tep Therapy

Drug Name	Special Code	Tier	Category
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	Tier 2	ANTIDEPRESSANTS
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventi ve	CONTRACEPTIVES
VIRACEPT TAB	-	Tier 2	ANTIVIRALS
VIREAD POWDER (No deductible, coinsurance or other UM edits when used for PEP / PrEP)	RDX	Tier 2	ANTIVIRALS
VIREAD TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Tier 2 Specialty	ANTIDOTES
vitamin D cap (RX strength only)	-	Tier 1	VITAMINS
VIVITROL INJ	AMSP	Tier 2 Specialty	ANTIDOTES
voriconazole susp (VFEND equiv)	-	Tier 1	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	Tier 1	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2	ANTIVIRALS
VOTDIENT TAD (OL = 400 Asha (00 days)	AMCD DA OL CE	Specialty	ANTINEODI AOTIOGAND AD IIINOTIVE
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOYDEYA TAB (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
VP-PNV-DHA CAP		Tier 1	MULTIVITAMINS
VRAYLAR CAP (QL= 1 cap/day; Step Therapy requires trial of 2:	QL-ST	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone) VRAYLAR PACK (QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VTOL SOLN		Tier 1	ANALGESICS - NONNARCOTIC
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of	AMSP-QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND
dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) warfarin tab (COUMADIN equiv)	-	Specialty Tier 1	NEUROLOGICAL AGENTS - MISC. ANTICOAGULANTS
XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Tier 2	ANTICOAGULANTS
XARELTO SUSP (QL= 10ml/day)	QL	Tier 2	ANTICOAGULANTS
XARELTO TAB (QL= 60 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
XDEMVY DROP (QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex	LD-QL-RDX	Tier 2 Specialty	OPHTHALMIC AGENTS
blepharitis (acariasis or unspecified blepharitis))			
XELJANZ SOLN (QL= 10ml/day)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		LD Li OTC O RDX R	BRANDS = CAPITAL LETTERS imited Distribution over-the-Counter estricted to Diagnosis tep Therapy

Drug Name	Special Code	Tier	Category
XIGDUO XR TAB (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML (QL= 1ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YASMIN TAB	-	Preventi ve	CONTRACEPTIVES
YAZ TAB	-	Preventi ve	CONTRACEPTIVES
YF-VAX INJ	-	Preventi ve	VACCINES
zafemy patch (XULANE equiv)	-	Preventi ve	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEPATIER TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANTIVIRALS
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	Tier 2	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZERVIATE OPHTH SOLN (QL= 30 single use containers/30 days)	QL	Tier 2	OPHTHALMIC AGENTS
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Tier 1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Tier 1	ANTIVIRALS
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone mesylate inj (GEODON equiv)	AMSP	Tier 1 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	Tier 2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	Tier 2	MACROLIDES
AMSP Ardon Mandatory Specialty Pharmacy Program AMSP Lumicera Mandatory Specialty Pharmacy Program AMSP Lumicera Mandatory Specialty Pharmacy Program AMSP Lumicera Mandatory Specialty Pharmacy Program AMSP Medical Benefit QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program		LD Li OTC O RDX R	RANDS =CAPITAL LETTERS mited Distribution ver-the-Counter estricted to Diagnosis tep Therapy

Drug Name	Special Code	Tier	Category
ZOLINZA CAP	LMSP-PA-SF	Tier 2 Specialty	ANTINEOPLASTICS
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/30 days; ST req trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab FOLLOWED BY suma nasal)	QL-ST	Tier 2	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Tier 1	MIGRAINE PRODUCTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
zolpidem er tab 6.25mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Tier 1	HYPNOTICS
zolpidem tab 5mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Tier 1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem er, eszopiclone, zaleplon, ramelteon)	QL-ST	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
zonisamide cap (ZONEGRAN equiv)	-	Tier 1	ANTICONVULSANTS
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventi ve	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP	-	Tier 2	OPHTHALMIC AGENTS
ZYPREXA RELPREVV INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

DrugName ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANT	Special Code	
ADHD/ANDLANAPCOLEDSY/ANDLANESHY/ANORESHAN?	TS	Tier
AMPHETAMINES	13	
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Tier 1
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Tier 1
umphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Tier 1
imphetamine/dextroamphetamine tab 15:0mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Tier 1
imphetamine/dextroamphetamine tab 19mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Tier 1
imphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Tier 1
	QL	Tier 1
imphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Tier 1
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)		Tier 1
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	Tier 1
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Tier 1
amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenida dextroamphetamine, or dextroamphetamine/amphetamine)		Tier 2
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)		Tier 2
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)		Tier 2
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Tier 2
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	Tier 2
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Tier 2
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate ab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	e QL-ST	Tier 2
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidat amphetamine/dextroamphetamine, dexmethylphenidate)	te, QL-ST	Tier 2
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate ab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	e QL-ST	Tier 2
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate ab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	e QL-ST	Tier 2
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate amphetamine/dextroamphetamine, dexmethylphenidate)	te, QL-ST	Tier 2
isdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)	QL	Tier 2
isdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day)	QL	Tier 2
nethamphetamine hcl tab (METHAMPHETAMINE equiv) (QL= 5 tabs/day)	QL	Tier 2
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv)	-	Tier 1
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS Itomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1
atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days)	QL	Tier 1
ntomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1
tomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1
tomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1
tomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1
tomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.	Q2	1101 1
	=CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LD Limited Dist	tribution	
LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit OTC Over-the-Cot PA Prior Authorization QL Quantity Limit RDX Restricted to	ounter to Diagnosis	
SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation ST Step Therap	-	
VAC Vaccine Program		

DrugName	Last Opuated 6/1/2025	Special Code	Tier
ADHD/ANT	I-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (Cont.	
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day		QL	Tier 1
juanfacine ER tab (INTUNIV equiv) (QL= 1 tab/da	y)	QL	Tier 1
juanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 ta	abs/day)	QL	Tier 1
juanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 ta	abs/day)	QL	Tier 1
STIMULANTS - MISC.			
rmodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tal	o/day)	QL	Tier 1
rmodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tal	o/day)	QL	Tier 1
rmodafinil tab 250mg (NUVIGIL equiv) (QL= 60 ta	abs/30 days)	QL	Tier 1
rmodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs	s/day)	QL	Tier 1
exmethylphenidate ER 10mg caps (DEXMETHY)	_PHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 1
exmethylphenidate ER 15mg caps (DEXMETHY)	_PHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 1
exmethylphenidate ER 20mg caps (DEXMETHY)	_PHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 1
exmethylphenidate ER 5mg caps (DEXMETHYLI	PHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 1
exmethylphenidate ER cap (FOCALIN XR equiv)	(QL= 1 cap/day)	QL	Tier 1
exmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Tier 1
exmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Tier 1
exmethylphenidate tab 5mg (FOCALIN equiv) (Q	L= 120 tabs/30 days)	QL	Tier 1
nethylphenidate ER 18mg tabs (METHYLPHENIC	DATE HCL equiv) (QL= 60 tabs/30 days)	QL	Tier 1
nethylphenidate ER 27mg tabs (METHYLPHENIC	DATE HCL equiv) (QL= 60 tabs/30 days)	QL	Tier 1
ethylphenidate ER 36mg tabs (METHYLPHENIC		QL	Tier 1
IETHYLPHENIDATE ER TAB (QL= 1 tab/day)		QL	Tier 1
nethylphenidate ER tab 10mg (QL= 3 tabs/day)		QL	Tier 1
nethylphenidate ER tab 20mg (QL= 3 tabs/day)		QL	Tier 1
IETHYLPHENIDATE HCL TAB ER 24HR 18MG	(QL= 60 tabs/30 days)	QL	Tier 1
IETHYLPHENIDATE HCL TAB ER 24HR 27MG	(QL= 60 tabs/30 days)	QL	Tier 1
IETHYLPHENIDATE HCL TAB ER 24HR 36MG		QL	Tier 1
nethylphenidate soln (METHYLIN equiv)	• /	-	Tier 1
nethylphenidate tab 10mg (RITALIN equiv) (QL=	180 tabs/30 days)	QL	Tier 1
nethylphenidate tab 20mg (RITALIN equiv) (QL=	• •	QL	Tier 1
nethylphenidate tab 5mg (RITALIN equiv) (QL= 36		QL	Tier 1
nethylphenidate 10mg ER caps (METHYLPHENII		QL	Tier 2
nethylphenidate 20mg ER caps (METHYLPHENII		QL	Tier 2
nethylphenidate 30mg ER caps (METHYLPHENII		QL	Tier 2
nethylphenidate CD cap (METADATE CD equiv) (QL	Tier 2
nethylphenidate chew tab (METHYLIN equiv) (QL		QL	Tier 2
	= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER,	QL-ST	Tier 2
• • • • • • • • • • • • • • • • • • • •	uiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2:	QL-ST	Tier 2
	uiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2:	QL-ST	Tier 2
	uiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2:	QL-ST	Tier 2
	uiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2:	QL-ST	Tier 2
	uiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2:	QL-ST	Tier 2

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

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

DrugName	Last Opuated of 1/2025		Special Code	Tier
ADHD/ANTI-NARC	OLEPSY/ANTI-OBESITY/AN	NOREXI	ANTS Cont.	
methylphenidate er cap 50mg (APTENSIO XR equiv) (QL= 30 dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/5		trial of 2:	QL-ST	Tier 2
methylphenidate er cap 60mg (APTENSIO XR equiv) (QL= 30 dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/5-	4 (non-OSM))		QL-ST	Tier 2
methylphenidate ER tab 72mg (QL= 1 tab/day; Step Therapy ER (generic Concerta))	requires trial of 2: dextro/amph ER, dex	xmethyl ER	l, methylph QL-ST	Tier 2
methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/d dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	ay; Step therapy requires trial of 2: dext	ro/amphet		Tier 2
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) ALLERGE	ENIC EXTRACTS/BIOLOGIC	ALS MI	QL SC	Value
ALLERGENIC EXTRACTS				
ODACTRA SL TAB (QL= 30 tabs/30 days)			QL	Tier 2
AMINOGLYCOSIDES	AMINOGLYCOSIDES			
neomycin tab			-	Tier 1
paromomycin cap (HUMATIN equiv)			- 4440D D4	Tier 1
tobramycin neb soln (BETHKIS equiv)			AMSP-PA	Tier 1 Specialty
tobramycin neb soln (TOBI equiv)			AMSP-PA	Tier 1 Specialty
ANAL	GESICS - ANTI-INFLAMMA	TORY		- py
ANTIRHEUMATIC - ENZYME INHIBITORS				
RINVOQ ER TAB (QL= 1 tab/day)			AMSP-PA-QL	Tier 2 Specialty
RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year)			AMSP-PA-QL	Tier 2 Specialty
RINVOQ ORAL SOLN (QL= 360ml/30 days)			AMSP-PA-QL	Tier 2 Specialty
XELJANZ SOLN (QL= 10ml/day)			AMSP-PA-QL	Tier 2 Specialty
XELJANZ TAB (QL= 2 tabs/day)			AMSP-PA-QL	Tier 2 Specialty
XELJANZ XR TAB (QL= 1 tab/day)			AMSP-PA-QL	Tier 2 Specialty
ANTI-TNF-ALPHA - MONOCLONAL ANTIBOD	IES			
ADALIMU-ADAZ INJ 80/0.8ML (QL= 2 inj/28 days)			AMSP-PA-QL	Tier 2
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)			AMSP-PA-QL	Specialty Tier 2 Specialty
ADALIMUMAB-ADAZ INJ 10MG/0.1ML (QL= 0.2ml/28 days)			AMSP-PA-QL	Tier 2 Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)			AMSP-PA-QL	Tier 2 Specialty
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)			AMSP-PA-QL	Tier 2 Specialty
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)			AMSP-PA-QL	Tier 2 Specialty
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)			AMSP-PA-QL	Tier 2 Specialty
Note: Unless otherwise specifically noted, all strengths and forms of productions of productions of the strengths and forms of productions of the strengths are strengths.	cts listed in the formulary are covered.			·
MC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program EXC LMSP Lumicera Mandatory Specialty Pharmacy Program M	generic =small letters Plan Exclusion Medical Benefit	LD OTC	BRANDS = CAPITAL LETTERS Limited Distribution Over-the-Counter	
PA Prior Authorization QL SF Limited to two 15 day fills per month for first 3 months SMKG VAC Vaccine Program	Quantity Limit Smoking Cessation	RDX ST	Restricted to Diagnosis Step Therapy	

DrugName	Last Opdated* 6/1/2025	Special Code	Tier
	ANALGESICS - ANTI-INFLAMMATORY Cont.		
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/2	8 days)	AMSP-PA-QL	Tier 2 Specialty
INTERLEUKIN-6 RECEPTOR INHIB	ITORS		Specially
TYENNE INJ (QL= 1.8ml/28 days)		AMSP-PA-QL	Tier 2
NONSTEROIDAL ANTI-INFLAMMAT	ORY AGENTS (NSAIDS)		Specialty
celecoxib cap (CELEBREX equiv)		-	Tier 1
diclofenac potassium tab (CATAFLAM equiv)		-	Tier 1
diclofenac sodium EC tab (VOLTAREN equiv)		-	Tier 1
diclofenac sodium XR tab (VOLTAREN XR equi	v)	-	Tier 1
diclofenac/misoprostol DR tab (ARTHROTEC e	,	-	Tier 1
etodolac cap (LODINE equiv)	,	-	Tier 1
etodolac ER tab (LODINE XL equiv)		-	Tier 1
etodolac tab		-	Tier 1
FLURBIPROFEN TAB		-	Tier 1
flurbiprofen tab (ANSAID equiv)		-	Tier 1
buprofen susp (Rx ONLY) (ADVIL, MOTRIN eq	uiv)	-	Tier 1
buprofen tab	,	-	Tier 1
ndomethacin cap (INDOCIN equiv)		-	Tier 1
ndomethacin CR cap (INDOCIN SR equiv)		-	Tier 1
ketorolac inj		-	Tier 1
ketorolac tab (TORADOL equiv)		-	Tier 1
meloxicam tab (MOBIC equiv)		-	Tier 1
nabumetone tab (RELAFEN equiv)		-	Tier 1
naproxen EC tab (NAPROSYN EC equiv)		-	Tier 1
naproxen sodium tab (ANAPROX equiv)		-	Tier 1
naproxen susp (NAPROSYN equiv)		-	Tier 1
naproxen tab (NAPROSYN equiv)		-	Tier 1
oxaprozin tab (DAYPRO equiv)		-	Tier 1
piroxicam cap (FELDENE equiv)		-	Tier 1
sulindac tab (CLINORIL equiv)		-	Tier 1
tolmetin cap (TOLECTIN DS equiv)		-	Tier 1
diclofenac potassium cap (ZIPSOR equiv) (QL= diclofenac sodium ER tablets)	4 caps/day; Step therapy requires trial of diclofenac sodium EC or	QL-ST	Tier 2
,	y; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium	QL-ST	Tier 2
•	3 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR,	QL-ST	Tier 2
ndomethacin suppository (INDOCIN equiv) (QL naproxen, diclofenac, meloxicam, etc))	= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib,	QL-ST	Tier 2
	ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	Tier 2
KETOROLAC INJ		-	Tier 2
MECLOFENAMATE CAP		-	Tier 2
nefenamic acid cap (PONSTEL equiv)		-	Tier 2
meloxicam (VIVLODEX equiv) (QL= 1 cap/day; or tolmetin)	Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac,	QL-ST	Tier 2
naproxen sodium CR tab (NAPRELAN CR equi	v)	-	Tier 2

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

ı		NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS
ı	AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
ı	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
ı	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
ı	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
ı	VAC	Vaccine Program				
- 1						

DrugName	Last Updated* 6/1/2025	Special Code	Tier
ANA	ALGESICS - ANTI-INFLAMMATORY Cont.		
NAPROXEN SUSP		-	Tier 2
PHOSPHODIESTERASE 4 (PDE4) INHIBI	TORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)		AMSP-PA-QL	Tier 2 Specialty
OTEZLA TAB (QL= 2 tabs/day)		AMSP-PA-QL	Tier 2 Specialty
PYRIMIDINE SYNTHESIS INHIBITORS			
leflunomide tab (ARAVA equiv) SOLUBLE TUMOR NECROSIS FACTOR I	RECEPTOR AGENTS	-	Tier 1
ENBREL INJ (QL= 8 inj/28 days)		AMSP-PA-QL	Tier 2 Specialty
ENBREL INJ 25MG (QL= 8 inj/28 days)		AMSP-PA-QL	Tier 2 Specialty
ENBREL INJ 50MG (QL= 4 inj/28 days)		AMSP-PA-QL	Tier 2 Specialty
ENBREL MINI INJ (QL= 4 inj/28 days)		AMSP-PA-QL	Tier 2 Specialty
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)		AMSP-PA-QL	Tier 2 Specialty
	ANALGESICS - NONNARCOTIC		Ороолину
ANALGESIC COMBINATIONS			
butalbital/acetaminophen tab (PHRENILIN equiv) (QL=	6 tabs/day)	QL	Tier 1
butalbital/acetaminophen/caffeine soln		-	Tier 1
VTOL SOLN		-	Tier 1
butalbital/acetaminophen cap		-	Tier 2
SALICYLATES			
aspirin chew tab 81mg (Covered for females only)		-	Preventiv e
aspirin ec tab 325mg (Covered for females only)		OTC	Preventiv e
aspirin ec tab 81mg (Covered for females only)		OTC	Preventiv e
aspirin tab (Covered for females only)		OTC	Preventiv e
diflunisal tab (DOLOBID equiv)		-	Tier 1
salsalate tab (DISALCID equiv)		-	Tier 1
ODICID A CONIGTO	ANALGESICS - OPIOID		
OPIOID AGONISTS		01	Tion 1
supply limit of 42 days in 90 days)	20 or younger; QL= 42 tabs/fill for members age 21 or older; Day	QL	Tier 1
or older; Day supply limit of 42 days in 90 days)	for members age 20 or younger; QL= 210ml/fill for members age 21	QL	Tier 1
supply limit of 42 days in 90 days)	rs age 20 or younger; QL= 210ml/fill for members age 21 or older; Day	QL	Tier 1
21 or older; Day supply limit of 42 days in 90 days)	for members age 20 or younger; QL= 42 tabs/fill for members age	QL	Tier 1
meperidine tab (DEMEROL equiv) (QL= 18 tabs/fill for older; Day supply limit of 42 days in 90 days) Note: Unless otherwise specifically noted, all strengths and forms of the strengths are strengths.	members age 20 or younger; QL= 42 tabs/fill for members age 21 or of products listed in the formulary are covered.	QL	Tier 1
NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program	generic =small letters BRANDS =CAPI XC Plan Exclusion LD Limited Distribution		
LMSP Lumicera Mandatory Specialty Pharmacy Program M	Medical Benefit OTC Over-the-Counter		
PA Prior Authorization QI SF Limited to two 15 day fills per month for first 3 months SN VAC Vaccine Program	L Quantity Limit RDX Restricted to Diag MKG Smoking Cessation ST Step Therapy	gnosis	

DrugName		Special Code	Tier
	ANALGESICS - OPIOID Cont.		
nethadone soln (QL= 4 ml/day)		QL	Tier 1
nethadone soln 10mg/5ml (QL= 20ml/day)		QL	Tier 1
nethadone soln 5mg/5ml (QL= 40ml/day)		QL	Tier 1
nethadone tab 10mg (DOLOPHINE equiv) (QL	= 4 tabs/day)	QL	Tier 1
nethadone tab 5mg (DOLOPHINE equiv) (QL=	* *	QL	Tier 1
nethadose tab (QL= 1 tab/day)	•	PA-QL	Tier 1
	lay; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 1
, , , , , , , , , , , , , , , , , , , ,	y; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 1
norphine sulfate ER tab (MS CONTIN equiv) (0		PA-QL	Tier 1
	IL (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members	QL	Tier 1
ge 21 or older; Day supply limit of 42 days in 9		~=	
	INE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for	QL	Tier 1
nembers age 21 or older; Day supply limit of 42		~-	
	NE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for	QL	Tier 1
nembers age 21 or older; Day supply limit of 42			
	NE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for	QL	Tier 1
nembers age 21 or older; Day supply limit of 42	. , ,		
	pers age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day	QL	Tier 1
upply limit of 42 days in 90 days)			
	for members age 20 or younger; QL= 42 caps/fill for members age 21 or	QL	Tier 1
lder; Day supply limit of 42 days in 90 days)	3 7 3 7 1		
oxycodone soln (ROXICODONE equiv) (QL= 90	Oml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or	QL	Tier 1
older; Day supply limit of 42 days in 90 days)			
xycodone tab (ROXICODONE equiv) (QL= 18	tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age	QL	Tier 1
1 or older; Day supply limit of 42 days in 90 da	ys)		
xymorphone tab (OPANA equiv) (QL= 18 tabs/	fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or	QL	Tier 1
older; Day supply limit of 42 days in 90 days)			
ramadol ER tab 100mg (ULTRAM ER equiv)		PA	Tier 1
ramadol ER tab 200mg (ULTRAM ER equiv)		PA	Tier 1
ramadol ER tab 300mg (ULTRAM ER equiv)		PA	Tier 1
ramadol hcl tab 100mg (QL= 18 tabs/fill for me	embers age 20 or younger; QL= 42 tabs/fill for members age 21 or older;	QL	Tier 1
Day supply limit of 42 days in 90 days)			
ramadol tab (ULTRAM equiv) (QL= 18 tabs/fill f	for members age 20 or younger; QL= 42 tabs/fill for members age 21 or	QL	Tier 1
lder; Day supply limit of 42 days in 90 days)			
CODEINE SULFATE TAB (QL= 18 tabs/fill for r	nembers age 20 or younger; QL= 42 tabs/fill for members age 21 or older;	QL	Tier 2
Pay supply limit of 42 days in 90 days)			
entanyl patch (DURAGESIC equiv) (QL=15 pat		PA-QL	Tier 2
HYDROCODONE BITARTRATE ER CAP (QL=	2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
ydrocodone bitartrate ER cap (ZOHYDRO equ	iv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER	PA-QL-ST	Tier 2
ab)			
ydrocodone bitartrate er tab (HYSINGLA equiv	y) (QL= 1 tab/day)	PA-QL	Tier 2
ydromorphone ER tab 12mg (EXALGO equiv)	(QL= 1 tab/day)	PA-QL	Tier 2
ydromorphone ER tab 16mg (EXALGO equiv)	(QL= 1 tab/day)	PA-QL	Tier 2
ydromorphone ER tab 32mg (EXALGO equiv)		PA-QL	Tier 2
ydromorphone ER tab 8mg (EXALGO equiv) (PA-QL	Tier 2
	18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members	QL-ST	Tier 2
	io tabs/fill for members age 20 or younger, QL= 42 tabs/fill for members 0 days; ST req trial of 2 short acting opioids(eg hydrocodone,		.101 2
	O GAVO. O LISO MAN DI A SHOLL ADMINI ODIDIUSIEU HVUIDUUUIIE.		

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

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

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		-
MEPERIDINE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Da limit of 42 days in 90 days)	y supply QL	Tier 2
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Tier 2
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER	tab) PA-QL-ST	Tier 2
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
MORPHINE SULFATE SUPP (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or on supply limit of 42 days in 90 days)	older; Da QL	Tier 2
MORPHINE SULFATE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 o Day supply limit of 42 days in 90 days)	r older; QL	Tier 2
oxycodone conc (ROXICODONE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members a or older; Day supply limit of 42 days in 90 days)	age 21 QL	Tier 2
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
DXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
DXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
DXYCONTIN ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
DXYCONTIN ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
DXYCONTIN ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
DXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	PA-QL	Tier 2
DXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	PA-QL	Tier 2
DXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	PA-QL	Tier 2
DXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	PA-QL	Tier 2
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	PA-QL	Tier 2
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	PA-QL	Tier 2
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	PA-QL	Tier 2
DXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	PA-QL	Tier 2
DXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	PA-QL	Tier 2
ramadol ER tab (RYZOLT equiv)	PA	Tier 2
OPIOID COMBINATIONS		
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 to members age 21 or older; Day supply limit of 42 days in 90 days)	abs/fill QL	Tier 1
APAP/CODEINE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; supply limit of 42 days in 90 days)	Day QL	Tier 1
aspirin/codeine tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Esupply limit of 42 days in 90 days)	Day QL	Tier 1
outalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)		Tier 1
butalbital/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv) (QL= 18 caps/fill for members age 20 or younge 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	•	Tier 1
hydrocodone/acetaminophen cap (LORCET equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fi members age 21 or older; Day supply limit of 42 days in 90 days)	ll for QL	Tier 1

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AMSP	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program	EXC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
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VAC	Vaccine Program				

D		Last Updated* 6/1/2025	•			
DrugName					Special Code	Tie
	-	ANALGESICS - OPIOID (Cont.			
nydrocodone/acetaminophen soln (HYCET, LORTAE or members age 21 or older; Day supply limit of 42 o	. ,	<u> </u>	or younger; QL:	= 210ml/fill	QL	Tier 1
hydrocodone/acetaminophen tab 10-325mg(QL= 18 nembers age 21 or older; Day supply limit of 42 days			L= 42 tabs/fill f	or	QL	Tier 1
nydrocodone/acetaminophen tab 2.5-325mg (NORC abs/fill for members age 21 or older; Day supply limi		· ·	20 or younger;	QL= 42	QL	Tier 1
nydrocodone/acetaminophen tab 5-325mg (QL= 18 nge 21 or older; Day supply limit of 42 days in 90 day		or members age 20 or younger; QL	= 42 tabs/fill fo	r members	QL	Tier 1
lydrocodone/acetaminophen tab 7.5mg-325mg (QL nembers age 21 or older; Day supply limit of 42 days	= 18 tab		r; QL= 42 tabs	fill for	QL	Tier 1
HYDROCODONE/IBUPROFEN TAB (QL= 18 tabs/f or older; Day supply limit of 42 days in 90 days)	fill for me	mbers age 20 or younger; QL= 42 t	abs/fill for men	nbers age 21	QL	Tier 1
ydrocodone/ibuprofen tab (VICOPROFEN equiv) (Conembers age 21 or older; Day supply limit of 42 days			ger; QL= 42 tab	s/fill for	QL	Tier 1
xycodone/acetaminophen cap (TYLOX equiv) (QL= nembers age 21 or older; Day supply limit of 42 days	18 caps	fill for members age 20 or younger	; QL= 42 caps/	fill for	QL	Tier 1
xycodone/acetaminophen tab 10-325mg (PERCOC abs/fill for members age 21 or older; Day supply limi	ET equiv	y) (QL= 18 tabs/fill for members age	20 or younger	; QL= 42	QL	Tier 1
xycodone/acetaminophen tab 2.5-325mg (PERCOCabs/fill for members age 21 or older; Day supply limi	CET equi	v) (QL= 18 tabs/fill for members ag	e 20 or younge	r; QL= 42	QL	Tier 1
xycodone/acetaminophen tab 5-325mg (PERCOCE abs/fill for members age 21 or older; Day supply limi	T equiv)	(QL= 18 tabs/fill for members age	20 or younger;	QL= 42	QL	Tier 1
xycodone/acetaminophen tab 7.5-325mg (PERCOC	CET equi	v) (QL= 18 tabs/fill for members ago	e 20 or younge	r; QL= 42	QL	Tier 1
XYCODONE/ASPIRIN TAB (QL= 18 tabs/fill for moder; Day supply limit of 42 days in 90 days)		• ,	or members a	ge 21 or	QL	Tier 1
XYCODONE/IBUPROFEN TAB (QL= 18 tabs/fill foder; Day supply limit of 42 days in 90 days)	or memb	ers age 20 or younger; QL= 42 tabs	/fill for membe	rs age 21 or	QL	Tier 1
xycodone/ibuprofen tab (COMBUNOX equiv) (QL= nembers age 21 or older; Day supply limit of 42 days			QL= 42 tabs/fil	l for	QL	Tier 1
entazocine/acetaminophen tab (TALACEN equiv) (0 nembers age 21 or older; Day supply limit of 42 days			ger; QL= 42 tal	bs/fill for	QL	Tier 1
amadol/acetaminophen tab (ULTRACET equiv) (QL nembers age 21 or older; Day supply limit of 42 days	_= 18 tab	s/fill for members age 20 or younge	er; QL= 42 tabs	/fill for	QL	Tier 1
CETAMINOPHEN/CAFFEINE/DIHYDROCODEINE nembers age 21 or older; Day supply limit of 42 days	TAB (C	L= 18 tabs/fill for members age 20	or younger; QL	= 42 tabs/fill f	QL	Tier 2
ydrocodone/acetaminophen soln 10-325 mg/15ml (l 10ml/fill for members age 21 or older; Day supply lii	HYCET 6	equiv) (QL= 90ml/fill for members a	ge 20 or young	er; QL=	QL	Tier 2
ydrocodone/acetaminophen tab 10mg-300mg (XOE abs/fill for members age 21 or older; Day supply limi	OOL equi	v) (QL= 18 tabs/fill for members ago	e 20 or younge	r; QL= 42	QL	Tier 2
ydrocodone/acetaminophen tab 5mg-300mg (XOD0 bs/fill for members age 21 or older; Day supply limi	OL equiv	(QL= 18 tabs/fill for members age	20 or younger;	QL= 42	QL	Tier 2
ydrocodone/acetaminophen tab 7.5mg-300mg (XOI abs/fill for members age 21 or older; Day supply limi OPIOID PARTIAL AGONISTS	DOL equ	iv) (QL= 18 tabs/fill for members ag	e 20 or younge	er; QL= 42	QL	Tier 2
uprenorphine patch (BUTRANS equiv)					-	Tier 1
uprenorphine SL tab (SUBUTEX equiv)					-	Tier 1
uprenorphine/naloxone sl film (SUBOXONE equiv)					-	Tier 1
uprenorphine/naloxone SL tab (SUBOXONE equiv)					-	Tier 1
utorphanol nasal spray (QL= 5ml/30 days)					QL	Tier 1
lote: Unless otherwise specifically noted, all strengths and form	ns of produ	cts listed in the formulary are covered.				
AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	EXC M QL SMKG	generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation	LD OTC RDX ST	BRANDS =CAPI Limited Distribution Over-the-Counter Restricted to Diag Step Therapy	n	

Last Updated* 6/1/2025		0	T :
DrugName		Special Code	Tier
ANALGESICS - OPIOID Cor	nt.		
pentazocine/naloxone tab (TALWIN NX equiv) (QL= 18 tabs/fill for members age 20 or younger; QL=	= 42 tabs/fill for	QL	Tier 1
nembers age 21 or older; Day supply limit of 42 days in 90 days)		~=	
puprenorphine hcl buccal film (BELBUCA equiv) (Step therapy requires trial of buprenorphine patch))	ST	Tier 2
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)		QL	Tier 2
SUBOXONE SL FILM 8-2MG (QL= 3 films/day)		QL	Tier 2
BRIXADI SOLN		-	Tier 2
SUBLOCADE INJ 100MG/0.5ML		LMSP	Specia Tier 2
SOBLOCADE IN TOURIS/0.5WIE		LIVIOI	Specia
SUBLOCADE INJ 300MG/1.5ML		LMSP	Tier 2
			Specia
ANDROGENS-ANABOLIC	;		
ANABOLIC STEROIDS			
OXANDROLONE TAB		PA	Tier 1
ANDROGENS		QL	Tier 1
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)		QL	Tier 1
estosterone cypionate inj (DEPO-TESTOSTERONE equiv) estosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days)		- QL	Tier 1
estosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 viai/26 days)		QL	Tier 1
estosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)		QL	Tier 1
estosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)		QL	Tier 1
		QL	Tier 1
estosterone gel 1% 50mg (QL= 300gm/30 days) estosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days)		QL	Tier 1
		QL	Tier 1
estosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days) nethyltestosterone cap(QL= 150 tablets/30 days)		PA-QL	Tier 2
		QL QL	Tier 2
FESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days)		PA-QL	Tier 2
FESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)		PA-QL	Tier 2
estosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)		PA-QL	Tier 2
estosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)		PA-QL	
FESTOSTERONE GEL 10MG/ACT (QL= 2 bottles/30 days)		PA-QL	Tier 2 Tier 2
estosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)		PA-QL PA-QL	
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)			Tier 2
TESTOSTERONE IN J. (QL= 1 vial/28 days)		QL	Tier 2
TESTOSTERONE INJ (QL= 4 vials/28 days)		QL	Tier 2
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)		QL PA-QL	Tier 2
estosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) ANORECTAL AGENTS		FA-QL	Tier 2
INTRARECTAL STEROIDS			
nydrocortisone enema (CORTENEMA equiv)		-	Tier 1
RECTAL COMBINATIONS			
docaine/hydrocortisone cream (ANAMANTLE equiv)		-	Tier 1
idocaine/hydrocortisone kit (ANALPRAM equiv)		-	Tier 1
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT		-	Tier 1
PROCTOFOAM HC FOAM		-	Tier 2
RECTAL STEROIDS			
proctosol HC cream (ANUSOL HC equiv)		-	Tier 1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.			
NC =Not Covered generic =small letters		=CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion	LD Limited Dis	tribution	
LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit	OTC Over-the-C RDX Restricted t	ounter to Diagnosis	
SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program	ST Step Thera	•	

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.

VAC

Vaccine Program

DrugNomo	Last Updated* 6/1/2025		Cmaa	ial Cada	T:
DrugName	SECTAL AND DELATED DOOD	.OTO		ial Code	Tier
	RECTAL AND RELATED PRODU	JCIS			
INTRARECTAL STEROIDS					
oudesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 da VASODILATING AGENTS	ys; Step therapy requires trial of hydrocortiso	ne ene	ma) QL-ST		Tier 2
nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Ar	nal Fissure (K60.2))		RDX		Tier 1
illiogiyceriii oliit (NECTIV equiv) (Diagnosis Nestiicled – Ai			NDX		1161 1
ANTHELMINTICS	ANTHELMINTICS				
					Tion 1
vermectin tab (STROMECTOL equiv)			-		Tier 1
oraziquantel tab (BILTRICIDE equiv) BENZNIDAZOLE TAB			-		Tier 1
BENZNIDAZOLE TAB	4 NITHA NIONNA I A OFNITO		-		Tier 2
ANTIANOMALO OTUER	ANTIANGINAL AGENTS				
ANTIANGINALS-OTHER					
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)			QL		Tier 1
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day;	Step therapy requires trial of ranolazine ER ta	ab)	QL-ST		Tier 2
NITRATES					
sosorbide dinitrate tab 5mg (ISORDIL equiv)			-		Tier 1
sosorbide mononitrate ER tab (IMDUR equiv)			-		Tier 1
SOSORBIDE MONONITRATE TAB			-		Tier 1
sosorbide mononitrate tab (MONOKET equiv)			-		Tier 1
NITROGLYCERIN ER CAP			-		Tier 1
nitroglycerin patch (NITRO-DUR equiv)			-		Tier 1
nitroglycerin SL tab (NITROSTAT equiv)			-		Tier 1
sosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therap	y requires trial of isosorbide dinitrate, isosorb	ide din	itrate ER, ST		Tier 2
sosorbide dinitrate SL, isosorbide mononitrate, or isosorbide	e mononitrate ER)				
NITRO-BID OINT			-		Tier 2
					T 0
nitroglycerin lingual spray (NITROLINGUAL equiv)			-		Tier 2
nitroglycerin lingual spray (NITROLINGUAL equiv)	ANTIANXIETY AGENTS		-		Tier 2
	ANTIANXIETY AGENTS		-		Tier 2
ANTIANXIETY AGENTS - MISC.	ANTIANXIETY AGENTS		-		Tier 2
ANTIANXIETY AGENTS - MISC. Duspirone tab (BUSPAR equiv)	ANTIANXIETY AGENTS		- - -		
ANTIANXIETY AGENTS - MISC. buspirone tab (BUSPAR equiv) hydroxyzine pamoate cap (VISTARIL equiv)	ANTIANXIETY AGENTS		- - -		Tier 1
ANTIANXIETY AGENTS - MISC. buspirone tab (BUSPAR equiv) hydroxyzine pamoate cap (VISTARIL equiv) hydroxyzine syrup (ATARAX equiv)	ANTIANXIETY AGENTS		- - - -		Tier 1 Tier 1
ANTIANXIETY AGENTS - MISC. Duspirone tab (BUSPAR equiv) Duydroxyzine pamoate cap (VISTARIL equiv) Duydroxyzine syrup (ATARAX equiv) Duydroxyzine tab (ATARAX equiv)	ANTIANXIETY AGENTS		- - - - -		Tier 1 Tier 1 Tier 1
ANTIANXIETY AGENTS - MISC. puspirone tab (BUSPAR equiv) nydroxyzine pamoate cap (VISTARIL equiv) nydroxyzine syrup (ATARAX equiv) nydroxyzine tab (ATARAX equiv) meprobamate tab (MILTOWN equiv)	ANTIANXIETY AGENTS		- - - - -		Tier 1 Tier 1 Tier 1 Tier 1
ANTIANXIETY AGENTS - MISC. Duspirone tab (BUSPAR equiv) hydroxyzine pamoate cap (VISTARIL equiv) hydroxyzine syrup (ATARAX equiv) hydroxyzine tab (ATARAX equiv) meprobamate tab (MILTOWN equiv) BENZODIAZEPINES	ANTIANXIETY AGENTS		- - - - -		Tier 1 Tier 1 Tier 1 Tier 1
ANTIANXIETY AGENTS - MISC. Duspirone tab (BUSPAR equiv) hydroxyzine pamoate cap (VISTARIL equiv) hydroxyzine syrup (ATARAX equiv) hydroxyzine tab (ATARAX equiv) meprobamate tab (MILTOWN equiv) BENZODIAZEPINES alprazolam ER tab (XANAX XR equiv)	ANTIANXIETY AGENTS		- - - - -		Tier 1 Tier 1 Tier 1 Tier 1
ANTIANXIETY AGENTS - MISC. Duspirone tab (BUSPAR equiv) Duydroxyzine pamoate cap (VISTARIL equiv) Duydroxyzine syrup (ATARAX equiv) Duydroxyzine tab (ATARAX equiv) Duydroxyzine tab (MILTOWN equiv) DUYDROY ENZODIAZEPINES DUYDROY ENZODIAZEPINES DUALTOR TO THE TO	ANTIANXIETY AGENTS		- - - - - -		Tier 1 Tier 1 Tier 1 Tier 1 Tier 2
ANTIANXIETY AGENTS - MISC. Duspirone tab (BUSPAR equiv) Duydroxyzine pamoate cap (VISTARIL equiv) Duydroxyzine syrup (ATARAX equiv) Duydroxyzine tab (ATARAX equiv) Duydroxyzine tab (MILTOWN equiv) BENZODIAZEPINES Dalprazolam ER tab (XANAX XR equiv) Dalprazolam tab (XANAX equiv) Chlordiazepoxide cap (LIBRIUM equiv)	ANTIANXIETY AGENTS		- - - - - - -		Tier 1 Tier 1 Tier 1 Tier 2 Tier 1 Tier 1
ANTIANXIETY AGENTS - MISC. Duspirone tab (BUSPAR equiv) Duydroxyzine pamoate cap (VISTARIL equiv) Duydroxyzine syrup (ATARAX equiv) Duydroxyzine tab (ATARAX equiv) Duydroxyzine tab (MILTOWN equiv) BENZODIAZEPINES Dalprazolam ER tab (XANAX XR equiv) Dalprazolam tab (XANAX equiv) Duydroxyzine tab (XANAX equiv) Dalprazolam tab (XANAX equiv) Dalprazolam tab (XANAX equiv) Dalprazolam tab (TRANXENE-T equiv)	ANTIANXIETY AGENTS		- - - - - - - - -		Tier 1 Tier 1 Tier 1 Tier 2 Tier 1 Tier 1 Tier 1
ANTIANXIETY AGENTS - MISC. Duspirone tab (BUSPAR equiv) Duydroxyzine pamoate cap (VISTARIL equiv) Duydroxyzine syrup (ATARAX equiv) Duydroxyzine tab (ATARAX equiv) Duydroxyzine tab (MILTOWN equiv) BENZODIAZEPINES Dalprazolam ER tab (XANAX XR equiv) Dalprazolam tab (XANAX equiv) Chlordiazepoxide cap (LIBRIUM equiv) Delorazepate tab (TRANXENE-T equiv) Didiazepam conc (VALIUM equiv)	ANTIANXIETY AGENTS		- - - - - - - - - - - - - -		Tier 1 Tier 1 Tier 1 Tier 2 Tier 1 Tier 1 Tier 1 Tier 1
ANTIANXIETY AGENTS - MISC. Duspirone tab (BUSPAR equiv) Duydroxyzine pamoate cap (VISTARIL equiv) Duydroxyzine syrup (ATARAX equiv) Duydroxyzine tab (ATARAX equiv) Duydroxyzine tab (MILTOWN equiv) BENZODIAZEPINES Dalprazolam ER tab (XANAX XR equiv) Dalprazolam tab (XANAX equiv) Chlordiazepoxide cap (LIBRIUM equiv) Chlorazepate tab (TRANXENE-T equiv) Didiazepam conc (VALIUM equiv) Didiazepam oral soln 5mg/5ml (QL= 360ml/30 days)	ANTIANXIETY AGENTS		-		Tier 1 Tier 1 Tier 1 Tier 2 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1
ANTIANXIETY AGENTS - MISC. Duspirone tab (BUSPAR equiv) Duydroxyzine pamoate cap (VISTARIL equiv) Duydroxyzine syrup (ATARAX equiv) Duydroxyzine tab (ATARAX equiv) Duydroxyzine tab (MILTOWN equiv) BENZODIAZEPINES Dalprazolam ER tab (XANAX XR equiv) Dalprazolam tab (XANAX equiv) Chlordiazepoxide cap (LIBRIUM equiv) Chlorazepate tab (TRANXENE-T equiv) Diazepam conc (VALIUM equiv) Diazepam oral soln 5mg/5ml (QL= 360ml/30 days) Diazepam tab (VALIUM equiv)	ANTIANXIETY AGENTS		-		Tier 1 Tier 1 Tier 1 Tier 2 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1
ANTIANXIETY AGENTS - MISC. Duspirone tab (BUSPAR equiv) hydroxyzine pamoate cap (VISTARIL equiv) hydroxyzine syrup (ATARAX equiv) hydroxyzine tab (ATARAX equiv) meprobamate tab (MILTOWN equiv) BENZODIAZEPINES alprazolam ER tab (XANAX XR equiv) chlordiazepoxide cap (LIBRIUM equiv) chlordiazepoxide cap (LIBRIUM equiv) chlorazepate tab (TRANXENE-T equiv) diazepam oral soln 5mg/5ml (QL= 360ml/30 days) diazepam tab (VALIUM equiv) orazepam conc (ATIVAN equiv)	ANTIANXIETY AGENTS		- - QL -		Tier 1 Tier 1 Tier 2 Tier 1
ANTIANXIETY AGENTS - MISC. buspirone tab (BUSPAR equiv) hydroxyzine pamoate cap (VISTARIL equiv) hydroxyzine syrup (ATARAX equiv) hydroxyzine tab (ATARAX equiv) meprobamate tab (MILTOWN equiv) BENZODIAZEPINES alprazolam ER tab (XANAX XR equiv) chlordiazepoxide cap (LIBRIUM equiv) chlordiazepoxide cap (LIBRIUM equiv) clorazepate tab (TRANXENE-T equiv) diazepam conc (VALIUM equiv) diazepam tab (VALIUM equiv) orazepam tab (ATIVAN equiv) orazepam tab (ATIVAN equiv)	ANTIANXIETY AGENTS		- - QL - -		Tier 1 Tier 1 Tier 1 Tier 2 Tier 1
ANTIANXIETY AGENTS - MISC. buspirone tab (BUSPAR equiv) hydroxyzine pamoate cap (VISTARIL equiv) hydroxyzine syrup (ATARAX equiv) hydroxyzine tab (ATARAX equiv) meprobamate tab (MILTOWN equiv) BENZODIAZEPINES alprazolam ER tab (XANAX XR equiv) alprazolam tab (XANAX equiv) chlordiazepoxide cap (LIBRIUM equiv) clorazepate tab (TRANXENE-T equiv) diazepam conc (VALIUM equiv) diazepam tab (VALIUM equiv) orazepam tab (VALIUM equiv) orazepam tab (ATIVAN equiv) alprazolam oDT (NIRAVAM equiv)		. or lors	- QL - - -		Tier 1 Tier 1 Tier 2 Tier 1
ANTIANXIETY AGENTS - MISC. buspirone tab (BUSPAR equiv) hydroxyzine pamoate cap (VISTARIL equiv) hydroxyzine syrup (ATARAX equiv) hydroxyzine tab (ATARAX equiv) meprobamate tab (MILTOWN equiv) BENZODIAZEPINES alprazolam ER tab (XANAX XR equiv) alprazolam tab (XANAX equiv) chlordiazepoxide cap (LIBRIUM equiv) clorazepate tab (TRANXENE-T equiv) diazepam conc (VALIUM equiv) diazepam tab (VALIUM equiv) orazepam tab (VALIUM equiv) orazepam tab (ATIVAN equiv) alprazolam ODT (NIRAVAM equiv) oxazepam cap (SERAX equiv) (Step Therapy requires trial of		, or lora	- QL - - -		Tier 1 Tier 1 Tier 2 Tier 1 Tier 2
ANTIANXIETY AGENTS - MISC. Duspirone tab (BUSPAR equiv) Duydroxyzine pamoate cap (VISTARIL equiv) Duydroxyzine syrup (ATARAX equiv) Duydroxyzine tab (ATARAX equiv) Duydroxyzine tab (MILTOWN equiv) BENZODIAZEPINES Dalprazolam ER tab (XANAX XR equiv) Dalprazolam tab (XANAX equiv) Chlordiazepoxide cap (LIBRIUM equiv) Chlordiazepam conc (VALIUM equiv) Diazepam oral soln 5mg/5ml (QL= 360ml/30 days) Diazepam tab (VALIUM equiv) Dorazepam tab (ATIVAN equiv) Dorazepam tab (ATIVAN equiv) Dorazepam cap (SERAX equiv) (Step Therapy requires trial of tab)	of 2: alprazolam, chlordiazepoxide, diazepam	, or lora	- QL - - -		Tier 1 Tier 1 Tier 2 Tier 1
ANTIANXIETY AGENTS - MISC. buspirone tab (BUSPAR equiv) hydroxyzine pamoate cap (VISTARIL equiv) hydroxyzine syrup (ATARAX equiv) hydroxyzine tab (ATARAX equiv) meprobamate tab (MILTOWN equiv) BENZODIAZEPINES alprazolam ER tab (XANAX XR equiv) alprazolam tab (XANAX equiv) chlordiazepoxide cap (LIBRIUM equiv) clorazepate tab (TRANXENE-T equiv) diazepam conc (VALIUM equiv) diazepam tab (VALIUM equiv) lorazepam tab (VALIUM equiv) lorazepam tab (ATIVAN equiv) alprazolam ODT (NIRAVAM equiv) oxazepam cap (SERAX equiv) (Step Therapy requires trial of tab) Note: Unless otherwise specifically noted, all strengths and forms of processors.	of 2: alprazolam, chlordiazepoxide, diazepam	, or lora	- QL - - - - - azepam ST		Tier 1 Tier 1 Tier 2 Tier 1 Tier 2
ANTIANXIETY AGENTS - MISC. buspirone tab (BUSPAR equiv) hydroxyzine pamoate cap (VISTARIL equiv) hydroxyzine syrup (ATARAX equiv) hydroxyzine tab (ATARAX equiv) meprobamate tab (MILTOWN equiv) BENZODIAZEPINES alprazolam ER tab (XANAX XR equiv) chlordiazepoxide cap (LIBRIUM equiv) chlordiazepoxide cap (LIBRIUM equiv) chlorazepate tab (TRANXENE-T equiv) diazepam oral soln 5mg/5ml (QL= 360ml/30 days) diazepam tab (VALIUM equiv) orazepam tab (ATIVAN equiv) orazepam tab (ATIVAN equiv) alprazolam ODT (NIRAVAM equiv) oxazepam cap (SERAX equiv) (Step Therapy requires trial of tab)	of 2: alprazolam, chlordiazepoxide, diazepam lucts listed in the formulary are covered.	, or lora	- QL - - -	≣RS	Tier 1 Tier 1 Tier 2 Tier 1 Tier 2
ANTIANXIETY AGENTS - MISC. Duspirone tab (BUSPAR equiv) Inydroxyzine pamoate cap (VISTARIL equiv) Inydroxyzine syrup (ATARAX equiv) Inydroxyzine tab (ATARAX equiv) Inydroxyzine tab (ATARAX equiv) Imperobamate tab (MILTOWN equiv) Imperobamate tab (MILTOWN equiv) Imperobamate tab (XANAX XR equiv) Imperobamate tab (XANAX XR equiv) Imperobamate tab (XANAX Equiv) Imperobamate tab (TRANXENE-T equiv) Imperobamate tab (TRANXENE-T equiv) Imperobamate tab (VALIUM equiv) Imperobamate tab (VALIUM equiv) Imperobamate tab (VALIUM equiv) Imperobamate tab (ATIVAN equiv) Imperobamate tab	of 2: alprazolam, chlordiazepoxide, diazepam lucts listed in the formulary are covered. generic =small letters Plan Exclusion I Medical Benefit	LD OTC	- QL	≡RS	Tier 1 Tier 1 Tier 2 Tier 1 Tier 2
ANTIANXIETY AGENTS - MISC. buspirone tab (BUSPAR equiv) hydroxyzine pamoate cap (VISTARIL equiv) hydroxyzine syrup (ATARAX equiv) hydroxyzine tab (ATARAX equiv) meprobamate tab (MILTOWN equiv) BENZODIAZEPINES alprazolam ER tab (XANAX XR equiv) alprazolam tab (XANAX equiv) chlordiazepoxide cap (LIBRIUM equiv) chlordiazepoxide cap (LIBRIUM equiv) diazepam conc (VALIUM equiv) diazepam oral soln 5mg/5ml (QL= 360ml/30 days) diazepam tab (VALIUM equiv) lorazepam tab (ATIVAN equiv) lorazepam tab (ATIVAN equiv) alprazolam ODT (NIRAVAM equiv) boxazepam cap (SERAX equiv) (Step Therapy requires trial of tab) Note: Unless otherwise specifically noted, all strengths and forms of proc	of 2: alprazolam, chlordiazepoxide, diazepam lucts listed in the formulary are covered. generic = small letters Plan Exclusion I Medical Benefit (Quantity Limit		- QL ST BRANDS = CAPITAL LETTE Limited Distribution	≡RS	Tier 1 Tier 1 Tier 2 Tier 1 Tier 2

DrugName		Special Code	Tier_
	ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A			
lisopyramide cap (NORPACE equiv)		-	Tier 1
quinidine sulfate tab (QL= 8 tabs/day)		QL	Tier 1
NORPACE CR CAP		-	Tier 2
uinidine gluconate CR tab		-	Tier 2
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day)		QL	Tier 2
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day)		QL	Tier 2
ANTIARRHYTHMICS TYPE I-B			
nexiletine hcl cap		-	Tier 1
ANTIARRHYTHMICS TYPE I-C			
lecainide tab (TAMBOCOR equiv)		-	Tier 1
propafenone tab (RYTHMOL equiv)		-	Tier 1
propafenone ER cap (RYTHMOL SR equiv)		-	Tier 2
ANTIARRHYTHMICS TYPE III			
amiodarone tab (CORDARONE equiv)		-	Tier 1
dofetilide cap (TIKOSYN equiv)		-	Tier 1
ANTIAS"	THMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIE	BODIES		
NUCALA INJ (QL= 1 inj/28 days)		AMSP-PA-QL	Tier 2
, , , , , , , , , , , , , , , , , , ,			Special
(OLAIR INJ (QL= 1 syringe/28 days)		AMSP-PA-QL	Tier 2
			Special
(OLAIR INJ (QL= 1 vial/28 days)		AMSP-PA-QL	Tier 2
(OLAID IN LATONO IN L. (OL. A. 1/00 L.)		AMCD DA OL	Special
(OLAIR INJ 150MG/ML (QL= 1ml/28 days)		AMSP-PA-QL	Tier 2
(OLAIR INJ 300MG/2ML (QL= 2ml/28 days)		AMSP-PA-QL	Special Tier 2
COLAIR INJ 3001VIG/ZIVIL (QL- ZIIII/Z6 days)		AWOI -I A-QL	Special
(OLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)		AMSP-PA-QL	Tier 2
to Entrito Tomoro.ome (QE 0.0m/20 dayo)			Special
ANTI-INFLAMMATORY AGENTS			
cromolyn neb soln (INTAL equiv)		-	Tier 1
BRONCHODILATORS - ANTICHOLINERG	SICS		
pratropium neb soln (ATROVENT equiv)		-	Tier 1
iotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1	cap/day; For use with Handihaler device)	QL	Tier 1
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	,	QL	Tier 2
NCRUSE ELLIPTA INHALER (QL= 30 units/30 days)		QL	Tier 2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1	inhaler/30 days)	QL	Tier 2
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 in	* *	QL	Tier 2
LEUKOTRIENE MODULATORS			
nontelukast chew tab (SINGULAIR equiv)		-	Tier 1
nontelukast granule pack (SINGULAIR equiv)		-	Tier 1
nontelukast tab (SINGULAIR equiv)		-	Tier 1
rafirlukast tab (ACCOLATE equiv)		-	Tier 1
amanast lab (MOOOLATE Equiv)			
rileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)		QL	Tier 2

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

-1		NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS
-1	AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
-1	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
-	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
-1	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
-1	VAC	Vaccine Program				
- 1						

Special Code

Tier

DrugName

ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Tier 1
STEROID INHALANTS		
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value
budesonide inh susp (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value
QVAR REDIHALER (QL= 21.2gm/30 days)	QL	Value
SYMPATHOMIMETICS		
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	Tier 1
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Tier 1
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Tier 1
albuterol neb soln	-	Tier 1
ALBUTEROL NEBULIZER SOLN	-	Tier 1
albuterol sulfate syrup	-	Tier 1
albuterol sulfate tab	-	Tier 1
albuterol/ipratropium neb soln (DUONEB equiv)	-	Tier 1
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Tier 1
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Tier 1
levalbuterol neb soln (XOPENEX equiv)	-	Tier 1
terbutaline sulfate tab (BRETHINE equiv)	-	Tier 1
ANORO ELLIPTA INHALER (QL= 60 gm/30 days)	QL	Tier 2
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR	QL-ST	Tier 2
levalbuterol neb soln)	QL I	
BREYNA INHALER (BREYNA equiv) (QL= 10.3g/30 days; Step therapy requires trial of two: fluticasone/salmeterol,	QL-ST	Tier 2
WIXELA, DULERA)		
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30days)	QL	Tier 2
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
FLUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln	QL-ST	Tier 2
OR levalbuterol neb soln)		
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
XANTHINES		
theophylline CR tab (QUIBRON-T equiv)	-	Tier 1
theophylline ER tab (UNIPHYL equiv)	-	Tier 1
theophylline soln	-	Tier 1
ELIXOPHYLLIN ELIXIR	-	Tier 2
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Tier 2
ANTICOAGULANTS	αL	
COUMARIN ANTICOAGULANTS		
		Tior 1
warfarin tab (COUMADIN equiv)	-	Tier 1
DIRECT FACTOR XA INHIBITORS		
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Tier 2
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Tier 2
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Tier 2
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Tier 2
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
NC =Not Covered generic =small letters BRANDS =CAP		
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LD Limited Distributi	ion	
LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit OTC Over-the-Counte PA Prior Authorization QL Quantity Limit RDX Restricted to Dia		
SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation ST Step Therapy VAC Vaccine Program	gnooio	

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.

VAC

Vaccine Program

DrugName	Last opdated 0/1/2020		Special Code	Tie
	ANTICOAGULANTS Co	nt.		
XARELTO SUSP (QL= 10ml/day)			QL	Tier 2
(ARELTO TAB (QL= 60 tabs/30 days)			QL	Tier 2
(ARELTO TAB 10MG (QL= 30 tabs/30 days)			QL	Tier 2
XARELTO TAB 15MG (QL= 60 tabs/30 days)			QL	Tier 2
KARELTO TAB 20MG (QL= 30 tabs/30 days)			QL	Tier 2
HEPARINS AND HEPARINOID-LIKE	AGENTS		~-	
enoxaparin inj (LOVENOX equiv)			-	Tier 1
enoxaparin inj 300mg (LOVENOX equiv)			-	Tier 1
ondaparinux inj 10mg/0.8ml (ARIXTRA equiv)			-	Tier 1
ondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)			-	Tier 1
ondaparinux inj 5mg/0.4ml (ARIXTRA equiv)			-	Tier 1
ondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)			-	Tier 1
neparin porcine inj			-	Tier 1
THROMBIN INHIBITORS				1101 1
	:) (01 0 (11)			Tion 4
dabigatran etexilate mesylate cap (PRADAXA e	quiv) (QL= 2 caps/day) ANTICONVULSANTS		QL	Tier 1
ANTICONVULSANTS - BENZODIAZ				
lobazam susp (ONFI equiv) (QL= 480ml/30 da			QL	Tier 1
clobazam tab (ONFI equiv)	, ,		-	Tier 1
clonazepam ODT (KLONOPIN equiv)			-	Tier 1
clonazepam tab (KLONOPIN equiv)			_	Tier 1
DIAZEPAM GEL (QL= 4 doses/fill)			QL	Tier 2
NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/mont	th)		QL	Tier 2
,	•		QL QL	Tier 2
VALTOCO NASAL SPRAY (QL= 4 doses/fill, 5	mis/monut)		QL QL	Value
diazepam rectal gel (QL= 4 doses/fill) ANTICONVULSANTS - MISC.			QL	value
carbamazepine chew tab (TEGRETOL equiv)			-	Tier 1
carbamazepine ER cap (CARBATROL equiv)			-	Tier 1
carbamazepine ER tab (TEGRETOL XR equiv)			-	Tier 1
carbamazepine susp (TEGRETOL equiv)			_	Tier 1
carbamazepine tab (TEGRETOL equiv)			-	Tier 1
eslicarbazepine tab (TEGRETOE equiv) (Q	I = 60 tahe/30 daye)		QL	Tier 1
, , , , , , , , , , , , , , , , , , , ,	L- 00 tabs/30 days)			Tier 1
gabapentin cap (NEURONTIN equiv)			-	
gabapentin tab (NEURONTIN equiv)	1000 1/00 1		-	Tier 1
acosamide oral solution (VIMPAT equiv) (QL=			QL	Tier 1
acosamide tab (VIMPAT equiv) (QL= 2 tabs/day	/)		QL	Tier 1
amotrigine chew tab (LAMICTAL equiv)			-	Tier 1
amotrigine ER tab 100mg (LAMICTAL XR equi	* *		QL	Tier 1
amotrigine ER tab 200mg (LAMICTAL XR equi	v) (QL= 2 tabs/day)		QL	Tier 1
amotrigine ER tab 250mg (LAMICTAL XR equi	v) (QL= 2 tabs/day)		QL	Tier 1
amotrigine ER tab 25mg (LAMICTAL XR equiv)	(QL= 6 tabs/day)		QL	Tier 1
amotrigine ER tab 300mg (LAMICTAL XR equi	v) (QL= 2 tabs/day)		QL	Tier 1
amotrigine ER tab 50mg (LAMICTAL XR equiv)	(QL= 6 tabs/day)		QL	Tier 1
amotrigine tab (LAMICTAL equiv)			-	Tier 1
evetiracetam ER tab (KEPPRA XR equiv)			-	Tier 1
evetiracetam soln (KEPPRA equiv)			-	Tier 1
Note: Unless otherwise specifically noted, all strengths ar	d forms of products listed in the formulary are covered.			
No. Nac.			BRANDO CARITAL LETTERS	
NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program	generic =small letters EXC Plan Exclusion	LD	BRANDS = CAPITAL LETTERS Limited Distribution	
LMSP Lumicera Mandatory Specialty Pharmacy Progra	m M Medical Benefit	OTC	Over-the-Counter	
, , , , ,		DDV	Destricted to Discourse in	
PA Prior Authorization SF Limited to two 15 day fills per month for first 3 mg	QL Quantity Limit onths SMKG Smoking Cessation	RDX ST	Restricted to Diagnosis Step Therapy	

DrugName	Last Opuateu 6/1/2025	Special Code	Tier
	ANTICONVULSANTS Cont.	_	
levetiracetam tab (KEPPRA equiv)		-	Tier 1
oxcarbazepine susp (TRILEPTAL equiv)		-	Tier 1
oxcarbazepine tab (TRILEPTAL equiv)		-	Tier 1
oregabalin cap (LYRICA equiv)		-	Tier 1
pregabalin soln (LYRICA equiv) (QL= 30ml/day)		QL	Tier 1
PRIMIDONE TAB (QL= 4 tabs/day)		QL	Tier 1
orimidone tab (MYSOLINE equiv)		QL	Tier 1
topiramate sprinkle cap (TOPAMAX equiv)		-	Tier 1
opiramate tab (TOPAMAX equiv)		-	Tier 1
zonisamide cap (ZONEGRAN equiv)		-	Tier 1
amotrigine odt (LAMICTAL equiv) (QL= 2 tabs/day;	Step Therapy requires trial of lamotrigine chew)	QL-ST	Tier 2
amotrigine ODT kit (LAMICTAL ODT KIT equiv)		-	Tier 2
oxcarbazepine er tab 150mg (OXTELLAR equiv) (C	L= 1 tab/day)	QL	Tier 2
oxcarbazepine er tab 300mg (OXTELLAR equiv) (C	L= 1 tab/day)	QL	Tier 2
oxcarbazepine er tab 600mg (OXTELLAR equiv) (C	L= 4 tabs/day)	QL	Tier 2
rufinamide susp (BANZEL equiv) (QL= 80ml/day; St pregabalin, levetiracetam)	tep Therapy requires trial of two: valproate, lamotrigine, topiramate,	QL-ST	Tier 2
rufinamide tab (BANZEL equiv) (QL= 8 tabs/day; St pregabalin, levetiracetam)	ep Therapy requires trial of two: valproate, lamotrigine, topiramate,	QL-ST	Tier 2
opiramate cap er 200mg (TROKENDI equiv) (QL= sprinkle* (generic Qudexy XR))	2 caps/day; ST requires trial of topiramate IR followed by topiramate ER	QL-ST	Tier 2
	lay; Step Therapy requires trial of generic topiramate IR)	QL-ST	Tier 2
opiramate er cap (TROKENDI XR equiv) (QL= 1 ca sprinkle* (generic Qudexy XR))	np/day; ST requires trial of topiramate IR followed by topiramate ER	QL-ST	Tier 2
EPIDIOLEX SOLN (Only available through Lumice	ra 855-847-3553)	LD-PA	Tier 2 Specialty
CARBAMATES			
felbamate susp (FELBATOL equiv) (QL= 30ml/day)		QL	Tier 1
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tab	os/day)	QL	Tier 1
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tab	os/day)	QL	Tier 1
GABA MODULATORS			
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/c	day)	QL	Tier 1
iagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/o		QL	Tier 1
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/da	• •	QL	Tier 1
iagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/da	ay)	QL	Tier 1
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Tier 1 Specialty
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Onl	y available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty
HYDANTOINS			
phenytoin cap (DILANTIN equiv)		-	Tier 1
phenytoin chew tab (DILANTIN equiv)		-	Tier 1
phenytoin susp (DILANTIN equiv)		-	Tier 1
DILANTIN CAP 30MG		-	Tier 2
SUCCINIMIDES			

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

ı		NC =Not Covered		generic =small letters		BRANDS = CAPITAL LETTERS
ı	AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
ı	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
ı	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
ı	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
ı	VAC	Vaccine Program				
- 1						

DrugName	Last Opuated 6/1/2023	Special Code	Tier
	ANTICONVULSANTS Cont.		
ethosuximide cap (ZARONTIN equiv)		-	Tier 1
ethosuximide soln (ZARONTIN equiv)		-	Tier 1
nethsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST	requires trial of ethosuximide tab/soln)	QL-ST	Tier 2
VALPROIC ACID			
divalproex ER tab (DEPAKOTE ER equiv)		-	Tier 1
divalproex sodium DR tab (DEPAKOTE equiv)		-	Tier 1
divalproex sprinkle cap (DEPAKOTE equiv)		-	Tier 1
/alproic acid cap (DEPAKENE equiv)		-	Tier 1
/alproic acid syrup (DEPAKENE equiv)		-	Tier 1
ALPHA-2 RECEPTOR ANTAGONISTS (TETR	ANTIDEPRESSANTS		
mirtazapine ODT (REMERON equiv)	AO I OLIOO)		Tier 1
mirtazapine ODT (REMERON equiv)		-	Tier 1
ANTIDEPRESSANTS - MISC.			1101
			Tier 1
oupropion ER tab (WELLBUTRIN equiv)		-	Tier 1
oupropion tab (WELLBUTRIN equiv)		•	Tier 1
oupropion XL tab (WELLBUTRIN XL equiv) MAPROTILINE TAB		-	Tier 1
MONOAMINE OXIDASE INHIBITORS (MAOIS	3)	-	1161 1
PHENELZINE SULFATE TAB (QL= 4 tabs/day))	QL	Tier 1
phenelzine doll'ATE IAB (QL= 4 tabs/day)		-	Tier 1
ranylcypromine tab (PARNATE equiv)		_	Tier 1
SELECTIVE SEROTONIN REUPTAKE INHIBI	TORS (SSRIS)		TICI T
citalopram soln (CELEXA equiv)		-	Tier 1
escitalopram soln (LEXAPRO equiv)		-	Tier 1
fluoxetine cap 90mg (PROZAC equiv)		-	Tier 1
fluvoxamine tab (LUVOX equiv)		-	Tier 1
paroxetine tab (PAXIL equiv)		-	Tier 1
luoxetine tab 60mg		-	Tier 2
luvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)		QL	Tier 2
paroxetine ER tab (PAXIL CR equiv)		-	Tier 2
paroxetine oral susp (PAXIL equiv) (QL= 900ml/30 days; St	ep therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Tier 2
PROZAC WEEKLY CAP (QL= 4 caps/28 days; Step Thera	py requires trial of fluoxetine IR)	QL-ST	Tier 2
citalopram tab (CELEXA equiv)		-	Value
escitalopram tab (LEXAPRO equiv)		-	Value
luoxetine cap (PROZAC equiv)		-	Value
luoxetine soln (PROZAC equiv)		-	Value
luoxetine tab 10mg, 20mg (PROZAC equiv)		-	Value
sertraline conc (ZOLOFT equiv)		-	Value
sertraline tab (ZOLOFT equiv)		-	Value
SEROTONIN MODULATORS			
NEFAZODONE TAB		-	Tier 1
nefazodone tab 50mg, 250mg		-	Tier 1
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)		_	Tier 1

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

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ı	AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
ı	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
ı	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
ı	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
ı	VAC	Vaccine Program				
- 1						

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1		NC =Not Covered		generic =small letters		BRANDS = CAPITAL LETTERS
ı	AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
ı	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
ı	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
ı	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
ı	VAC	Vaccine Program				
- 1						

DrugName	Last Opuated 6/1/2025	Special Code	Tier
	ANTIDIABETICS Cont.		
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1		QL	Tier 2
glyburide/metformin tab (GLUCOVANCE equiv)	i tub/duy)	-	Value
BIGUANIDES			10
metformin ER osmotic tab (FORTAMET equiv)		-	Tier 2
metformin ER osmotic tab (GLUMETZA equiv) (Step Therap	v requires trial of metformin or metformin ER)	ST	Tier 2
metformin soln (RIOMET equiv)	,	-	Tier 2
metformin ER tab (GLUCOPHAGE XR equiv)		-	Value
metformin tab (GLUCOPHAGE equiv)		-	Value
DIABETIC OTHER			
diazoxide susp (PROGLYCEM equiv)		-	Tier 1
glucagon (rdna) for inj kit (QL= 2 inj/fill, 2 fills/month)		QL	Tier 1
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)		AMSP-PA-QL	Tier 1 Specialty
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/mc	onth)	QL	Tier 2
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month)		QL	Tier 2
GLUCAGON EMR INJ (QL= 2 inj/fill)		QL	Tier 2
GLUCAGON INJ KIT (QL= 2 inj/fill)		QL	Tier 2
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)		QL	Tier 2
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)		QL	Tier 2
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)		QL	Tier 2
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITO			
saxagliptin hcl tab (ONGLYZA equiv) (QL= 1 tab/day; ST req	trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Tier 2
TRADJENTA TAB (QL= 1 tab/day)		QL	Tier 2
INCRETIN MIMETIC AGENTS			
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 da		QL-RDX	Tier 1
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Ty		QL-RDX	Tier 2
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – T		QL-RDX	Tier 2
INCRETIN MIMETIC AGENTS (GLP-1 RECEP	<i>,</i>		
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Ty		QL-RDX	Tier 2
RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type	pe 2 Diabetes (E11))	QL-RDX	Tier 2
INSULIN			
HUMULIN R INJ U-500 (QL= 40 units/30 days)		QL	Tier 1
HUMULIN R U-500 KWIKPEN INJ (QL= 24 units/30 days)		QL	Tier 1
FIASP)	p Therapy requires trial of NOVOLOG, INSULIN ASPART, or	QL-ST	Tier 2
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN IN NOVOLOG, INSULIN ASPART, or FIASP)	NJ (JUNIOR) (QL= 60 units/30 days; Step Therapy requires trial	QL-ST	Tier 2
AFREZZA INH POWDER (QL= 180 inhalations/28 days; Ste FIASP)	ep Therapy requires trial of NOVOLOG, INSULIN ASPART, or	QL-ST	Tier 2
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Ste FIASP)	ep Therapy requires trial of NOVOLOG, INSULIN ASPART, or	QL-ST	Tier 2
AFREZZA INH POWDER (QL= 630 inhalations/30 days; SteFIASP)	ep Therapy requires trial of NOVOLOG, INSULIN ASPART, or	QL-ST	Tier 2
APIDRA INJ (QL= 60 units/30 days; Step Therapy requires t	trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Thera	apy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
HUMALOG INJ (QL= 60 units/30 days; Step Therapy require	es trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2

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

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

DrugName	Last Opuated 6/1/2023	Special Code	Tier
	ANTIDIABETICS Cont.		
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step	Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step	Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therap	y requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIK NOVOLOG, INSULIN ASPART, or FIASP)	(PEN (QL= 60 units/30 days; Step Therapy requires trial of	QL-ST	Tier 2
HUMALOG PEN INJ (QL= 60 units/30 days; Step Thera	py requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 or FIASP)	0 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART	QL-ST	Tier 2
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy	requires trial of NOVOLIN)	OTC-QL-ST	Tier 2
HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Th	erapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2
HUMULIN N INJ (QL= 60 units/30 days; Step Therapy re	equires trial of NOVOLIN)	OTC-QL-ST	Tier 2
HUMULIN N PEN INJ (QL= 60 units/30 days; Step Thera	apy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2
HUMULIN R INJ (QL= 60 units/30 days; Step Therapy re	equires trial of NOVOLIN)	OTC-QL-ST	Tier 2
LYUMJEV INJ (QL= 60 units/30 days; Step Therapy requ		QL-ST	Tier 2
LYUMJEV KWIKPEN (QL= 12 units/30 days; Step Thera	py requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
	herapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
	days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART,	QL-ST	Tier 2
BASAGLAR KWIKPEN INJ (QL= 60 units/30 days)		QL	Value
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)		QL	Value
FIASP INJ (QL= 60 units/30 days)		QL	Value
FIASP PENFILL INJ (QL= 60 units/30 days)		QL	Value
FIASP PUMP CARTRIDGE (QL= 60 units/30 days)		QL	Value
NSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL	= 60 units/30 days)	QL	Value
NSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/	30 days)	QL	Value
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv		QL	Value
NSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 L	inits/30 days)	QL	Value
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL=	60 units/30 days)	QL	Value
NSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UI	NIT DIAL) (QL= 18ml/30 days)	QL	Value
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UI	NIT DIAL) (QL= 18ml/30 days)	QL	Value
NSULIN LISP INJ 100/ML (QL= 60 units/30 days)		QL	Value
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)		OTC-QL	Value
NOVOLIN 70/30 INJ (QL= 60 units/30 days)		QL	Value
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)		QL	Value
NOVOLIN N INJ (QL= 60 units/30 days)		QL	Value
NOVOLIN N RELION INJ (QL= 60 units/30 days)		QL	Value
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)		QL	Value
NOVOLIN R INJ (QL= 60 units/30 days)		QL	Value
NOVOLIN R INJ 100 UNIT (QL= 60ml/30 days)		OTC-QL	Value
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)		QL	Value
NOVOLIN VIAL (QL= 60 units/30 days)		QL	Value
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)		QL	Value
NOVOLOG INJ (QL= 60 units/30 days)		QL	Value
NOVOLOG INJ FLEX REL (QL= 60ml/30 days)		QL	Value
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)		QL	Value
NOVOLOG MIX INJ (QL= 60 units/30 days)		QL	Value
		QL	

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

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

DrugName	Last Updated* 6/1/2025		Special Code	Tier
-	ANTIDIABETICS Cont		<u> </u>	
INSULIN SENSITIZING AGENTS				
oioglitazone tab (ACTOS equiv) (QL= 1 tab/day)			QL	Tier 1
MEGLITINIDE ANALOGUES				
ateglinide tab (STARLIX equiv)			-	Tier 1
epaglinide tab (PRANDIN equiv)			-	Tier 1
SODIUM-GLUCOSE CO-TRANSPORTER 2	2 (SGLT2) INHIBITORS			
FARXIGA TAB (QL= 1 tab/day)			QL	Tier 2
ARDIANCE TAB (QL= 1 tab/day)			QL	Tier 2
SULFONYLUREAS				
GLYBURID MCR TAB			-	Tier 1
olazamide tab (TOLINASE equiv)			-	Tier 1
OLBUTAMIDE TAB			-	Tier 2
limepiride tab (AMARYL equiv)			-	Value
lipizide ER tab (GLUCOTROL XL equiv)			-	Value
lipizide tab (GLUCOTROL equiv)			-	Value
lyburide tab (MICRONASE equiv)			-	Value
1A	NTIDIARRHEAL/PROBIOTIC	AGENTS	6	
ANTIPERISTALTIC AGENTS				
DIPHENOXYLATE/ATROPINE LIQUID			-	Tier 2
	ANTIDIARRHEALS			
ANTIDIARRHEAL AGENTS - MISC.				
REZYST CHEW TAB			-	Tier 1
ANTIPERISTALTIC AGENTS				1101 1
			-	Tier 1
diphenoxylate/atropine tab (LOMOTIL equiv) operamide cap (IMODIUM equiv)			-	Tier 1
operamide cap (iMODIOM equiv)	ANTIDOTES		·	TICI I
ANTIDOTEO	ANTIDOTES			
ANTIDOTES			1.0	
/ISTOGARD PAK (Only available through Biologics 800	0-850-4306)		LD	Tier 2
OPIOID ANTAGONISTS				Specia
			-	Tier 1
naltrexone tab (REVIA equiv) /IVITROL INJ			- AMSP	
VIVII ROL INJ			AWSF	Tier 2 Specia
ΔΝΤ	IDOTES AND SPECIFIC ANT	AGONIS	TS	Opedia
ANTIDOTES - CHELATING AGENTS	IDO 120 AND OF EOIL IO AN	ACCINIC		
deferasirox granules packet (JADENU equiv)			AMSP-PA	Tier 1
deletasitor granules packet (JADENO equiv)			AWOI -I A	Specia
deferasirox tab (EXJADE equiv)			AMSP-PA	Tier 1
, ,				Specia
deferasirox tab 90mg, 360mg (JADENU equiv)			AMSP-PA	Tier 1
				Specia
leferiprone tab (FERRIPROX equiv) (Only available thro	ough Lumicera 855-847-3553)		LD-PA	Tier 1
leferiprone tab 1000mg (FERRIPROX equiv) (Only avai	ilable through Lumicore 955 947 3553)		LD-PA	Specia
leteriprofie tab 1000mg (PERRIPROX equiv) (Only avai	liable tilrough Lumicera 655-647-3553)		LD-PA	Tier 1 Specia
				Specia
Note: Unless otherwise specifically noted, all strengths and forms of	products listed in the formulary are covered.			
NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program EXC	generic =small letters	LD	BRANDS = CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program EXC	C Plan Exclusion Medical Benefit	OTC	Limited Distribution Over-the-Counter	
LMSP Lumicera Mandatory Specialty Pharmacy Program M	Wicalda Bellelli			
LMSP Lumicera Mandatory Specialty Pharmacy Program M PA Prior Authorization QL SF Limited to two 15 day fills per month for first 3 months SMI	Quantity Limit	RDX ST	Restricted to Diagnosis Step Therapy	

Tier
Tier 1
Tier 1
Tier 1
Tier 1
Tier 2
Tier 2
Value
Value
Value
Tier 1
Tier 1
Tier 1
Tier 1
Tier 2
Tier 1
Tier 1
Tier 1
Tier 1
Tier 2
Tier 1
Tier 2
Tier 2
Tier 1

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.

Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation

SF

VAC

Vaccine Program

ST

Step Therapy

DrugName	Last Opuated 6/1/2025	Special Code	Tier
	ANTIFUNGALS Cont.		
itraconazole soln (SPORANOX equiv)		-	Tier 2
posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/d: VFEND)	ay; Step Therapy requires trial of fluconazole, itraconazole or	QL-ST	Tier 2
posaconazole susp (NOXAFIL equiv) (Step therapy re	quires trial of fluconazole, itraconazole or voriconazole) ANTIHISTAMINES	ST	Tier 2
ANTIHISTAMINES - ETHANOLAMINES			
CARBINOXAMINE SOLN (QL= 40ml/day)		QL	Tier 1
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 o	days)	QL	Tier 1
diphenhydramine cap 50mg (BENADRYL equiv) (Only	50mg covered)	-	Tier 1
diphenhydramine inj		-	Tier 1
ANTIHISTAMINES - PHENOTHIAZINES			
promethazine inj (PHENERGAN equiv)		-	Tier 1
promethazine supp (PHENERGAN equiv)		-	Tier 1
promethazine syrup		-	Tier 1
promethazine tab (PHENERGAN equiv)		-	Tier 1
PROMETHEGAN SUPP		-	Tier 1
ANTIHISTAMINES - PIPERIDINES			
cyproheptadine syrup		-	Tier 1
cyproheptadine tab		-	Tier 1
	ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIO	NS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tal	b/day)	QL	Tier 1
ANTIHYPERLIPIDEMICS - MISC.			
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 c	aps/day)	QL	Tier 1
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 cap	os/day)	QL	Tier 1
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4	4 caps/day)	QL	Tier 1
BILE ACID SEQUESTRANTS			
cholestyramine lite powder (QUESTRAN LITE equiv)		-	Tier 1
cholestyramine lite powder pack (QUESTRAN LITE ed	(viup	-	Tier 1
cholestyramine powder (QUESTRAN equiv)		-	Tier 1
cholestyramine powder pack (QUESTRAN equiv)		-	Tier 1
colesevelam tab (WELCHOL equiv)		-	Tier 1
colestipol granule (COLESTID equiv)		•	Tier 1
colestipol powder packet (COLESTID equiv)		-	Tier 1
colestipol tab (COLESTID equiv)			Tier 1
	equires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	Tier 2
FIBRIC ACID DERIVATIVES			
fenofibrate cap 43mg, 130mg (ANTARA equiv)		-	Tier 1
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv		-	Tier 1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR	equiv)	-	Tier 1
fenofibric acid DR cap (TRILIPIX equiv)		-	Tier 1
gemfibrozil tab (LOPID equiv)		-	Tier 1
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG		-	Tier 2
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)		-	Tier 2
HMG COA REDUCTASE INHIBITORS			

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

ı		NC =Not Covered		generic =small letters		BRANDS = CAPITAL LETTERS
ı	AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
ı	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
ı	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
ı	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
ı	VAC	Vaccine Program				
- 1						

DrugNama		Last Updated* 6/1/2025	,		0	T:
DrugName					Special Code	Tier
		NTIHYPERLIPIDEMICS (
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Co at generic copay)	overed at	\$0 for members 40 years or older; A	All other memb	ers covered	QL	Prevent e
atorvastatin tab 10mg (LIPITOR equiv) (QL= 60 tab members covered at generic copay)	s/30 days	; Covered at \$0 for members 40 year	ars or older; A	l other	QL	Preventi e
atorvastatin tab 20mg (LIPITOR equiv) (QL= 60 tab members covered at generic copay)	s/30 days	; Covered at \$0 for members 40 year	ars or older; A	l other	QL	Preventi e
atorvastatin tab 40mg (LIPITOR equiv) (QL= 60 tab members covered at generic copay)	s/30 days	; Covered at \$0 for members 40 year	ars or older; A	I other	QL	Preventi e
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; S pravastatin, or simvastatin; Covered at \$0 for members					QL-ST	Preventi e
rosuvastatin, or simvastatin, Govered at 60 for menii rosuvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/d rosuvastatin, pravastatin, or simvastatin; Covered a generic copay)	ay; Step	Therapy requires trial of 2: atorvasta	tin, lovastatin,		QL-ST	Preventi e
ovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; covered at generic copay)	Covered a	at \$0 for members 40 years or older;	All other men	nbers	QL	Preventi e
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/da covered at generic copay)	y; Covere	d at \$0 for members 40 years or old	er; All other m	embers	QL	Preventi e
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; covered at generic copay)	; Covered	at \$0 for members 40 years or olde	r; All other me	mbers	QL	Preventi e
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR other members covered at generic copay)	equiv) (Q	L= 1 tab/day; Covered at \$0 for men	nbers 40 years	s or older; All	QL	Preventi e
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/d	ay; Cover	ed at \$0 for members 40 years or ol	der; All other i	members	PA-QL	Preventi
oitavastatin calcium tab (LIVALO equiv) (QL= 1 tab	/day; ST r	eq trial of 2: Altoprev tab, FLOLIPID	SUSP, Ator, I	₋ova, Rosu,	QL-ST	Tier 2
Prava OR Simvastatin tabs) SIMVASTATIN SUSP (QL= 300ml/30 days; Step TI INTESTINAL CHOLESTEROL ABSORI			statin or simva	astatin)	QL-ST	Tier 2
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)					QL	Tier 1
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day) MICROSOMAL TRIGLYCERIDE TRAN	SFER P		3		QL	Tier 1
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8		ROTEIN (MTP) INHIBITORS	3		QL LD-PA	Tier 1 Tier 2 Specialty
MICROSOMAL TRIGLYCERIDE TRANS		ROTEIN (MTP) INHIBITORS	3		LD-PA	Tier 2
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day)	88-773-7	ROTEIN (MTP) INHIBITORS	5			Tier 2
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI	88-773-7	ROTEIN (MTP) INHIBITORS			LD-PA	Tier 2 Specialt
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days)	88-773-7: ISIN/KE	ROTEIN (MTP) INHIBITORS	3		LD-PA	Tier 2 Specialt Tier 1
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI	88-773-7: ISIN/KE	ROTEIN (MTP) INHIBITORS			LD-PA QL PA-QL	Tier 2 Specialt Tier 1
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days)	88-773-7: ISIN/KE	ROTEIN (MTP) INHIBITORS 376) XIN TYPE 9 INHIBITORS			LD-PA QL PA-QL	Tier 2 Specialt Tier 1
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days) REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	88-773-7: ISIN/KE	ROTEIN (MTP) INHIBITORS 376) XIN TYPE 9 INHIBITORS			LD-PA QL PA-QL	Tier 2 Specialt Tier 1
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days) REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) ACE INHIBITORS	88-773-7: ISIN/KE	ROTEIN (MTP) INHIBITORS 376) XIN TYPE 9 INHIBITORS			QL PA-QL PA-QL	Tier 2 Specialt Tier 1 Tier 2 Tier 2
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days) REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) ACE INHIBITORS Denazepril tab (LOTENSIN equiv) fosinopril tab (MONOPRIL equiv)	88-773-7: ISIN/KE	ROTEIN (MTP) INHIBITORS 376) XIN TYPE 9 INHIBITORS			LD-PA QL PA-QL PA-QL -	Tier 2 Specialt Tier 1 Tier 2 Tier 2
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days) REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) ACE INHIBITORS Denazepril tab (LOTENSIN equiv)	88-773-7: ISIN/KE	ROTEIN (MTP) INHIBITORS 376) XIN TYPE 9 INHIBITORS			LD-PA QL PA-QL PA-QL -	Tier 2 Specialt Tier 1 Tier 2 Tier 2 Tier 2 Tier 1 Tier 1
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days) REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) ACE INHIBITORS Denazepril tab (LOTENSIN equiv) riosinopril tab (MONOPRIL equiv) moexipril tab (UNIVASC equiv) perindopril tab (ACEON equiv)	88-773-7: ISIN/KE	ROTEIN (MTP) INHIBITORS 376) XIN TYPE 9 INHIBITORS			LD-PA QL PA-QL PA-QL -	Tier 2 Specialt Tier 1 Tier 2 Tier 2 Tier 2 Tier 1 Tier 1 Tier 1
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days) REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) ACE INHIBITORS Denazepril tab (LOTENSIN equiv) fosinopril tab (MONOPRIL equiv) moexipril tab (UNIVASC equiv) perindopril tab (ACEON equiv) quinapril tab (ACCUPRIL equiv)	88-773-7: ISIN/KE	ROTEIN (MTP) INHIBITORS 376) XIN TYPE 9 INHIBITORS			PA-QL PA-QL	Tier 2 Specialt Tier 1 Tier 2 Tier 2 Tier 2 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days) REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) ACE INHIBITORS Denazepril tab (LOTENSIN equiv) rosinopril tab (MONOPRIL equiv) moexipril tab (ACEON equiv) quinapril tab (ACCUPRIL equiv) ramipril cap (ALTACE equiv)	88-773-7: ISIN/KE	ROTEIN (MTP) INHIBITORS 376) XIN TYPE 9 INHIBITORS			PA-QL PA-QL	Tier 2 Specialt Tier 1 Tier 2 Tier 2 Tier 2 Tier 1
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days) REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) ACE INHIBITORS Denazepril tab (LOTENSIN equiv) fosinopril tab (MONOPRIL equiv) moexipril tab (ACCUPRIL equiv) puinapril tab (ACCUPRIL equiv) ramipril cap (ALTACE equiv) trandolapril tab (MAVIK equiv)	88-773-7	ROTEIN (MTP) INHIBITORS EXIN TYPE 9 INHIBITORS ANTIHYPERTENSIVES	S	re)	LD-PA QL PA-QL PA-QL - - - - -	Tier 2 Specialt Tier 1 Tier 2 Tier 2 Tier 2 Tier 1
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days) REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) ACE INHIBITORS Denazepril tab (LOTENSIN equiv) rosinopril tab (MONOPRIL equiv) moexipril tab (UNIVASC equiv) perindopril tab (ACCUPRIL equiv) ramipril cap (ALTACE equiv) ramipril tab (MAVIK equiv) randolapril tab (CAPOTEN equiv) (Step Therapy requires	ISIN/KE	ROTEIN (MTP) INHIBITORS 376) XIN TYPE 9 INHIBITORS ANTIHYPERTENSIVES of 2 angiotensin-converting enzyme	S (ACE) inhibito	,	LD-PA QL PA-QL PA-QL - - - - - - ST	Tier 2 Specialt Tier 1 Tier 2 Tier 2 Tier 2 Tier 1 Tier 2
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days) REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) ACE INHIBITORS Denazepril tab (LOTENSIN equiv) fosinopril tab (MONOPRIL equiv) moexipril tab (ACCUPRIL equiv) puinapril tab (ACCUPRIL equiv) ramipril cap (ALTACE equiv) trandolapril tab (MAVIK equiv)	ISIN/KE	ROTEIN (MTP) INHIBITORS 376) XIN TYPE 9 INHIBITORS ANTIHYPERTENSIVES of 2 angiotensin-converting enzyme Step therapy requires trial of two: en	S (ACE) inhibito	,	LD-PA QL PA-QL PA-QL - - - - -	Tier 2 Specialt Tier 1 Tier 2 Tier 2 Tier 2 Tier 1
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days) REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) ACE INHIBITORS Denazepril tab (LOTENSIN equiv) fosinopril tab (MONOPRIL equiv) moexipril tab (MONOPRIL equiv) perindopril tab (ACCOPRIL equiv) quinapril tab (ACCUPRIL equiv) ramipril cap (ALTACE equiv) trandolapril tab (MAVIK equiv) captopril tab (CAPOTEN equiv) (Step Therapy requence a penalapril maleate oral soln (EPANED equiv) (QL= 4 tamipril tab, benazepril tab) Note: Unless otherwise specifically noted, all strengths and for	ISIN/KE	ROTEIN (MTP) INHIBITORS XIN TYPE 9 INHIBITORS ANTIHYPERTENSIVES of 2 angiotensin-converting enzyme Step therapy requires trial of two: en icts listed in the formulary are covered.	S (ACE) inhibito nalapril tab, lisi	nopril tab, BRANDS = CAP	LD-PA QL PA-QL PA-QL - - - ST QL-ST	Tier 2 Specialt Tier 1 Tier 2 Tier 2 Tier 1 Tier 2
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days) REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) ACE INHIBITORS Denazepril tab (LOTENSIN equiv) Tosinopril tab (MONOPRIL equiv) Tosinopril tab (MONOPRIL equiv) Derindopril tab (ACEON equiv) Quinapril tab (ACCUPRIL equiv) Trandolapril tab (MAVIK equiv) Trandolapril tab (CAPOTEN equiv) (Step Therapy requencial pril maleate oral soln (EPANED equiv) (QL= 4 tranipril tab, benazepril tab) Note: Unless otherwise specifically noted, all strengths and for	ISIN/KE	ROTEIN (MTP) INHIBITORS 376) XIN TYPE 9 INHIBITORS ANTIHYPERTENSIVES of 2 angiotensin-converting enzyme Step therapy requires trial of two: en acts listed in the formulary are covered.	S (ACE) inhibito nalapril tab, lisi	nopril tab, BRANDS =CAP Limited Distribut	LD-PA QL PA-QL PA-QL ST QL-ST	Tier 2 Specialt Tier 1 Tier 2 Tier 2 Tier 1 Tier 2
MICROSOMAL TRIGLYCERIDE TRANS JUXTAPID CAP (Only available through Accredo 8 NICOTINIC ACID DERIVATIVES niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) PROPROTEIN CONVERTASE SUBTILI REPATHA INJ (QL= 2 inj/28 days) REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) ACE INHIBITORS Denazepril tab (LOTENSIN equiv) fosinopril tab (MONOPRIL equiv) moexipril tab (MONOPRIL equiv) perindopril tab (ACCOPRIL equiv) quinapril tab (ACCUPRIL equiv) ramipril cap (ALTACE equiv) trandolapril tab (MAVIK equiv) captopril tab (CAPOTEN equiv) (Step Therapy requence a penalapril maleate oral soln (EPANED equiv) (QL= 4 tamipril tab, benazepril tab) Note: Unless otherwise specifically noted, all strengths and for	ISIN/KE	ROTEIN (MTP) INHIBITORS XIN TYPE 9 INHIBITORS ANTIHYPERTENSIVES of 2 angiotensin-converting enzyme Step therapy requires trial of two: en icts listed in the formulary are covered.	S (ACE) inhibito nalapril tab, lisi	nopril tab, BRANDS = CAP	LD-PA QL PA-QL PA-QL ST QL-ST	Tier 2 Specialt Tier 1 Tier 2 Tier 2 Tier 1 Tier 2

DrugName		Last Updated* 6/	1/2025		Special Code	Tier
=		ANTIHYPERTENSI	/ES Cont.			
enalapril tab (VASOTEC equiv)					-	Value
isinopril tab (PRINIVIL/ZESTRIL equiv)					-	Value
AGENTS FOR PHEOCHROMOCYTOMA	1					
metyrosine cap (DEMSER equiv) (QL= 448 caps/28 o	days)				PA-QL	Tier 2
phenoxybenzamine cap (DIBENZYLINE equiv)	, ,				-	Tier 2
ANGIOTENSIN II RECEPTOR ANTAGON	NISTS					
candesartan tab (ATACAND equiv) (Step Therapy rec	quires tr	ial of: losartan or losartan/ho	tz and irbesartan or		ST	Tier 1
irbesartan/hctz)	•					
irbesartan tab (AVAPRO equiv)					-	Tier 1
olmesartan tab (BENICAR equiv)					-	Tier 1
telmisartan tab (MICARDIS equiv)					-	Tier 1
valsartan tab (DIOVAN equiv)					-	Tier 1
VALSARTAN SOLN (QL= 2400ml/30 days)					QL	Tier 2
losartan tab (COZAAR equiv)					•	Value
ANTIADRENERGIC ANTIHYPERTENSIV	/ES					
clonidine tab (CATAPRES equiv)					-	Tier 1
doxazosin tab (CARDURA equiv)					-	Tier 1
guanfacine IR tab (TENEX equiv)					-	Tier 1
methyldopa tab (ALDOMET equiv)					-	Tier 1
prazosin cap (MINIPRESS equiv)					-	Tier 1
terazosin cap (HYTRIN equiv)					-	Tier 1
clonidine patch (CATAPRES-TTS equiv)					-	Tier 2
METHYLDOPA TAB					-	Tier 2
ANTIHYPERTENSIVE COMBINATIONS						
amlodipine/benazepril cap (LOTREL equiv)					-	Tier 1
amlodipine/olmesartan tab (AZOR TAB equiv)					-	Tier 1
amlodipine/valsartan tab (EXFORGE equiv)					-	Tier 1
atenolol/chlorthalidone tab (TENORETIC equiv)					-	Tier 1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT	. ,				-	Tier 1
candesartan/hydrochlorothiazide tab (ATACAND HCT	Γ equiv)				•	Tier 1
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)					-	Tier 1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT e	equiv)				•	Tier 1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)					-	Tier 1
methyldopa/hydrochlorothiazide tab (ALDORIL equiv))				-	Tier 1
metoprolol/hydrochlorothiazide tab (LOPRESSOR HO	CT equi	′)			-	Tier 1
olmesartan/amlodipine/hydrochlorothiazide tab (TRIB	BENZOF	R TAB equiv) (QL= 30 tabs/3	0 days)		QL	Tier 1
olmesartan/hydrochlorothiazide tab (BENICAR HCT e	equiv)				-	Tier 1
propranolol/hydrochlorothiazide tab (INDERIDE equiv	,				-	Tier 1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv	')				-	Tier 1
trandolapril/verapamil ER tab (TARKA equiv)					-	Tier 1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equi	iv)				-	Tier 1
amlodipine/valsartan/hydrochlorothiazide tab (EXFOF olmesartan-amlodipine-HCTZ)	RGE HC	T equiv) (QL= 30 tabs/30 d	ays; Step therapy requ	ires trial of	QL-ST	Tier 2
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step nhibitor or angiotensin receptor blocker (ARB) combi			ensin-converting enzy	me (ACE)	ST	Tier 2
elmisartan/amlodipine tab (TWYNSTA equiv) (Step T			losartan/hctz and irbes	sartan or	ST	Tier 2
irbesartan/hctz) Note: Unless otherwise specifically noted, all strengths and form	s of produ	icts listed in the formulary are cove	ered.			
	EXC	generic =small letters Plan Exclusion	LD	Limited Distrib		
	M OI	Medical Benefit Quantity Limit	OTC RDX	Over-the-Coun		

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.

Quantity Limit

Smoking Cessation

PA

VAC

Prior Authorization

Vaccine Program

Limited to two 15 day fills per month for first 3 months SMKG

RDX

ST

Restricted to Diagnosis

Step Therapy

DrugName	Last opuated of 1/2023	Special Code	Tier
	ANTIHYPERTENSIVES Cont.		
telmisartan/hydrochlorothiazide tab (MICARDIS HC [*] irbesartan or irbesartan/hctz)	Fequiv) (Step Therapy requires trial of: losartan or losartan/hct	tz and ST	Tier 2
·	ARDIS HCT equiv) (Step Therapy requires trial of: losartan or	- ST	Tier 2
telmisartan/hydrochlorothiazide tab 80-25MG (MICA losartan/hctz and irbesartan or irbesartan/hctz)	RDIS HCT equiv) (Step Therapy requires trial of: losartan or	ST	Tier 2
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)		-	Value
enalapril/hydrochlorothiazide tab (VASERETIC equiv	')	-	Value
lisinopril/hydrochlorothiazide tab (ZESTORETIC equ	iv)	-	Value
losartan/hydrochlorothiazide tab (HYZAAR equiv)		-	Value
DIRECT RENIN INHIBITORS			
aliskiren tab (TEKTURNA equiv) (Step Therapy requangiotensin receptor blockers (ARB))	ires trial of one angiotensin-converting enzyme (ACE) inhibitor	r or ST	Tier 2
SELECTIVE ALDOSTERONE RECEPTO	OR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv) VASODILATORS		-	Tier 1
hydralazine tab (APRESOLINE equiv)		-	Tier 1
minoxidil tab (LONITEN equiv)		-	Tier 1
, ,	ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.			
metronidazole tab (FLAGYL equiv)		-	Tier 1
tinidazole tab (TINDAMAX equiv)		-	Tier 1
trimethoprim tab (PROLOPRIM equiv)		-	Tier 1
LIKMEZ SUSP (QL= 210ml/14 days)		QL	Tier 2
metronidazole cap (FLAGYL equiv)		-	Tier 2
pentamidine neb soln (NEBUPENT equiv)		-	Tier 2
PRIMSOL SOLN		-	Tier 2
TRIMETHOPRIM TAB		-	Tier 2
IMPAVIDO CAP (QL= 3 caps/day)		AMSP-QL	Tier 2 Specialty
ANTI-INFECTIVE MISC COMBINATIO	NS		
smz/tmp (DS) tab (BACTRIM DS equiv)		-	Tier 1
smz/tmp susp (BACTRIM, SEPTRA equiv)		-	Tier 1
UTA cap		-	Tier 1
HYOPHEN TAB		-	Tier 2
ANTIPROTOZOAL AGENTS			
atovaquone susp (MEPRON equiv)		-	Tier 1
LAMPIT TAB 120MG (QL= 225 tabs/30 days)		QL	Tier 2
LAMPIT TAB 30MG (QL= 360 tabs/30 days)		QL	Tier 2
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days;	ST req trial of metronidazole AND tinidazole)	QL-ST	Tier 2
GLYCOPEPTIDES			
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56	6 caps/30 days)	QL	Tier 1
vancomycin cap 250mg (VANCOCIN equiv) (QL= 11	2 caps/30 days)	QL	Tier 1
vancomycin hcl for iv soln (VANCOMYCIN equiv)		-	Tier 1
VANCOMYCIN INJ		-	Tier 1
vancomycin hcl for oral soln 25mg/ml (FIRVANQ eq	uiv) (QL= 300ml/30 days)	QL	Tier 2
Note: Unless otherwise specifically noted, all strengths and form	ns of products listed in the formulary are covered.		
NC =Not Covered		BRANDS =CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program		imited Distribution over-the-Counter	
LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization		over-the-Counter Restricted to Diagnosis	
SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	· · · · · · · · · · · · · · · · · · ·	tep Therapy	

DrugName		Last Updated* 6/1/202	25	Special Code	Tier
	ANTI-	-INFECTIVE AGENTS - N	MISC. Cont.		
vancomycin hcl for oral soln 50mg/ml (Fl				QL	Tier 2
VANCOMYCIN INJ	. , ,	,		-	Tier 2
LEPROSTATICS					
dapsone tab				-	Tier 1
LINCOSAMIDES					
clindamycin cap (CLEOCIN equiv)				-	Tier 1
clindamycin soln (CLEOCIN equiv)				-	Tier 1
MONOBACTAMS					
CAYSTON INH SOLN (Only available the	rough Walgreens 8	88-347-3416)		LD	Tier 2 Specialt
OXAZOLIDINONES					Speciali
linezolid susp				-	Tier 1
linezolid tab (ZYVOX equiv)				-	Tier 1
SIVEXTRO TAB (QL= 6 tabs/fill)				QL	Tier 2
URINARY ANTI-INFECTIVES					
methenamine hippurate tab (HIPREX eq	uiv)			-	Tier 1
methenamine mandelate tab	,			-	Tier 1
nitrofurantoin macrocrystals cap (MACR	ODANTIN equiv)			-	Tier 1
nitrofurantoin monohydrate cap (MACRO				-	Tier 1
nitrofurantoin susp (FURADANTIN equiv				-	Tier 1
fosfomycin tromethamine powder pack (l	MONUROL equiv)			-	Tier 2
	. ,	ANTIMALARIALS			
ANTIMALARIAL COMBINATIO	ONS	,			
atovaquone/proguanil tab (MALARONE	equiv)			-	Tier 1
ANTIMALARIALS	. ,				
chloroquine tab (ARALEN equiv)				-	Tier 1
hydroxychloroquine tab (PLAQUENIL eq	ıuiv)			<u>-</u>	Tier 1
quinine sulfate cap (QUALAQUIN equiv)				-	Tier 1
pyrimethamine tab (DARAPRIM equiv) (lv available through Walgreens 888	3-347-3416)	LD-PA-QL	Tier 1
,	· · · · · · · · · · · · · · · · · ·	,	, , , , , , , , , , , , , , , , , , , ,		Specialt
KRINTAFEL TAB (QL= 2 tabs/365 days))			QL	Tier 2
mefloquine tab (LARIAM equiv)				-	Tier 2
primaquine tab (PRIMAQUINE equiv)				-	Tier 2
	ANTIM	YASTHENIC/CHOLINER	GIC AGENT	rs	
ANTIMYASTHENIC/CHOLINER	RGIC AGENTS				
GUANIDINE TAB				<u>-</u>	Tier 1
pyridostigmine CR tab (MESTINON equi	iv)			-	Tier 1
pyridostigmine tab (MESTINON equiv)				-	Tier 1
pyridstigmine soln (MESTINON equiv)				-	Tier 2
		NTIMYCOBACTERIAL A	GENTS		
ANTIMYCOBACTERIAL AGEN	112				T: 4
ethambutol tab (MYAMBUTOL equiv)				<u>-</u>	Tier 1 Tier 1
soniazid tab				-	
pyrazinamide tab				-	Tier 1
rifabutin cap (MYCOBUTIN equiv) Note: Unless otherwise specifically noted, all stre	engths and forms of prod	ucts listed in the formulary are covered.		-	Tier 1
NC =Not Covered	Dragram EVC	generic =small letters		BRANDS = CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy F LMSP Lumicera Mandatory Specialty Pharmac	•	Plan Exclusion Medical Benefit	LD OTC	Limited Distribution Over-the-Counter	
PA Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis	
SF Limited to two 15 day fills per month for	r first 3 months SMKG	Smoking Cessation	ST	Step Therapy	

DrugName	Last Updated* 6/1/2025	Special Code	Tier
	ANTIMYCOBACTERIAL AGENTS Cont.	<u> </u>	
rifampin cap (RIFADIN equiv)	/	-	Tier 1
SIRTURO TAB (Only available through MMS S	Solutions 855-691-0963)	LD	Tier 2 Specialt
	ANTINEOPLASTICS		•
ALKYLATING AGENTS			
HEXALEN CAP (Only available through Walgr	reens 888-347-3416)	LD	Tier 2 Specialty
MYLERAN TAB		AMSP	Tier 2 Specialty
ANTIMETABOLITES			
mercaptopurine tab (PURINETHOL equiv)		-	Tier 1
methotrexate tab (TREXALL equiv)		-	Tier 1
TABLOID TAB (QL= 4 tabs/day)		AMSP-QL	Tier 2 Specialty
ANTINEOPLASTIC ENZYME INHIB	ITORS		
ZOLINZA CAP		LMSP-PA-SF	Tier 2 Specialty
ANTINEOPLASTICS MISC.			·
hydroxyurea cap (HYDREA equiv)		-	Tier 1
tretinoin cap (VESANOID equiv)		AMSP	Tier 1 Specialty
INTRON-A INJ		AMSP	Tier 2
MATULANE CAP (Only available through Wal	greens 888-347-3416)	LD	Specialty Tier 2
CHEMOTHERAPY RESCUE/ANTID	OTE AGENTS		Specialty
leucovorin tab	OTE AGENTS	-	Tier 1
MITOTIC INHIBITORS			
etoposide cap (VEPESID equiv)		-	Tier 1
TOPOISOMERASE I INHIBITORS			
HYCAMTIN CAP		LMSP-PA	Tier 2
	STINEORI ACTICC AND AD HINCTIVE THERADIE	-0	Specialty
ALKYLATING AGENTS	NTINEOPLASTICS AND ADJUNCTIVE THERAPIE	:5	
cyclophosphamide cap		-	Tier 1
systephicophalinae dap			Specialty
temozolomide cap (TEMODAR equiv)		AMSP	Tier 1
MELDIIALAN TAD		AMSP	Specialty
MELPHALAN TAB		AWSF	Tier 2 Specialty
ANTIMETABOLITES			' '
mercaptopurine susp 2000mg/100ml (PURIXA	N equiv)	-	Tier 1
METHOTREXATE INJ		-	Tier 1
PURIXAN SUSP 2000MG/100ML		-	Tier 1
capecitabine tab (XELODA equiv)		AMSP	Tier 1 Specialty
ANTINEOPLASTIC - ANGIOGENES	SIS INHIBITORS		- Specially
Note: Unless otherwise specifically noted, all strengths a	nd forms of products listed in the formulary are covered.		
NC =Not Covered		NDS =CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program	am M Medical Benefit OTC Over-	ed Distribution -the-Counter	
PA Prior Authorization		ricted to Diagnosis	

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Quantity Limit

Smoking Cessation

VAC

Prior Authorization

Vaccine Program

Limited to two 15 day fills per month for first 3 months SMKG

Restricted to Diagnosis

Step Therapy

RDX

ST

Special Code

Tier

DrugName

PA

SF

VAC

Prior Authorization

Vaccine Program

Limited to two 15 day fills per month for first 3 months SMKG

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont		
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
NLYTA TAB 5MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
ENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty
ANTINEOPLASTIC - BCL-2 INHIBITORS		~r .
ENCLEXTA STARTER PACK (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty
ENCLEXTA TAB (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty
ANTINEOPLASTIC - EGFR INHIBITORS		
rlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
rlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
efitinib tab (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty
SILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
AGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Tier 2
ODOMZO CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Specialty Tier 2 Specialty
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		-, .
nastrozole tab (ARIMIDEX equiv)	-	Preventi
xemestane tab (AROMASIN equiv)	-	Preventi e
etrozole tab (FEMARA equiv)	-	Preventi e
amoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	Preventi e
picalutamide tab (CASODEX equiv)	-	Tier 1
lutamide cap (EULEXIN equiv)	-	Tier 1
negestrol susp (MEGACE equiv)	-	Tier 1
negestrol tab (MEGACE equiv)	-	Tier 1
oremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST AMED DA OL SE	Tier 1
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 1 Special
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 1 Special
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Tier 1 Special
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LD Limited Distrib LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit OTC Over-the-Cour		

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Quantity Limit

Smoking Cessation

QL

Restricted to Diagnosis

Step Therapy

RDX

ST

DrugName	st Updated* 6/1/2025	Special Code	Tier
ANTINEOPLASTICS	AND ADJUNCTIVE THERAPIES Co	nt.	
ERLEADA TAB (QL= 4 tabs/day)		AMSP-PA-QL	Tier 2
ERLEADA TAB 240MG (QL= 1 tab/day)		AMSP-PA-QL	Specialty Tier 2
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)		AMSP-PA-QL	Specialty Tier 2
LEUPROLIDE INJ (3 MONTH) (QL= 1 kit/90 days)		AMSP-PA-QL	Specialty Tier 2 Specialty
LUPRON DEPOT INJ (QL= 1 syringe kit/30 days)		AMSP-PA-QL	Tier 2 Specialty
LUPRON DEPOT INJ (QL= 1 syringe kit/90 days)		AMSP-PA-QL	Tier 2 Specialty
LUTRATE DEPO INJ (QL= 1 kit/90 days)		AMSP-PA-QL	Tier 2 Specialty
LYSODREN TAB (Only available through Walgreens 888-347-3416)		LD	Tier 2 Specialty
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 88	38-347-3416)	LD-PA-QL	Tier 2 Specialty
ANTINEOPLASTIC - IMMUNOMODULATORS			opediaity
POMALYST CAP (QL= 21 caps/28 days; Only available through Wal	greens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
ANTINEOPLASTIC COMBINATIONS			Opecially
KISQALI PAK (QL= 91 tabs/28 days)		AMSP-PA-QL	Tier 2
LONSURF TAB (Only available through Optum 877-445-6874 or Wa	greens 888-347-3416)	LD-PA	Specialty Tier 2
ANTINEOPLASTIC ENZYME INHIBITORS			Specialty
dasatinib tab (SPRYCEL equiv)		AMSP-PA-SF	Tier 1
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)		AMSP-PA-QL-SF	Specialty Tier 1
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)		AMSP-PA-QL-SF	Specialty Tier 1
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)		AMSP-PA-QL	Specialty Tier 1
imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)		AMSP-PA-QL	Specialty Tier 1
inialinib tab 400mg (GLEEVEO equiv) (QL- 2 tabs/day)			Specialty
lapatinib ditosylate tab (TYKERB equiv) (QL= 5 tabs/day)		AMSP-PA-QL	Tier 1 Specialty
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)		AMSP-PA-QL-SF	Tier 1 Specialty
sunitinib malate cap (SUTENT equiv) (QL= 28 caps/42 days)		AMSP-PA-QL-SF	Tier 1
ALECENSA CAP (QL= 8 caps/day)		AMSP-PA-QL	Specialty Tier 2
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biol	ogics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Specialty Tier 2
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available throu 877-662-6633)	gh Biologics 800-850-4306 or Onco360	LD-PA-QL-SF	Specialty Tier 2 Specialty
677-002-0033) BOSULIF CAP(QL= 5 caps/day; Only available through Walgreens 8	888-347-3416)	LD-PA-QL	Tier 2
Note: Unless otherwise specifically noted, all strengths and forms of products listed in	n the formulary are covered.		Specialty
NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Excl LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical B PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months. SMKG. Smoking of	usion LD Limited Di enefit OTC Over-the-timit RDX Restricted	Counter to Diagnosis	

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.

Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation

SF

VAC

Vaccine Program

ST

Step Therapy

	Last Updated* 6/1/2025			
DrugName			Special Code	Tier
	OPLASTICS AND ADJUNCTIVE TH	ERAPIES Cont.		
BOSULIF TAB (Only available through Walgreens	s 888-347-3416)		LD-PA-SF	Tier 2 Specialty
CABOMETYX TAB (QL= 1 tab/day; Only available	e through Walgreens 888-347-3416)		LD-PA-QL-SF	Tier 2
CALQUENCE CAP (QL= 2 caps/day)			AMSP-PA-QL-SF	Specialty Tier 2
				Specialty
CALQUENCE TAB (QL= 2 tabs/day)			AMSP-PA-QL-SF	Tier 2 Specialty
CAPRELSA TAB 100MG (QL= 2 tabs/day; Only av	vailable through Biologics 800-850-4306)		LD-PA-QL	Tier 2
CAPRELSA TAB 300MG (QL= 1 tab/day; Only ava	ailable through Biologics 800-850-4306)		LD-PA-QL	Specialty Tier 2
	,		1 D D4	Specialty
COMETRIQ KIT (Only available through Optum 8)	77-445-6874)		LD-PA	Tier 2 Specialty
COTELLIC TAB(QL= 3 tabs/day)			LMSP-PA-QL	Tier 2
ICLUSIG TAB (Only available through AcariaHealt	th 800-511-5144)		LD-PA-SF	Specialty Tier 2
				Specialty
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only a	available through Optum 877-445-6874)		LD-PA-QL-SF	Tier 2 Specialty
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only ava	ailable through Optum 877-445-6874)		LD-PA-QL-SF	Tier 2
IMBRUVICA SUSP (QL= 2 bottles/30 days; Only a	available through Optum 877-445-6874)		LD-PA-QL	Specialty Tier 2
` · · ·	,			Specialty
IMBRUVICA TAB (QL= 1 tab/day; Only available the	hrough Optum 877-445-6874)		LD-PA-QL	Tier 2 Specialty
JAKAFI TAB (QL= 2 tabs/day; Only available throu	ugh Walgreens 888-347-3416)		LD-PA-QL-SF	Tier 2
KISQALI TAB (QL= 63 tabs/28 days)			AMSP-PA-QL	Specialty Tier 2
				Specialty
LYNPARZA CAP (QL= 16 caps/day; Only available	e through Biologics 800-850-4306)		LD-PA-QL-SF	Tier 2 Specialty
LYNPARZA TAB (QL= 4 tabs/day; Only available t	through Biologics 800-850-4306)		LD-PA-QL-SF	Tier 2
MEKINIST SOLN (QL= 40ml/day)			LMSP-PA-QL	Specialty Tier 2
WEIGHT COLIT (QL 40111/4ddy)				Specialty
MEKINIST TAB 0.5MG (QL= 3 tabs/day)			AMSP-PA-QL	Tier 2 Specialty
MEKINIST TAB 2MG (QL= 1 tab/day)			AMSP-PA-QL	Tier 2
NINLARO CAP			AMSP-PA	Specialty Tier 2
				Specialty
RUBRACA TAB (QL= 4 tabs/day; Only available the	hrough Optum 877-445-6874)		LD-PA-QL-SF	Tier 2 Specialty
sorafenib tosylate tab (NEXAVAR equiv) (QL= 4 tal	bs/day)		AMSP-PA-QL-SF	Tier 2
STIVARGA TAB (QL= 84 tabs/28 days; Only availa	able through Walgreens 888-347-3416)		LD-PA-QL	Specialty Tier 2
	able till dagit vvalgi delle ded dell' delle)		25 171 Q2	Specialty
TAFINLAR CAP (QL= 4 caps/day)			AMSP-PA-QL	Tier 2 Specialty
TAFINLAR TAB (QL= 12 tabs/day)			LMSP-PA-QL	Tier 2
Note: Unless otherwise specifically noted, all strengths and for	orms of products listed in the formulary are covered.			Specialty
NC =Not Covered	generic =small letters	BRANDS =CAP	ITAL I ETTEDO	
AMSP Ardon Mandatory Specialty Pharmacy Program	EXC Plan Exclusion	LD Limited Distributi	on	
LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	QL Quantity Limit	OTC Over-the-Counte RDX Restricted to Dia ST Step Therapy		

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VAC

Vaccine Program

DrugName	Last Updated* 6/1/2025			Special Code	Tier
	PLASTICS AND ADJUNCTIVE	THERAP	IES Cont.	ороски осис	
VERZENIO TAB (QL= 2 tabs/day)				AMSP-PA-QL-SF	Tier 2
VOTRIENT TAB (QL= 120 tabs/30 days)				AMSP-PA-QL-SF	Specialty Tier 2
VOTRIENT TAB (QL- 120 tabs/30 days)				AWOF-FA-QL-OF	Specialty
XALKORI CAP (QL= 2 caps/day; Only available through	ugh Walgreens 888-347-3416)			LD-PA-QL-SF	Tier 2
KALKORI SPRINKLE CAP (QL= 6 caps/day; Only av	vailable through Walgreens 888-347-3416)			LD-PA-QL-SF	Specialty Tier 2
ZEJULA CAP(QL= 30 caps/30 days; Only available	through Ontum 977 445 6974)			LD-PA-QL-SF	Specialty
ZEJULA CAP (QL- 30 caps/30 days, Offiy available	unough Optum 677-443-0674)			LD-FA-QL-SI	Tier 2 Specialty
ZEJULA TAB (QL= 1 tab/day; Only available through	Optum 877-445-6874)			LD-PA-QL-SF	Tier 2
ZELBORAF TAB (QL= 8 tabs/day)				LMSP-PA-QL-SF	Specialty Tier 2
ZVDELIC TAB. (Only evallable through Onture 977.4	AE CO7A)			LD-PA	Specialty
ZYDELIG TAB (Only available through Optum 877-44	45-0074)			LD-PA	Tier 2 Specialty
ZYKADIA CAP (QL= 3 caps/day)				AMSP-PA-QL-SF	Tier 2
ZYKADIA TAB(QL= 3 tabs/day)				AMSP-PA-QL-SF	Specialty Tier 2
					Specialty
ANTINEOPLASTICS MISC. Dexarotene cap (TARGRETIN equiv)				AMSP-PA-SF	Tier 1
pexaroterie cap (TARGRETTIN equiv)				AWOI -I A-OI	Specialty
SYNRIBO INJ (Only available through US Bioservice	es 888-518-7246)			LD-PA	Tier 2
CHEMOTHERAPY RESCUE/ANTIDOTE/	PROTECTIVE AGENTS				Specialty
mesna tab (MESNEX equiv)				AMSP	Tier 2
MITOTIC INHIBITORS					Specialty
ETOPOSIDE CAP				-	Tier 1
ETOPOSIDE CAP	ANTIDA DIZINGON AGEN			-	Tier 1 Specialty
	ANTIPARKINSON AGEN	TS		-	
ANTIPARKINSON ADJUVANTS	ANTIPARKINSON AGEN	TS		-	Specialty
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv)		TS			
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS		TS			Specialty
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS penztropine tab trihexyphenidyl tab (ARTANE equiv)		TS		-	Specialty Tier 1
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS cenztropine tab rihexyphenidyl tab (ARTANE equiv) ANTIPARKINSON COMT INHIBITORS		TS		-	Specialty Tier 1 Tier 1 Tier 1
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS centropine tab rihexyphenidyl tab (ARTANE equiv) ANTIPARKINSON COMT INHIBITORS centacapone tab (COMTAN equiv)		ITS		-	Tier 1 Tier 1 Tier 1 Tier 1
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS penztropine tab rihexyphenidyl tab (ARTANE equiv) ANTIPARKINSON COMT INHIBITORS entacapone tab (COMTAN equiv) olcapone tab (TASMAR equiv) (QL= 3 caps/day)		TS		-	Specialty Tier 1 Tier 1 Tier 1
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS cenztropine tab rihexyphenidyl tab (ARTANE equiv) ANTIPARKINSON COMT INHIBITORS centacapone tab (COMTAN equiv) colcapone tab (TASMAR equiv) (QL= 3 caps/day) ANTIPARKINSON DOPAMINERGICS		ITS		-	Tier 1 Tier 1 Tier 1 Tier 1
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS cenztropine tab rihexyphenidyl tab (ARTANE equiv) ANTIPARKINSON COMT INHIBITORS centacapone tab (COMTAN equiv) colcapone tab (TASMAR equiv) (QL= 3 caps/day) ANTIPARKINSON DOPAMINERGICS centacapone tab (SYMMETREL equiv)		ITS		- - - QL	Tier 1 Tier 1 Tier 1 Tier 1 Tier 2
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS cenztropine tab rihexyphenidyl tab (ARTANE equiv) ANTIPARKINSON COMT INHIBITORS centacapone tab (COMTAN equiv) colcapone tab (TASMAR equiv) (QL= 3 caps/day) ANTIPARKINSON DOPAMINERGICS centacatoric cap (SYMMETREL equiv)		ITS		- - - QL	Tier 1 Tier 1 Tier 1 Tier 1 Tier 2 Tier 1
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS cenztropine tab rihexyphenidyl tab (ARTANE equiv) ANTIPARKINSON COMT INHIBITORS centacapone tab (COMTAN equiv) colcapone tab (TASMAR equiv) (QL= 3 caps/day) ANTIPARKINSON DOPAMINERGICS centacapone tab (SYMMETREL equiv)		ITS		- - - QL	Tier 1 Tier 1 Tier 1 Tier 2 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS cenztropine tab rihexyphenidyl tab (ARTANE equiv) ANTIPARKINSON COMT INHIBITORS centacapone tab (COMTAN equiv) colcapone tab (TASMAR equiv) (QL= 3 caps/day) ANTIPARKINSON DOPAMINERGICS centacapone tab (SYMMETREL equiv)		ITS		- - - QL	Tier 1 Tier 1 Tier 2 Tier 1
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS cenztropine tab rihexyphenidyl tab (ARTANE equiv) ANTIPARKINSON COMT INHIBITORS centacapone tab (COMTAN equiv) colcapone tab (TASMAR equiv) (QL= 3 caps/day) ANTIPARKINSON DOPAMINERGICS centacapone tab (SYMMETREL equiv) centacapone tab (SYMMETREL equiv) centacapone tab (COMTAN equiv) centacapone tab (COMTAN equiv) control (COMTAN equiv) centacapone tab (COMTAN equiv) centacapone		ITS		QL	Tier 1 Tier 1 Tier 1 Tier 2 Tier 1
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS cenztropine tab rihexyphenidyl tab (ARTANE equiv) ANTIPARKINSON COMT INHIBITORS centacapone tab (COMTAN equiv) colcapone tab (TASMAR equiv) (QL= 3 caps/day) ANTIPARKINSON DOPAMINERGICS camantadine cap (SYMMETREL equiv) camantadine syrup (SYMMETREL equiv) camantadine tab coromocriptine cap (PARLODEL equiv) carbidopa/levodopa ER tab (SINEMET CR equiv) carbidopa/levodopa ODT (PARCOPA equiv)		ITS		QL	Tier 1 Tier 1 Tier 2 Tier 1
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS benztropine tab trihexyphenidyl tab (ARTANE equiv) ANTIPARKINSON COMT INHIBITORS entacapone tab (COMTAN equiv) tolcapone tab (TASMAR equiv) (QL= 3 caps/day) ANTIPARKINSON DOPAMINERGICS amantadine cap (SYMMETREL equiv) amantadine syrup (SYMMETREL equiv) amantadine tab bromocriptine cap (PARLODEL equiv) bromocriptine tab (PARLODEL equiv) carbidopa/levodopa ER tab (SINEMET CR equiv) carbidopa/levodopa ODT (PARCOPA equiv) Note: Unless otherwise specifically noted, all strengths and forms	s of products listed in the formulary are covered.	ITS	BRANDS -CADIT	QL	Tier 1 Tier 1 Tier 1 Tier 2 Tier 1
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS cenztropine tab prihexyphenidyl tab (ARTANE equiv) ANTIPARKINSON COMT INHIBITORS centacapone tab (COMTAN equiv) colcapone tab (TASMAR equiv) (QL= 3 caps/day) ANTIPARKINSON DOPAMINERGICS centacapone tab (SYMMETREL equiv) centacapone tab (COMTAN equi	s of products listed in the formulary are covered. generic =small letters EXC Plan Exclusion	LD	BRANDS =CAPIT Limited Distributio	QL	Tier 1 Tier 1 Tier 1 Tier 2 Tier 1
ANTIPARKINSON ADJUVANTS carbidopa tab (LODOSYN equiv) ANTIPARKINSON ANTICHOLINERGICS Denztropine tab prihexyphenidyl tab (ARTANE equiv) ANTIPARKINSON COMT INHIBITORS centacapone tab (COMTAN equiv) Dolcapone tab (TASMAR equiv) (QL= 3 caps/day) ANTIPARKINSON DOPAMINERGICS CENTERROR (SYMMETREL equiv) CENTERROR (SINEMET CR equiv) CENTERROR (s of products listed in the formulary are covered.			- QL	Tier 1 Tier 1 Tier 1 Tier 2 Tier 1

DrugName	Last opuated of 1/2020	Special Code	Tier
	ANTIPARKINSON AGENTS Cont.		
carbidopa/levodopa tab (SINEMET equiv)		-	Tier 1
pramipexole tab (MIRAPEX equiv)		-	Tier 1
ropinirole tab (REQUIP equiv)		-	Tier 1
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 ta	b/day)	QL	Tier 2
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day	r; Step Therapy requires trial of ropinirole)	QL-ST	Tier 2
	; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR	QL-ST	Tier 2
carbidopa-levodopa-entacapone) ANTIPARKINSON MONOAMINE OXIDA			
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)		QL	Tier 1
selegiline cap (ELDEPRYL equiv)		-	Tier 1
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)		QL	Tier 1
. , , , , , , , , , , , , , , , , , , ,	ARKINSON AND RELATED THERAPY AGENTS		
trihexyphenidyl elixir (ARTANE equiv)		-	Tier 1
TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days)		QL	Tier 1
ANTIPARKINSON DOPAMINERGICS			
amantadine soln		-	Tier 1
carbidopa-levodopa-entacapone tab 12.5-50-200mg	(STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1
carbidopa-levodopa-entacapone tab 18.75-75-200m		QL	Tier 1
carbidopa-levodopa-entacapone tab 25-100-200mg	• • • • • • • • • • • • • • • • • • • •	QL	Tier 1
carbidopa-levodopa-entacapone tab 31.25-125-200r		QL	Tier 1
carbidopa-levodopa-entacapone tab 37.5-150-200m	• , , ,	QL	Tier 1
carbidopa-levodopa-entacapone tab 57:3-130-200mg		QL	Tier 1
· · · · · · · · · · · · · · · · · · ·	. , , , , , , , , , , , , , , , , , , ,	LD-QL	
apomorphine inj (APOKYN equiv) (QL= 54mi/30 day	s; Only available through CVS Specialty 800-237-2767)	LD-QL	Tier 1 Specialt
CREXONT CAP 35-140MG (QL= 450 caps/30 days carbidopa-levodopa-entacapone)	; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR		Tier 2
CREXONT CAP 52.5-210MG (QL= 300 caps/30 day OR carbidopa-levodopa-entacapone)	ys; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT	QL-ST	Tier 2
CREXONT CAP 70-280MG (QL= 240 caps/30 days carbidopa-levodopa-entacapone)	; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR		Tier 2
CREXONT CAP 87.5-350MG (QL= 180 caps/30 dag OR carbidopa-levodopa-entacapone)	ys; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT	QL-ST	Tier 2
OR carbidopa-levodopa-entacapone)	s; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT	QL-ST	Tier 2
RYTARY CAP 48.75-195MG (QL= 360 caps/30 day OR carbidopa-levodopa-entacapone)	s; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT	QL-ST	Tier 2
RYTARY CAP 61.25-245MG (QL= 300 caps/30 day	s; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT	QL-ST	Tier 2
OR carbidopa-levodopa-entacapone)			
ANTIMANIC AGENTS	ANTIPSYCHOTICS/ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)		-	Tier 1
lithium carbonate ER tab (LITHOBID equiv)		-	Tier 1
lithium carbonate tab		-	Tier 1
lithium oral solution (LITHIUM equiv)		-	Tier 1
ANTIPSYCHOTICS - MISC.			
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)		QL	Tier 1
Note: Unless otherwise specifically noted, all strengths and form	ns of products listed in the formulary are covered.		
NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program	EXC Plan Exclusion LD Limited Distribution		
LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization	M Medical Benefit OTC Over-the-Count QL Quantity Limit RDX Restricted to Di		

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.

Quantity Limit

Smoking Cessation

PA

SF

VAC

Prior Authorization

Vaccine Program

Limited to two 15 day fills per month for first 3 months SMKG

Restricted to Diagnosis

Step Therapy

RDX

ST

DrugName		Last Updated* 6/1/2	.025		Special Code	Tier
g	ANTIPS	CHOTICS/ANTIMANIC	C AGENTS C	ont.	<u>opoolal oodo</u>	
ziprasidone cap (GEODON equiv) (QL= 2			AGENTO	J11t.	QL	Tier 1
ziprasidone mesylate inj (GEODON equiv	,				AMSP	Tier 1 Specialty
VRAYLAR CAP (QL= 1 cap/day; Step Thrisperidone, or lurasidone)	nerapy requires tria	l of 2: aripiprazole, quetiapine, z	iprasidone, olanza _l	oine,	QL-ST	Tier 2
VRAYLAR PACK (QL= 2 packs/plan yea	r; Step Therapy red	quires trial of 2: aripiprazole, que	tiapine, ziprasidon	е,	QL-ST	Tier 2
olanzapine, risperidone, or lurasidone) BENZISOXAZOLES						
paliperidone ER tab (INVEGA equiv) (QL	= 1 tab/day)				QL	Tier 1
risperidone ODT (RISPERDAL M equiv)	- I lab/day)				- -	Tier 1
risperidone soln (RISPERDAL ivi equiv)					-	Tier 1
risperidone tab (RISPERDAL equiv)					-	Tier 1
risperidone microspheres inj (RISPERDA	L oquiv)				AMSP	Tier 1
RISPERIDONE ODT	ac equiv)				-	Specialty Tier 2
					AMSP	
ERZOFRI INJ 117MG/0.75ML					AWSP	Tier 2 Specialty
ERZOFRI INJ 156MG/ML					AMSP	Tier 2 Specialty
ERZOFRI INJ 234MG/1.5ML					AMSP	Tier 2 Specialty
ERZOFRI INJ 351MG/2.25ML					AMSP	Tier 2 Specialty
ERZOFRI INJ 39MG/0.25ML					AMSP	Tier 2 Specialty
ERZOFRI INJ 78MG/0.5ML					AMSP	Tier 2
INVEGA HAFYERA INJ					AMSP	Specialty Tier 2
INVEGA SUSTENNA INJ					AMSP	Specialty Tier 2
INVEGA TRINZA INJ					AMSP	Specialty Tier 2
PERSERIS INJ					AMSP	Specialty Tier 2
RYKINDO INJ					AMSP	Specialty Tier 2
UZEDY INJ					AMSP	Specialty Tier 2
DUTYBORUENONEO						Specialty
BUTYROPHENONES haloperidol lactate conc (HALDOL equiv)						Tier 1
					-	Tier 1
haloperidol tab (HALDOL equiv)					AMSP	
haloperidol decanoate inj						Tier 1 Specialty
HALDOL DECANOATE INJ					-	Tier 2 Specialty
DIBENZAPINES						
CLOZAPINE ODT (QL= 3 tabs/day)					QL	Tier 1
clozapine ODT 25mg, 100mg (CLOZAPII	•	iv) (QL= 3 tabs/day)			QL	Tier 1
clozapine tab (CLOZARIL equiv) (QL= 3 f Note: Unless otherwise specifically noted, all stret		lucts listed in the formulary are covered.			QL	Tier 1
NC =Not Covered		ganaria =amall latters		DDANDS -CAT	DITAL LETTEDS	
AMSP Ardon Mandatory Specialty Pharmacy PLMSP Lumicera Mandatory Specialty Pharmacy PA Prior Authorization SF Limited to two 15 day fills per month for VAC Vaccine Program	y Program M QL	generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation	LD OTC RDX ST	ERANDS = CAR Limited Distribu Over-the-Count Restricted to Di Step Therapy	er	

Special Code

Tier

DrugName

- <u></u>	<u> </u>	· _ · · · ·
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
loxapine cap (LOXITANE equiv)	-	Tier 1
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Tier 1
olanzapine tab (ZYPREXA equiv)	-	Tier 1
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Tier 1
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Tier 1
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	Tier 2
olanzapine inj (ZYPREXA equiv)	AMSP	Tier 2 Specialty
ZYPREXA RELPREVV INJ	AMSP	Tier 2 Specialty
DIHYDROINDOLONES		
MOLINDONE TAB	-	Tier 2
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	Tier 1
fluphenazine tab (PROLIXIN equiv)	-	Tier 1
perphenazine tab (TRILAFON equiv)		Tier 1
prochlorperazine supp (COMPAZINE equiv)		Tier 1
prochlorperazine tab (COMPAZINE equiv)	-	Tier 1
thioridazine hcl tab (QL= 8 tabs/day)	QL	Tier 1
trifluoperazine tab (STELAZINE equiv)	-	Tier 1
QUINOLINONE DERIVATIVES		1101 1
	Ol	Tion 1
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Tier 1
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Tier 1
aripiprazole tab (ABILIFY equiv)	-	Tier 1
REXULTI TAB (QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine,	QL-ST	Tier 2
risperidone, or lurasidone) ABILIFY ASIMTUFII INJ 720MG/2.4ML	AMSP	Tier 2
ABILIFY ASIMTUFII INJ 960MG/3.2ML	AMSP	Specialty Tier 2
ABLE TABILITY IN THE COOM OF C.EME		Specialty
ABILIFY MAINTENA INJ	AMSP	Tier 2
		Specialty
ARISTADA 675MG/2.4ML INJ	AMSP	Tier 2
		Specialty
ARISTADA INJ	AMSP	Tier 2
THIOXANTHENES		Specialty
thiothixene cap (NAVANE equiv)	-	Tier 1
ANTIVIRALS		
ANTIRETROVIRALS		
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or	QL-RDX	Preventiv
other UM edits when used for PEP / PrEP)	OL BDV	e D
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible,	QL-RDX	Preventi
coinsurance or other UM edits when used for PEP / PrEP)	QL	e Tior 1
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)		Tier 1
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Tier 1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
	APITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LD Limited Distril LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit OTC Over-the-Cou PA Prior Authorization QL Quantity Limit RDX Restricted to	nter	
PA Prior Authorization QL Quantity Limit RDX Restricted to	Diagnosis	

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.

Smoking Cessation

Limited to two 15 day fills per month for first 3 months SMKG

VAC

Vaccine Program

ST

Step Therapy

DrugName	Last Opuated 6/1/2023	Special Code	Tier
	ANTIVIRALS Cont.		
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tal	b/day)	QL	Tier 1
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	(QL= 2 tabs/day)	QL	Tier 1
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps	s/day)	QL	Tier 1
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps	s/day)	QL	Tier 1
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/	/day)	QL	Tier 1
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/ / PrEP)	/day; No deductible, coinsurance or other UM edits when used for PEP	QL-RDX	Tier 1
,	day; No deductible, coinsurance or other UM edits when used for PEP /	QL-RDX	Tier 1
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/da	y)	QL	Tier 1
EFAVIRENZ CAP		-	Tier 1
efavirenz tab (SUSTIVA equiv)		-	Tier 1
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equ	uiv) (QL= 1 tab/day)	QL	Tier 1
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO	equiv)	-	Tier 1
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; PrEP)	No deductible, coinsurance or other UM edits when used for PEP /	QL-RDX	Tier 1
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tab	os/day)	QL	Tier 1
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tab	os/day)	QL	Tier 1
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)		QL	Tier 1
amivudine soln (EPIVIR equiv) (QL= 960ml/30 days)		QL	Tier 1
amivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/da	ay)	QL	Tier 1
amivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/da	у)	QL	Tier 1
amivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 for PEP / PrEP)	2 tabs/day; No deductible, coinsurance or other UM edits when used	QL-RDX	Tier 1
,	nl/30 days; No deductible, coinsurance or other UM edits when used	QL-RDX	Tier 1
•	o deductible, coinsurance or other UM edits when used for PEP /	QL-RDX	Tier 1
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day; No PrEP)	o deductible, coinsurance or other UM edits when used for PEP /	QL-RDX	Tier 1
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 ta	bs/day)	QL	Tier 1
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 ta	bs/day)	QL	Tier 1
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab	o/day)	QL	Tier 1
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)		QL	Tier 1
ritonavir tab (NORVIR equiv) (QL= 12 tabs/day; No d	leductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1
stavudine cap (ZERIT equiv) (QL= 2 caps/day)		QL	Tier 1
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL used for PEP / PrEP)	= 1 tab/day; No deductible, coinsurance or other UM edits when	QL-RDX	Tier 1
cidovudine cap (RETROVIR equiv) (QL= 6 caps/day)		QL	Tier 1
ridovudine syrup (RETROVIR equiv) (QL= 1920ml/3	0 days)	QL	Tier 1
tidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)		QL	Tier 1
APTIVUS CAP (QL= 4 caps/day)		QL	Tier 2
APTIVUS SOLN (QL= 380ml/30 days)		QL	Tier 2
BIKTARVY TAB (QL= 1 tab/day)		QL	Tier 2
CIMDUO TAB		-	Tier 2
COMPLERA TAB (QL= 1 tab/day)		QL	Tier 2
CRIXIVAN CAP		-	Tier 2
DELSTRIGO TAB		_	Tier 2

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

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

DrugName	Last Opuated 6/1/2025	Special Code	Tier
	ANTIVIRALS Cont.		
DESCOVY TAB (QL= 1 tab/day; No deductible, coinsura	nce or other UM edits when used for PrEP)	QL-RDX	Tier 2
DIDANOSINE DR CAP (QL= 2 caps/day)	,	QL	Tier 2
DOVATO TAB (QL= 1 tab/day)		QL	Tier 2
EDURANT TAB (QL= 1 tab/day)		QL	Tier 2
EMTRIVA SOLN (QL= 850ml/30 days; No deductible, co	insurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
EVOTAZ TAB(QL= 1 tab/day)	,	QL	Tier 2
FUZEON INJ		-	Tier 2
GENVOYA TAB (QL= 1 tab/day)		QL	Tier 2
INTELENCE TAB (QL= 4 tabs/day)		QL	Tier 2
INTELENCE TAB 25MG (QL= 4 tabs/day)		QL	Tier 2
INVIRASE CAP (QL= 10 caps/day)		QL	Tier 2
INVIRASE TAB (QL= 4 tabs/day)		QL	Tier 2
* * * * * * * * * * * * * * * * * * * *	coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
	e, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
	deductible, coinsurance or other UM edits when used for PEP / PrEP	QL-RDX	Tier 2
JULUCA TAB (QL= 1 tab/day)	reductible, comparative of outer officials when accurate the first	QL	Tier 2
`	ole, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
, ,	ble, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
NEVIRAPINE ER TAB (QL= 3 tabs/day)	ine, comparatice of other own edits when used for the first fill	QL	Tier 2
NEVIRAPINE EIX IAB (QL= 3 tabs/day)		QL	Tier 2
, ,	rance or other LIM edite when used for DED / DrED)	QL-RDX	Tier 2
NORVIR CAP (QL= 12 caps/day; No deductible, coinsur		QL-RDX	Tier 2
· · · · · · · · · · · · · · · · · · ·	luctible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	
NORVIR SOLN (QL= 480ml/30 days; No deductible, coil	nsurance or other UM edits when used for PEP / PrEP)	QL-RDX QL	Tier 2 Tier 2
ODEFSEY TAB (QL= 1 tab/day)		QL -	
PIFELTRO TAB			Tier 2
PREZCOBIX TAB (QL= 1 tab/day)		QL	Tier 2
	oinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
PREZISTA TAB (QL= 1 tab/day)		QL	Tier 2
	coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
PREZISTA TAB 600MG (QL= 2 tabs/day)		QL	Tier 2
	coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
RESCRIPTOR TAB		-	Tier 2
REYATAZ POWDER PACK (QL= 5 packets/day)		QL	Tier 2
SELZENTRY SOLN (QL= 31ml/day)		QL	Tier 2
SELZENTRY TAB 150MG (QL= 2 tabs/day)		QL	Tier 2
SELZENTRY TAB 25MG (QL= 4 tabs/day)		QL	Tier 2
SELZENTRY TAB 300MG (QL= 4 tabs/day)		QL	Tier 2
SELZENTRY TAB 75MG (QL= 2 tabs/day)		QL	Tier 2
STRIBILD TAB (QL= 1 tab/day)		QL	Tier 2
SYMTUZA TAB		-	Tier 2
	, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
FIVICAY TAB (QL= 180 tabs/30 days; No deductible, coi	nsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
TRIUMEQ PD TAB (QL= 6 tabs/day)		QL	Tier 2
TRIUMEQ TAB (QL= 1 tab/day)		QL	Tier 2
TYBOST TAB		-	Tier 2
/IDEX SOLN (QL= 600ml/30 days)		QL	Tier 2
VIRACEPT TAB		-	Tier 2
Note: Unless otherwise specifically noted, all strengths and forms of the strengths are strengths.	products listed in the formulary are sourced		

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

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

DavidNome	Last Updated* 6/1/2025	0	T :
DrugName		Special Code	Tier
	ANTIVIRALS Cont.		
•	ance or other UM edits when used for PEP / PrEP)	RDX	Tier 2
	e, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
EDURANT PED TAB (QL= 6 tabs/day)		AMSP-QL	Tier 2
ANTIVIRAL COMBINATIONS			Specialty
		QL	Tier 2
PAXLOVID PAK (QL= 11 tabs/5 days)	aver 20 taba/fills Covered for mambers are 12 years or alder	QL	Tier 2
,	ays; 20 tabs/fill; Covered for members age 12 years or older)	QL QL	Tier 2
	ays; Covered for members age 12 years or older)	QL	Tier 2
CMV AGENTS	ays; 30 tabs/fill; Covered for members age 12 years or older)	QL	Hei Z
valganciclovir soln (VALCYTE equiv)			Tier 1
valganciclovir tab (VALCYTE equiv)		_	Tier 1
HEPATITIS AGENTS			
entecavir tab (BARACLUDE equiv) (QL= 1	tab/day)	QL	Tier 1
adefovir dipivoxil tab (HEPSERA equiv) (QL	• ,	AMSP-QL	Tier 1
aasistii alpitesiii taa (i.e. ee a teqait) (ae			Specialty
lamivudine tab 100mg (EPIVIR HBV equiv)	(QL= 1 tab/day)	AMSP-QL	Tier 1
			Specialty
MAVYRET PAK (QL= 5 packets/day)		AMSP-QL	Tier 1
			Specialty
MAVYRET TAB (QL= 3 tabs/day)		AMSP-QL	Tier 1
DIDAV/IDINI CAD		AMSP	Specialty
RIBAVIRIN CAP		AWSP	Tier 1
ribavirin cap (REBETOL equiv)		AMSP	Specialty Tier 1
ibaviiii sap (REBETSE squit)		,	Specialty
RIBAVIRIN TAB		AMSP	Tier 1
			Specialty
SOFOSBUVIR/VELPATASVIR TAB (QL= 1	tab/day)	AMSP-PA-QL	Tier 1
			Specialty
BARACLUDE SOLN (QL= 630ml/30 days)		AMSP-PA-QL	Tier 2
DAKLINZA TAB (Only available through Lu	micoro 955 947 3553)	LMSP-PA	Specialty Tier 2
DANCINZA IAD (Olliy avallable tillougii cu	micera 655-647-5555)	LIVIOI -I A	Specialty
EPIVIR HBV SOLN (QL= 720ml/30 days)		AMSP-QL	Tier 2
()			Specialty
OLYSIO CAP (Only available through Walg	reens 888-347-3416)	LD-PA	Tier 2
			Specialty
PEGASYS INJ		AMSP-PA	Tier 2
DECUNTED AN INTERCONDUCTION OF THE PROPERTY OF		LMCD DA	Specialty
PEG-INTRON INJ (Only available through	Lumicera 855-847-3553)	LMSP-PA	Tier 2
REBETOL SOLN		AMSP-PA	Specialty Tier 2
KEBE FOE GOEIN		7 100 177	Specialty
RIBAPAK TAB (Step Therapy requires trial	of ribavirin)	AMSP-ST	Tier 2
` ' ', '	,		Specialty
TECHNIVIE TAB (QL= 1 pack/28 days; On	ly available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2
			Specialty
TYZEKA TAB(Only available through Walg	reens 888-347-3416)	LD-PA	Tier 2
			Specialty
Note: Unless otherwise specifically noted all strength	ns and forms of products listed in the formulary are covered.		

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

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

DrugName		Last opuated of 1/2026		Special Code	Tier
		ANTIVIRALS Cont.			
VEMLIDY TAB (QL= 1 tab/day)				AMSP-QL	Tier 2 Specialty
VIEKIRA PAK TAB (QL= 4 tabs/day; Only available thro	ough	umicera 855-847-3553)		LMSP-PA-QL	Tier 2 Specialty
VIEKIRA XR TAB (QL= 3 tabs/day; Only available through	ugh L	umicera 855-847-3553)		LMSP-PA-QL	Tier 2 Specialty
VOSEVI TAB (QL= 1 tab/day)				AMSP-PA-QL	Tier 2
ZEPATIER TAB (QL= 1 tab/day)				AMSP-PA-QL	Tier 2 Specialty
HERPES AGENTS					
acyclovir cap (ZOVIRAX equiv)				-	Tier 1
acyclovir susp (ZOVIRAX equiv)				-	Tier 1
acyclovir tab (ZOVIRAX equiv)				-	Tier 1
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day	y)			QL	Tier 1
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day	y)			QL	Tier 1
famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill	l, 2 fills	s/month)		QL	Tier 1
valacyclovir tab (VALTREX equiv)		,		-	Tier 1
INFLUENZA AGENTS					
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/1	183 da	ve)		 QL	Tier 1
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/1		•		QL	Tier 1
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/1		• •		QL	Tier 1
oseltamivir cap / 3mg (TAMir Eo equiv) (QE= 20 caps/ i oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 day		ys)		QL	Tier 1
RIMANTADINE TAB	(5)			QL -	Tier 1
RELENZA DISKHALER(QL= 1 inhaler/fill, 1 fill/month)	١			- QL	Tier 2
)			QL	1161 2
MISC. ANTIVIRALS					
MOLNUPIRAVIR CAP (QL= 40 caps/fill)				QL	Preventiv
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 cap	os/fill; (QL	Tier 2
		ASSORTED CLASSE	S		
CHELATING AGENTS					
D-PENAMINE TAB IMMUNOMODULATORS				-	Tier 2
THALOMID CAP (QL= 2 caps/day; Only available through	ugh W	/algreens 888-347-3416)		LD-QL	Tier 2 Specialty
IMMUNOSUPPRESSIVE AGENTS					openan,
azathioprine tab (IMURAN equiv)				 -	Tier 1
cyclosporine modified cap (NEORAL equiv)				-	Tier 1
cyclosporine modified soln (NEORAL equiv)				<u>-</u>	Tier 1
mycophenolate DR tab (MYFORTIC equiv)				-	Tier 1
mycophenolate mofetil cap (CELLCEPT equiv)				-	Tier 1
mycophenolate mofetil susp (CELLCEPT SUSP equiv)				-	Tier 1
mycophenolate mofetil tab (CELLCEPT equiv)				_	Tier 1
tacrolimus cap (PROGRAF equiv)				-	Tier 1
cyclosporine cap (SANDIMMUNE equiv)				<u>_</u>	Tier 2
ENVARSUS XR TAB (Step therapy requires trial of tac	rolimi	s IP cansulas)		ŞT	Tier 2
· · · · · · · · · · · · · · · · · · ·	JUIIIIL	s IIX capsules)		-	Tier 2
sirolimus tab (RAPAMUNE equiv) Note: Unless otherwise specifically noted, all strengths and forms of	of produ	cts listed in the formulary are covered.		-	Hei Z
NO =Not Covered		ganaria zonali lettera		 PRANCE -CARITAL LETTERS	
NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program EX	XC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS Limited Distribution	
LMSP Lumicera Mandatory Specialty Pharmacy Program M		Medical Benefit	OTC	Over-the-Counter	
LIA Urior Authorization	L	Quantity Limit	RDX	Restricted to Diagnosis	
PA Prior Authorization QL SF Limited to two 15 day fills per month for first 3 months SM	MKG	Smoking Cessation	ST	Step Therapy	

DrugName		Last Updated* 6/1/2025		Special Code	Tie
		ASSORTED CLASSES Co	nt.		
POTASSIUM REMOVING RESINS					
odium polystyrene powder (KAYEXALATE equiv)				-	Tier 2
odium polystyrene susp (SPS equiv)				-	Tier 2
		BETA BLOCKERS			
ALPHA-BETA BLOCKERS					
abetalol tab (NORMODYNE equiv)				-	Tier 1
carvedilol phosphate ER cap (COREG CR equiv)				-	Tier 2
carvedilol tab (COREG equiv)				-	Value
BETA BLOCKERS CARDIO-SELECTIVE					
acebutolol cap (SECTRAL equiv)				-	Tier 1
petaxolol tab (KERLONE equiv)				-	Tier 1
oisoprolol tab (ZEBETA equiv)				-	Tier 1
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day)				QL	Tier 1
atenolol tab (TENORMIN equiv)				-	Value
netoprolol ER tab (TOPROL XL equiv)				-	Value
netoprolol tab (LOPRESSOR equiv)				-	Value
BETA BLOCKERS NON-SELECTIVE					
nadolol tab (CORGARD equiv)				-	Tier 1
pindolol tab (VISKEN equiv)				-	Tier 1
propranolol ER cap (INDERAL LA equiv)				-	Tier 1
propranolol oral soln				-	Tier 1
PROPRANOLOL SOLN				-	Tier 1
propranolol tab (INDERAL equiv)				-	Tier 1
sotalol AF tab (BETAPACE AF equiv)				-	Tier 1
sotalol tab (BETAPACE equiv)				-	Tier 1
imolol maleate tab (BLOCADREN equiv)				-	Tier 1
ALL ED OF NIO EVED A OF O		BIOLOGICALS MISC			
ALLERGENIC EXTRACTS				01	T 0
GRASTEK SL TAB (QL= 30 tabs/30 days)				QL	Tier 2
ORALAIR SL TAB (QL= 30 tabs/30 days)				QL	Tier 2
RAGWITEK SL TAB (QL= 30 tabs/30 days)				QL	Tier 2
	C	ALCIUM CHANNEL BLOCI	KERS		
CALCIUM CHANNEL BLOCKERS					
diltiazem ER cap (CARDIZEM CD equiv)				-	Tier 1
filtiazem ER cap (CARDIZEM SR equiv)				-	Tier 1
filtiazem ER cap (DILACOR XR equiv)				-	Tier 1
liltiazem ER cap (TIAZAC equiv)				-	Tier 1
filtiazem ER tab (CARDIZEM LA equiv)				-	Tier 1
diltiazem tab (CARDIZEM equiv)				-	Tier 1
elodipine ER tab (PLENDIL equiv)				-	Tier 1
sradipine cap (DYNACIRC equiv)				-	Tier 1
nicardipine cap (CARDENE equiv)				-	Tier 1
ifedipine cap (PROCARDIA equiv)				-	Tier 1
ifedipine ER tab (ADALAT CC equiv)				-	Tier 1
erapamil SR tab (CALAN SR, ISOPTIN SR equiv)				-	Tier 1
Note: Unless otherwise specifically noted, all strengths and forms	s of prod	ucts listed in the formulary are covered.			
				BRANDS =CAPITAL LETTERS	
NC =Not Covered		generic =small letters			
AMSP Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution	
AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program	EXC M QL		LD OTC RDX		

Last Updated* 6/1/2025	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
	-	Tier 1
	-	Tier 2
	-	Tier 2
rapy requires trial of verapamil ER tab (generic Calan))	ST	Tier 2
17 1 1 0 - 11	-	Value
CARDIOTONICS		
	-	Tier 1
ab/day)	QL	Tier 1
	-	Tier 2
CARDIOVASCULAR AGENTS - MISC.		
C COMBINATIONS		
equiv) (QL= 6 tabs/day)	QL	Tier 1
QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a	QL-ST	Tier 2
· · · · · · · · · · · · · · · · · · ·		
		Tier 2
	QL	Tier 2
	QL	Tier 1
	QL	Tier 2
5		
Only available through Accredo 888-773-7376)	LD-PA	Tier 1
h	LD DA	Specialty
nly available through Accredo 888-773-7376)	LD-PA	Tier 1
Only available through Accredo 888-773-7376)	I D-PA	Specialty Tier 1
only available throught tooleds ode 110 totol		Specialty
nly available through Accredo 888-773-7376)	LD-PA	Tier 1
,		Specialty
redo 888-773-7376)	LD-PA	Tier 2
		Specialty
4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2
artridges/deva Only excitable through Approde 200 202 2522	I D DA OI	Specialty
arthuges/day, Offiy available tiffough Accredo 600-603-2525)	LD-I A-QL	Tier 2 Specialty
artridges/day: Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2
		Specialty
r; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2
		Specialty
available through Accredo 800-803-2523)	LD-PA-QL	Tier 2
	1000	Specialty
nly available through Accredo 800-803-2523)	LD-PA-QL	Tier 2
NDOTHELIN RECEPTOR ANTAGONISTS		Specialty
day)	AMSP-PA-QL	Tier 1
12()	AMOE-FA-CH	
	CALCIUM CHANNEL BLOCKERS Cont. rapy requires trial of verapamil ER tab (generic Calan)) CARDIOTONICS ab/day) CARDIOVASCULAR AGENTS - MISC. C COMBINATIONS quiv) (QL= 6 tabs/day) RL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a symptomic and a complete through accredo 888-773-7376) Replay available through Accredo 888-773-7376) Poly available through Accredo 888-773-7376) Replay available through Accredo 800-803-2523) Replay available through Accredo 800-803-2523)	CALCIUM CHANNEL BLOCKERS Cont.

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

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

Last Updated* 6/1/2025		
DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Co	ont.	
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialt
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		Spoonan.
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Tier 1
adalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Tier 1
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Tier 1 Specialt
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		Speciali
JPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2
SINUS NODE INHIBITORS		Specialty
ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days)	PA-QL	Tier 1
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	Tier 1
pefadroxil susp (DURICEF equiv)	-	Tier 1
refadroxil tab (DURICEF equiv)	-	Tier 1
rephalexin cap (KEFLEX equiv)	-	Tier 1
pephalexin susp (KEFLEX equiv)	-	Tier 1
pephalexin tab	-	Tier 1
cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephale	exin 500ma QL-ST	Tier 2
tab/cap)		
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	Tier 1
cefprozil tab (CEFZIL equiv)	-	Tier 1
cefuroxime tab (CEFTIN equiv)	-	Tier 1
CEPHALOSPORINS - 3RD GENERATION		
pefdinir cap (OMNICEF equiv)	-	Tier 1
pefdinir susp (OMNICEF equiv)	-	Tier 1
pefixime cap (SUPRAX equiv)	-	Tier 1
pefixime susp (SUPRAX equiv)	-	Tier 1
CEFPODOXIME PROXETIL SUSP	-	Tier 1
cefpodoxime proxetil tab (VANTIN equiv)	-	Tier 1
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	Preventi e
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	•	Preventi
BALCOLTRA TAB	-	e Preventi
BEYAZ TAB	-	e Preventi
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		е
NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LD	BRANDS = CAPITAL LETTERS Limited Distribution	
LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit OTC		
	Restricted to Diagnosis	
PA Prior Authorization QL Quantity Limit RDX SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation ST	Step Therapy	

DrugName	Edot opudtod of 1/2020	Special Code	Tier
	CONTRACEPTIVES Cont.		
cryselle tab		-	Preventiv e
drospirenone/ethinyl estradiol/levomefolate tab (Bl	EYAZ equiv)	-	Preventiv e
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOM	IEFOLATE TAB, SAFYRAL TAB	-	Preventiv
enpresse tab (TRI-LEVELEN equiv)		-	e Preventiv
FALESSA KIT		-	e Preventiv
FEMLYV TAB (QL= 28 tabs/24 days)		QL	e Preventiv
gianvi tab, ocella tab (YASMIN, YAZ equiv)		-	e Preventiv
isibloom tab, enskyce tab, apri tab (DESOGEN eq	uiv)	<u>-</u>	e Preventiv
junel FE tab (LOESTRIN FE equiv)		-	e Preventiv
junel tab (LOESTRIN equiv)		<u>-</u>	e Preventiv
kelnor tab (DEMULEN equiv)		-	e Preventiv
layolis FE tab, wymzya FE tab (FEMCON FE equi	v)	<u>-</u>	e Preventiv
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTR	A equiv)	-	e Preventiv
LO LOESTRIN TAB		<u>-</u>	e Preventiv
mibelas chew tab (MINASTRIN equiv)		-	e Preventiv
NATAZIA TAB		<u>-</u>	e Preventiv
NEXTSTELLIS TAB (QL= 28 tabs/24 days)		QL	e Preventiv
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20	mcg (24) (TAYTULLA equiv)	<u>-</u>	e Preventiv
norethindrone/ethinyl estradiol 21 tab (LOESTRIN	21 equiv)	-	e Preventiv
norethindrone/ethinyl estradiol FE tab (LOESTRIN	FE equiv)	<u>-</u>	e Preventiv
norethindrone/ethinyl estradiol tab (LOESTRIN eq	uiv)	-	e Preventiv
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL	. equiv)	<u>-</u>	e Preventiv
nortrel tab (OVCON 35 equiv)		-	e Preventiv
SEASONIQUE TAB		<u>-</u>	e Preventiv
sprintec 28 tab (ORTHO-CYCLEN equiv)		-	e Preventiv
tri-legest tab (ESTROSTEP FE equiv)		-	e Preventiv
Note: Unless otherwise specifically noted, all strengths and for	orms of products listed in the formulary are covered.		е

generic =small letters Plan Exclusion **BRANDS** = CAPITAL LETTERS Limited Distribution AMSP Ardon Mandatory Specialty Pharmacy Program EXC LD LMSP Lumicera Mandatory Specialty Pharmacy Program М Medical Benefit OTC Over-the-Counter PA Prior Authorization ΩL Quantity Limit RDX Restricted to Diagnosis 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.

NC =Not Covered

DrugName	Last Updated* 6/1/2025			Special Code	Tier
	CONTRACEPTIVES Co	nt.		•	
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)				-	Preventiv e
TYBLUME TAB				-	Preventiv e
VELIVET PAK				-	Preventiv
velivet tab (CYCLESSA equiv)				-	e Preventiv
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)				-	e Preventiv
viorele tab, kariva tab (MIRCETTE equiv)				-	e Preventiv
YASMIN TAB				-	e Preventiv
YAZ TAB				-	e Preventiv
COMBINATION CONTRACEPTIVES - TI	RANSDERMAL				е
TWIRLA PATCH				-	Preventiv e
zafemy patch (XULANE equiv)				-	Preventiv
COMBINATION CONTRACEPTIVES - VA	AGINAL				e
ANNOVERA RING				-	Preventiv e
eluryng vaginal ring (NUVARING equiv)				-	Preventiv e
NUVARING				-	Preventiv e
COPPER CONTRACEPTIVES - IUD					
PARAGARD IUD				-	Preventiv e
ELLA TAB				-	Preventiv
					е
levonorgestrel tab (PLAN B equiv)				OTC	Preventiv e
PLAN B TAB				OTC	Preventiv e
PROGESTIN CONTRACEPTIVES - IMPI	LANTS				
IMPLANON IMPLANT, NEXPLANON IMPLANT				-	Preventiv e
NEXPLANON IMPLANT				-	Preventiv
PROGESTIN CONTRACEPTIVES - INJE	ECTABLE				е
DEPO-PROVERA INJ (QL= 1 inj/84 days)				QL	Preventiv
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 day	s)			QL	e Preventiv
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)			QL	e Preventiv
Note: Unless otherwise specifically noted, all strengths and form					е
NC =Not Covered	gonovio marvall lattere		BRANDS =CAPITA	U LETTED?	
AMSP Ardon Mandatory Specialty Pharmacy Program	generic =small letters EXC Plan Exclusion Modical Pagefit	LD OTC	Limited Distribution	AL LUTTERO	
LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization	M Medical Benefit QL Quantity Limit	RDX	Over-the-Counter Restricted to Diagno	osis	
SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	SMKG Smoking Cessation	ST	Step Therapy		

Last Updated* 6/1/2025 DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		_
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD	-	Preventi
		е
MIRENA IUD	-	Preventi
SKYLA IUD		e Dravanti
SKILAIUD	_	Preventi ^o
PROGESTIN CONTRACEPTIVES - ORAL		G
norethindrone tab (NORA-QD equiv)	-	Preventi
		е
OPILL TAB	-	Preventi
		е
SLYND TAB	-	Preventi
		е
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
oudesonide SR cap (ENTOCORT EC equiv)	-	Tier 1
dexamethasone elixir	-	Tier 1
dexamethasone pak (DEXPAK equiv)	-	Tier 1
dexamethasone tab (DEXAMETHASONE equiv)	-	Tier 1
nydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv)	-	Tier 1
nydrocortisone tab (CORTEF equiv)	-	Tier 1
methylprednisolone dose pack (MEDROL equiv)	-	Tier 1
methylprednisolone tab (MEDROL equiv)	-	Tier 1
prednisolone soln	-	Tier 1
prednisolone soln (PEDIAPRED equiv)	-	Tier 1
prednisone pack	-	Tier 1
PREDNISONE SOLN	-	Tier 1
prednisone tab (DELTASONE equiv)	-	Tier 1
budesonide ER tab (UCERIS equiv)	-	Tier 2
CORTISONE ACETATE TAB	-	Tier 2
DEXAMETHASONE CONC	-	Tier 2
DEXAMETHASONE SOLN	-	Tier 2
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Tier 2
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Tier 2
EOHILIA SUS 2MG/10ML (Step therapy requires trial of budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0))	RDX-ST	Tier 2
prednisolone ODT (ORAPRED equiv) (Step therapy requires trial of two of the following: prednisolone oral soln,	ST	Tier 2
methylprednisolone, prednisone tab/soln)		
PREDNISOLONE SOLN	-	Tier 2
orednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, orednisone tab/soln)	ST	Tier 2
SOLU-CORTEF INJ	-	Tier 2
deflazacort susp (EMFLAZA equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 2 Specialty
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Tier 2
MINERALOCORTICOIDS		Specialty

ı		NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS
ı	AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
ı	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
ı	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
ı	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
ı	VAC	Vaccine Program				
- 1						

DrugName	Last Opuated 6/1/2025	Special Code	Tie
	CORTICOSTEROIDS Cont.		
udrocortisone tab (FLORINEF equiv)		-	Tier 1
ANTITUSSIVES	COUGH/COLD/ALLERGY		
ENZONATATE CAP (QL= 3 caps/day)		QL	Tier 1
enzonatate cap (TESSALON equiv)		QL	Tier 1
ydrocodone/homatropine syrup (HYCODAN equiv)		-	Tier 1
ussigon tab (HYCODAN equiv)		-	Tier 1
COUGH/COLD/ALLERGY COMBINATIONS		-	ilei i
ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days)		QL	Tier 1
old/allergy elx children (QL= 2400ml/30 days)		QL	Tier 1
juaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (C	OI = 240ml/fill 2 fills/month)	OTC-QL	Tier 1
HYD POL/CPM SUSP (QL= 10ml/day)	<u>. </u>	QL	Tier 1
nydrocodone/chlorpheniramine CR susp (TUSSIONEX equ	iv)	-	Tier 1
puprofen tab cold/sinus (QL= 240 tabs/30 days)	,	QL	Tier 1
ORTUSS EX LIQUID (QL= 1200ml/30 days)		QL	Tier 1
promethazine DM syrup		- -	Tier 1
PROMETHAZINE VC SYRUP (QL= 30ml/day)		- QL	Tier 1
promethazine VC syrup (PHENERGAN VC equiv)		QL	Tier 1
PROMETHAZINE VC/CODEINE SYRUP		- -	Tier 1
romethazine VC/codeine syrup (PHENERGAN VC/CODEI	NE oquiv\	•	Tier 1
promethazine/codeine syrup (PHENERGAN/CODEINE equ		- -	Tier 1
, , ,	•	- QL	Tier 1
riprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/da	ў)	OTC-QL	Tier 1
rispec pse liquid (QL= 1200ml/30 days)		QL	Tier 1
ussin cf liquid (QL= 1200ml/30 days)		QL	Tier 2
ACTINEL LIQUID (QL= 1200ml/30 days)		QL QL	Tier 2
CAPMIST DM TAB (QL= 4 tabs/day)		QL QL	
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	4L \	OTC-QL	Tier 2
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/m	ontn)		Tier 2
ORTUSS LIQUID (QL= 1200ml/30 days)		QL	Tier 2
MAR-COF CG LIQUID (QL= 473ml/month)		QL	Tier 2
M-END DMX LIQUID (QL= 1800ml/30 days)		QL	Tier 2
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)		QL	Tier 2
STAHIST AD TAB 25-60MG (QL= 4 tabs/day) EXPECTORANTS		QL	Tier 2
potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days		QL	Tier 1
MISC. RESPIRATORY INHALANTS	1		
odium chloride neb soln (HYPER-SAL equiv)		-	Tier 1
MUCOLYTICS			
acetylcysteine soln (MUCOMYST equiv)		-	Tier 1
ACNE PRODUCTS	DERMATOLOGICALS		
ACNE PRODUCTS		Ol	Tion 4
dapalene cream (DIFFERIN equiv) (QL= 360g/30 days)		QL OL	Tier 1
dapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)		QL	Tier 1
lindamycin gel (CLEOCIN GEL equiv)		-	Tier 1
lindamycin lotion (CLEOCIN- T equiv)		-	Tier 1
Note: Unless otherwise specifically noted, all strengths and forms of pro-	ducts listed in the formulary are covered.		
NC =Not Covered	generic =small letters E	BRANDS = CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program EXC	Plan Exclusion LD L	imited Distribution	

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.

Medical Benefit

Quantity Limit

Smoking Cessation

М

ΩL

LMSP

VAC

PA

Prior Authorization

Vaccine Program

Lumicera Mandatory Specialty Pharmacy Program

Limited to two 15 day fills per month for first 3 months SMKG

OTC

RDX

ST

Over-the-Counter

Step Therapy

Restricted to Diagnosis

DrugName	Last Opdated* 6/1/2025	Special Code	Tie
	DERMATOLOGICALS Cont.		_
clindamycin pad (CLEOCIN-T equiv)		-	Tier 1
clindamycin topical soln (CLEOCIN-T equiv)		-	Tier 1
ERY PAD		-	Tier 1
erythromycin gel		-	Tier 1
erythromycin pad		-	Tier 1
erythromycin soln		-	Tier 1
sodium sulfacetamide lotion (KLARON equiv)		-	Tier 1
tretinoin cream (RETIN-A CREAM equiv)		-	Tier 1
tretinoin gel (RETIN-A GEL equiv)		-	Tier 1
amnesteem cap, claravis cap, isotretinoin cap, myorisa	an cap, zenatane cap (ACCUTANE equiv)	-	Tier 2
	s; Step Therapy requires clindamycin gel/solution/lotion/swab OR	QL-ST	Tier 2
erythromycin gel/soln)	ys, otop merapy requires clinically city gensolution hotorins was one		
	days; Step Therapy requires trial of 1: adapalene or tretinoin, AND	QL-ST	Tier 2
trial of 1: clindamycin or erythromycin)			
	ep Therapy requires clindamycin gel/solution/lotion/swab OR	QL-ST	Tier 2
erythromycin gel/soln)			
tretinoin gel (QL= 300g/30 days; Step Therapy require	es trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Tier 2
ANTIBIOTICS - TOPICAL			
gentamicin sulfate cream		-	Tier 1
gentamicin sulfate oint		-	Tier 1
mupirocin cream (BACTROBAN CREAM equiv)		-	Tier 1
mupirocin oint (BACTROBAN OINT equiv)		-	Tier 1
ANTIFUNGALS - TOPICAL			
ciclopirox cream (LOPROX CREAM equiv)		-	Tier 1
ciclopirox gel (LOPROX GEL equiv)		-	Tier 1
ciclopirox nail soln (PENLAC SOLN equiv)		-	Tier 1
ciclopirox shampoo (LOPROX SHAMPOO equiv)		-	Tier 1
ciclopirox topical susp (LOPROX SUSP equiv)		-	Tier 1
clotrimazole cream (LOTRIMIN AF CREAM equiv)		-	Tier 1
clotrimazole/betamethasone cream (LORTRISONE CF	REAM equiv)	-	Tier 1
CLOTRIMAZOLE/BETAMETHASONE LOTION		-	Tier 1
clotrimazole/betamethasone lotion (LOTRISONE LOT	ION equiv)	-	Tier 1
econazole cream (SPECTAZOLE equiv)		-	Tier 1
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)		-	Tier 1
ketoconazole cream (NIZORAL CREAM equiv)		-	Tier 1
ketoconazole shampoo		-	Tier 1
nizoral a-d shampoo (NIZORAL equiv)		OTC	Tier 1
nystatin cream (MYCOSTATIN CREAM equiv)		-	Tier 1
nystatin oint		-	Tier 1
nystatin topical powder		-	Tier 1
nystatin/triamcinolone cream		-	Tier 1
nystatin/triamcinolone oint		-	Tier 1
odoquinol/hydrocortisone cream 1.9-1% (VYTONE eq	(viur	-	Tier 2
ketoconazole foam 2% (EXTINA equiv)	1 /	-	Tier 2
	Step therapy requires trial of 2 preferred topical antifungal products)	QL-ST	Tier 2
NAFTIFINE CREAM 1%	2.2	- QL-01	Tier 2
naftifine gel (NAFTIN equiv)		-	Tier 2
manufacture of the control of the co			1101 2
Note: Unlock athornics enskipped by noted all strangths and forms	at products listed in the formulary are covered		

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

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

DERMATOLOGICALS Cont.

Special Code

Tier

DrugName

DEMINATOR CONT.		
naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econaz	cole nitrate QL-ST	Tier 2
cream, ketoconazole cream)		Tion 0
oxiconazole nitrate cream (OXISTAT equiv)	- ean or ST	Tier 2 Tier 2
tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole c terbinafine tab)	cap or 31	Hei Z
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac sodium soln 2% (Step therapy requires trial of of diclofenac 1.5% soln)	ST	Tier 2
diclofenac soln 1.5% (PENNSAID equiv)	-	Tier 2
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Tier 1
fluorouracil cream (EFUDEX CREAM equiv)	- -	Tier 1
fluorouracil soln (FLUOROURACIL equiv)	<u>-</u>	Tier 1
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Tier 1
soldiolono gor (mitorial initoquit) (Q2 oogroo dayo)		Specialty
FLUOROURACIL SOLN	-	Tier 2
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2
		Specialty
ANTIPRURITICS - TOPICAL		
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Tier 2
ANTIPSORIATICS		
calcipotriene cream (DOVONEX CREAM equiv)	-	Tier 1
calcipotriene oint	-	Tier 1
CALCIPOTRIENE SOLN	-	Tier 1
calcipotriene soln (DOVONEX SOLN equiv)	-	Tier 1
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Tier 1
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Tier 1
acitretin cap (SORIATANE equiv) (Step Therapy requires trial of calcipotriene (cream/oint/soln), tazarotene tacro oint)	0.1 cream, or ST	Tier 2
tazarotene cream 0.05% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene tazarotene 0.1% cream, 0.05% gel)	e, tretinoin, QL-ST	Tier 2
tazarotene gel (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, 0.1% cream)	tazarotene QL-ST	Tier 2
tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tret tazarotene 0.1% cream)	tinoin, QL-ST	Tier 2
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2
		Specialty
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Tier 2 Specialty
COSENTYX INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Tier 2
ooolin in the common and the common		Specialty
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2
		Specialty
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2
		Specialty
TREMFYA INJ (QL= 1ml/56 days)	AMSP-PA-QL	Tier 2
TREMEVA IN L. (OL = 2ml/29 daya)	AMSP-PA-QL	Specialty
TREMFYA INJ (QL= 2ml/28 days)	AMOF-FA-QL	Tier 2 Specialty
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
NC =Not Covered generic =small letters	BRANDS = CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LD	Limited Distribution	
LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit OTC		
PA Prior Authorization QL Quantity Limit RDX SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation ST	K Restricted to Diagnosis Step Therapy	

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Smoking Cessation

Limited to two 15 day fills per month for first 3 months SMKG

VAC

Vaccine Program

ST

Step Therapy

DrugName		Lust opuated 6/1/2025	Special Code	Tier
		DERMATOLOGICALS Cont.		
ANTISEBORRHEIC PRODUCTS				
selenium sulfide lotion			-	Tier 1
selenium sulfide shampoo (SELSEB equiv)			-	Tier 1
ANTIVIRALS - TOPICAL				
acyclovir oint (ZOVIRAX OINT equiv)			-	Tier 1
acyclovir cream (ZOVIRAX equiv)			-	Tier 2
penciclovir cream (DENAVIR equiv) (QL= 5 gram	s/30 days;	Step therapy requires trial of 2: VALACYCLOVIR I	HCL TAB, QL-ST	Tier 2
FAMCICLOVIR TAB, ACYCLOVIR TAB)	-			
BURN PRODUCTS				
silver sulfadiazine cream (SILVADENE CREAM e	quiv)		-	Tier 1
SULFAMYLON CREAM			-	Tier 2
CAUTERIZING AGENTS				
silver nitrate soln			-	Tier 1
SILVER NITRATE SOLN			-	Tier 2
CORTICOSTEROIDS - TOPICAL				
alclometasone cream (ACLOVATE equiv)			-	Tier 1
ALCLOMETASONE OINT			-	Tier 1
alclometasone oint (ACLOVATE OINT equiv)			-	Tier 1
AMCINONIDE CREAM 0.1%			-	Tier 1
BETAMETH VALERATE LOTION			-	Tier 1
petamethasone augmented cream (DIPROLENE	AF CREAI	/ equiv)	-	Tier 1
BETAMETHASONE AUGMENTED GEL			-	Tier 1
petamethasone augmented lotion (DIPROLENE L	OTION ed	uiv)	-	Tier 1
petamethasone augmented oint (DIPROLENE OI		,	-	Tier 1
petamethasone diproprionate cream (DIPROSON		equiv)	-	Tier 1
petamethasone diproprionate lotion		1 /	-	Tier 1
petamethasone diproprionate oint (DIPROSONE	OINT equi	v)	-	Tier 1
petamethasone valerate cream		,	-	Tier 1
petamethasone valerate lotion			-	Tier 1
petamethasone valerate oint			-	Tier 1
clobetasol foam (OLUX equiv)			-	Tier 1
clobetasol lotion (CLOBEX equiv)			-	Tier 1
clobetasol propionate cream (TEMOVATE equiv)			-	Tier 1
clobetasol propionate emollient cream (TEMOVA	E E equiv		-	Tier 1
clobetasol propionate gel (TEMOVATE GEL equiv			-	Tier 1
clobetasol propionate oint (TEMOVATE equiv)	,		-	Tier 1
clobetasol propionate soln (TEMOVATE equiv)			-	Tier 1
clobetasol shampoo (CLOBEX equiv)			-	Tier 1
clobetasol spray (CLOBEX equiv)			-	Tier 1
dermawerx pak (DERMACINRX KIT equiv) (QL=	1 kit/30 da	/s)	QL	Tier 1
desonide cream		,	-	Tier 1
desonide lotion			-	Tier 1
lesonide oint			-	Tier 1
lesoximetasone cream (TOPICORT CREAM equ	iv)		-	Tier 1
esoximetasone gel (TOPICORT equiv)			-	Tier 1
desoximetasone oint (TOPICORT equiv)			-	Tier 1
Note: Unless otherwise specifically noted, all strengths and	orms of proc	ucts listed in the formulary are covered.		
NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program	EXC	generic =small letters Plan Exclusion LD	BRANDS =CAPITAL LETTERS Limited Distribution	
LMSP Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit OTC	Over-the-Counter	
PA Prior Authorization SF Limited to two 15 day fills per month for first 3 mont	QL is SMKG	Quantity Limit RDX Smoking Cessation ST	Restricted to Diagnosis Step Therapy	

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VAC

Vaccine Program

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
fluocinolone acetonide cream	-	Tier 1
fluocinolone acetonide oil	-	Tier 1
fluocinolone acetonide oint	-	Tier 1
fluocinolone acetonide soln	-	Tier 1
luocinonide cream 0.05% (LIDEX equiv)	-	Tier 1
fluocinonide emollient cream	-	Tier 1
luocinonide gel	-	Tier 1
luocinonide oint	-	Tier 1
luocinonide soln	-	Tier 1
fluticasone propionate cream (CUTIVATE equiv)	-	Tier 1
fluticasone propionate oint (CUTIVATE equiv)	-	Tier 1
nalobetasol propionate cream (ULTRAVATE equiv)	-	Tier 1
nalobetasol propionate oint (ULTRAVATE equiv)	-	Tier 1
nalonate pac kit (ULTRAVATE KIT equiv)	-	Tier 1
HC BUTYRATE CREAM	-	Tier 1
nydrocortisone butyrate cream (LOCOID equiv)	-	Tier 1
nydrocortisone butyrate lipocream (LOCOID equiv)	-	Tier 1
HYDROCORTISONE BUTYRATE OINT	-	Tier 1
nydrocortisone butyrate oint (LOCOID equiv)	-	Tier 1
nydrocortisone butyrate soln (LOCOID equiv)	-	Tier 1
nydrocortisone cream (PROCTOCORT equiv)	-	Tier 1
nydrocortisone lotion (HYTONE equiv)	-	Tier 1
nydrocortisone oint	-	Tier 1
hydrocortisone valerate cream	-	Tier 1
nydrocortisone valerate oint (WESTCORT equiv)	-	Tier 1
LOCOID LIPOCREAM	-	Tier 1
mometasone cream (ELOCON equiv)	-	Tier 1
mometasone oint (ELOCON equiv)	-	Tier 1
mometasone soln (ELOCON equiv)	-	Tier 1
paramox hc gel (NOVACORT GEL equiv)	-	Tier 1
riamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Tier 1
riamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Tier 1
riamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Tier 1
riamcinolone cream	-	Tier 1
riamcinolone lotion	-	Tier 1
AMCINONIDE LOTION	-	Tier 2
amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Tier 2
betamethasone augmented gel (QL= 200 gm/30 days; ST req trial of 2 high potency steroids: betameth- (oint, crm, lot),	QL-ST	Tier 2
clobet-, halobet-, or fluocin-)		Tior 2
petamethasone valerate foam (LUXIQ FOAM equiv) calcipotriene/betamethasone oint (TACLONEX equiv)	-	Tier 2 Tier 2
	- QL-ST	
calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/ BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)		Tier 2
clobetasol E foam (OLUX E equiv)	- OL CT	Tier 2
clocortolone pivalate cream (CLOCORTOLONE equiv) (QL= 1 tube/30 days; Step therapy requires trial of one preferred copical steroid)	QL-ST	Tier 2
desonate gel	-	Tier 2

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

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

DrugName Last Updated* 6/1/2025	Special Code	Tier
DERMATOLOGICALS Cont.		
DESONIDE GEL	-	Tier 2
desoximetasone spray 0.25% (TOPICORT equiv)	-	Tier 2
diflorasone oint	-	Tier 2
fluocinonide cream 0.1%	-	Tier 2
flurandrenolide cream (CORDRAN equiv)	-	Tier 2
flurandrenolide oint (CORDRAN equiv)	-	Tier 2
FLUTICASONE LOTION (ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%))	ST	Tier 2
fluticasone propionate lotion (CUTIVATE equiv)	-	Tier 2
nalcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Tier 2
halobetasol propionate foam (QL= 50g/30 days; ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol cream/oint))	QL-ST	Tier 2
HC BUTYRATE SOLN	-	Tier 2
hydrocortisone lotion (LOCOID equiv)	-	Tier 2
MICORT-HC CREAM	-	Tier 2
PRAMOSONE CREAM 1-1%	-	Tier 2
PRAMOSONE E CREAM	-	Tier 2
PREDNICARBATE CREAM	-	Tier 2
PREDNICARBATE OIN	-	Tier 2
triamcinolone acetonide oint (TRIANEX equiv) (Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%)	ST	Tier 2
TRIAMCINOLONE SPRAY (QL= 450gm/30 days; Req trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint)	QL-ST	Tier 2
triamcinolone spray (KENALOG equiv) ECZEMA AGENTS	QL-ST	Tier 2
OPZELURA CREAM (QL= 120 grams/28 days)	PA-QL	Tier 2
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Tier 2 Specialty
EMOLLIENT/KERATOLYTIC AGENTS		T: 0
umecta mouss aer (HYDRO 40 equiv)	-	Tier 2
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	Tier 1
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Tier 1
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	Tier 2
IMMUNOMODULATING AGENTS - TOPICAL		
miquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Tier 1
imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream,	QL-ST	Tier 2
podophyllum resin, fluorouracil cream or topical solution) IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	Tier 1
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	Tier 2
KERATOLYTIC/ANTIMITOTIC AGENTS		

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

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

Last Updated* 6/1/2025	On a sial Cords	T:
DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		,
podofilox soln (CONDYLOX equiv)	-	Tier 1
salicylic acid shampoo (SALEX equiv)	-	Tier 1
PODOCON SOLN	- QL-ST	Tier 2
podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)		Tier 2
PODOFILOX SOLN (QL= 0.5ml/day)	QL	Tier 2
salicylic acid aerosol LOCAL ANESTHETICS - TOPICAL	-	Tier 2
		T: 4
lidocaine gel (GLYDO equiv)	-	Tier 1
lidocaine oint (QL= 8gm/day)	QL	Tier 1
lidocaine soln (XYLOCAINE equiv)	-	Tier 1
lidocaine/prilocaine cream (EMLA equiv)	-	Tier 1
lidocaine cream 3% (LIDAMANTLE equiv)	-	Tier 2
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	Tier 2
lidocaine lotion	-	Tier 2
MISC. TOPICAL		Tian 0
DRYSOL SOLN	-	Tier 2
ROSACEA AGENTS	01	T: 4
azelaic acid gel (FINACEA equiv) (QL= 300g/30 days)	QL	Tier 1
metronidazole cream (METROCREAM equiv)	-	Tier 1
metronidazole lotion (METROLOTION equiv)	-	Tier 1
brimonidine tartrate gel (MIRVASO equiv) (QL= 60 grams/30 days; ST req trial of azelaic acid gel and metronidaz topical)		Tier 2
doxycycline (rosacea) cap delayed release (ORACEA equiv) (QL= 1 cap/day; Step Therapy requires trial of doxyc monohydrate)		Tier 2
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and to metronidazole)	opical QL-ST	Tier 2
metronidazole gel (METROGEL equiv)	-	Tier 2
SCABICIDES & PEDICULICIDES		
malathion lotion (OVIDE equiv)	-	Tier 1
permethrin cream (ELIMITE CREAM equiv)	-	Tier 1
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Tier 2
WOUND CARE PRODUCTS		
cicatrace kit (REXASIL equiv)	-	Tier 2
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	Tier 2
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
DIAGNOSTIC TESTS	3.5 4	
	QL	Dravanti
COVID-19 TEST (QL= 2 tests/30 days)	QL	Preventiv e
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Tier 1
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
	BRANDS =CAPITAL LETTERS Limited Distribution	
	Over-the-Counter	
	Restricted to Diagnosis	
· · · · · · · · · · · · · · · · · · ·	Step Therapy	

DrugName	Last Opdated* 6/1/2025	Special Code	Tier
	DIAGNOSTIC PRODUCTS Cont.		
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
FREESTYLE TEST STRIP (QL= 300 test strips	s/30 days)	OTC-QL	Tier 1
FREESTYLE TEST STRIPS (QL= 300 strips/30	O days)	QL	Tier 1
PRECISION XTRA TEST STRIP (QL= 300 test	strips/30 days)	OTC-QL	Tier 1
	DIGESTIVE AIDS		
DIGESTIVE ENZYMES			
CREON CAP	DUDETION	-	Tier 2
CARBONIC ANHYDRASE INHIBITO	DIURETICS		
acetazolamide ER cap (DIAMOX SEQUEL equi			Tier 1
acetazolamide tab	•,	-	Tier 1
dichlorphenamide tab (KEVEYIS equiv) (QL= 4	tabs/day)	AMSP-PA-QL	Tier 1
((Specialty
ormalvi tab 50mg (QL= 4 tabs/day; Only availa	ble through LeMed 347-913-4656 or Vanscoy 855-826-7269)	LD-PA-QL	Tier 1
# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OT	Specialty
methazolamide tab (NEPTAZANE equiv) (Step	Therapy requires trial of acetazolamide)	ST	Tier 2
DIURETIC COMBINATIONS			
AMILORIDE/HCTZ TAB		•	Tier 1
amiloride/hydrochlorothiazide tab (MODURETIC	. ,	-	Tier 1
spironolactone/hydrochlorothiazide tab (ALDAC		-	Tier 1
triamterene/hydrochlorothiazide cap (DYAZIDE	• •	-	Tier 1
triamterene/hydrochlorothiazide tab (MAXZIDE	equiv)	-	Tier 1
LOOP DIURETICS			
bumetanide tab (BUMEX equiv)		-	Tier 1
torsemide tab (DEMADEX equiv)		-	Tier 1
ethacrynic tab (EDECRIN equiv)		-	Tier 2
FUROSEMIDE SOLN		-	Value
furosemide soln (LASIX equiv)		-	Value
furosemide tab (LASIX equiv)		•	Value
POTASSIUM SPARING DIURETICS			
amiloride tab (MIDAMOR equiv)		-	Tier 1
	00ml/30 days; ST req trial of furosemide oral soln)	QL-ST	Tier 2
triamterene cap (DYRENIUM equiv) (Step There	apy requires trial of amiloride or spironolactone)	ST	Tier 2
spironolactone tab (ALDACTONE equiv)		-	Value
THIAZIDES AND THIAZIDE-LIKE DI	URETICS		
CHLOROTHIAZIDE TAB		-	Tier 1
chlorothiazide tab (DIURIL equiv)		-	Tier 1
indapamide tab (LOZOL equiv)		-	Tier 1
METHYCLOTHIAZIDE TAB		-	Tier 1
metolazone tab (ZAROXOLYN equiv)		-	Tier 1
DIURIL SUSP		-	Tier 2
chlorthalidone tab		-	Value
hydrochlorothiazide cap (MICROZIDE equiv)		-	Value
hydrochlorothiazide tab (HYDRODIURIL equiv)		-	Value
E	ENDOCRINE AND METABOLIC AGENTS - MISC.		

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

		NC =Not Covered		generic =small letters		BRANDS = CAPITAL LETTERS
P	MSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
L	.MSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
F	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
	SF.	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
\	/AC	Vaccine Program				

Last Updated* 6/1/2025 DrugName			Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS -	- MISC	C. Cont.		
BONE DENSITY REGULATORS				
ellendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)			QL	Tier 1
alcitonin nasal spray (MIACALCIN equiv)			-	Tier 1
pandronate tab 150mg (BONIVA equiv)			-	Tier 1
sedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)			QL	Tier 1
sedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)			QL	Tier 1
isedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)			QL	Tier 1
alcitonin inj (MIACALCIN equiv)			-	Tier 2
sedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)			QL-ST	Tier 2
sedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendrona	ite)		QL-ST	Tier 2
eriparatide (recombinant) soln pen-inj 560mcg/2.24ml (FORTEO equiv) (QL= 2.24 mL/28 days)			AMSP-PA-QL	Tier 2 Special
'ERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days)			AMSP-PA-QL	Tier 2 Special
YMLOS INJ (QL= 1.56 units/30 days)			AMSP-PA-QL	Tier 2 Special
elendronate tab (FOSAMAX equiv)			-	Value
ALENDRONATE TAB 40MG			-	Value
CORTICOTROPIN				
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)			LD-PA	Tier 2 Specialt
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)			LD-PA	Tier 2
GROWTH HORMONE RECEPTOR ANTAGONISTS				Special
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)			LD-PA	Tier 2
				Special
GROWTH HORMONES				
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)			AMSP-QL	Tier 2 Special
SENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)			AMSP-QL	Tier 2 Special
SENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)			AMSP-QL	Tier 2 Special
SENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)			AMSP-QL	Tier 2 Special
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)			AMSP-QL	Tier 2 Special
SENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)			AMSP-QL	Tier 2 Special
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)			AMSP-QL	Tier 2 Special
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)			AMSP-QL	Tier 2 Special
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)			AMSP-QL	Tier 2 Special
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)			AMSP-QL	Tier 2 Special
SENOTROPIN INJ 2MG (QL= 21 syringes/28 days)			AMSP-QL	Tier 2 Special
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.				
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation VAC Vaccine Program	LD OTC RDX ST	BRANDS =CAP Limited Distributi Over-the-Counte Restricted to Dia Step Therapy	ion er	

DrugName	Last Opdated* 6/1/2025	Special Code	Tier
ENDOCRI	NE AND METABOLIC AGENTS - MISC. Cont		
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)		AMSP-QL	Tier 2 Specialty
OMNITROPE INJ (QL= 13.5 mL/28 days)		AMSP-QL	Tier 2 Specialty
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)		AMSP-QL	Tier 2 Specialty
SKYTROFA INJ (QL= 4 inj/28 days) HORMONE RECEPTOR MODULATORS		AMSP-PA-QL	Tier 2 Specialty
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)		QL	Preventiv e
INSULIN-LIKE GROWTH FACTORS (SOM	ATOMEDINS)		
INCRELEX INJ (Only available through AnovoRx 844-2 LHRH/GNRH AGONIST ANALOG PITUITA	*	LD	Tier 2 Specialty
SYNAREL NASAL SOLN	INT OUT I RESOLUTIO	-	Tier 2
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Tier 2 Specialty
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe	kit/30 days)	AMSP-PA-QL	Tier 2 Specialty
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe METABOLIC MODIFIERS	kit/90 days)	AMSP-PA-QL	Tier 2 Specialty
calcitriol cap (ROCALTROL equiv)			Tier 1
calcitriol soln (CALCITRIOL equiv)			Tier 1
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day	v)	QL	Tier 1
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day		QL	Tier 1
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day	•	QL	Tier 1
levocarnitine soln (CARNITOR equiv)	,	-	Tier 1
levocarnitine tab (CARNITOR equiv)		-	Tier 1
paricalcitol cap (ZEMPLAR equiv)			Tier 1
	QL= 540 grams/30 days; Only available through Walgreens	LD-PA-QL	Tier 1 Specialty
carglumic acid tab (CARBAGLU equiv) (Only available the	hrough Accredo 888-773-7376)	LD-PA	Tier 1 Specialty
JAVYGTOR PAK 100MG (Only available through Accre-	do 800-803-2523)	LD-PA	Tier 1 Specialty
JAVYGTOR POW 500MG (Only available through Accre	edo 800-803-2523)	LD-PA	Tier 1 Specialty
JAVYGTOR TAB 100MG (Only available through Accred	do 800-803-2523)	LD-PA	Tier 1 Specialty
nitisinone cap (ORFADIN equiv)		LMSP-PA	Tier 1 Specialty
sapropterin dihydrochloride powder packet (KUVAN equ	iv)	AMSP-PA	Tier 1 Specialty
sapropterin dihydrochloride soluble tab (KUVAN equiv)		AMSP-PA	Tier 1 Specialty
sodium phenylbutyrate powder (BUPHENYL equiv)		AMSP-PA	Tier 1 Specialty

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

Special Code

Tier

DrugName

LMSP

PA

SF

VAC

Lumicera Mandatory Specialty Pharmacy Program

Limited to two 15 day fills per month for first 3 months SMKG

Prior Authorization

Vaccine Program

itum phenyibutyrate tab (BUPHENYL equiv) ercalciferol cap (HECTOROL equiv) STADANE POWDER (QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007) RENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) DSTERIOR PITUITARY HORMONES mopressin acetate nasal spray (DDAVP equiv) mopressin acetate tab (DDAVP equiv) MOPRESSIN NASAL SPRAY MATE NASAL SOLN ROGESTERONE RECEPTOR ANTAGONISTS spristone tab (MIFEPREX equiv) ROLACTIN INHIBITORS ergoline tab (DOSTINEX equiv) DMATOSTATIC AGENTS cotide inj (SANDOSTATIN equiv) TREOTIDE INJ 100MCG SINFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) ASOPRESSIN RECEPTOR ANTAGONISTS aptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) aptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) ARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ESTROGENS STROGEN COMBINATIONS ardiod estrogens/methyltestosterone tab (ESTRATEST equiv) adiol/norethindrone tab (ACTIVELLA equiv) STROGENS STROGENS adiol tab (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal intellifyavoly, Logreeza/Mirmvey/Amabelz) adiol valerate inj Lintelifyavoly, Logreeza/Mirmvey/Amabelz)	AMSP-PA	
STADANE POWDER (QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007) RENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) DSTERIOR PITUITARY HORMONES mopressin acetate nasal spray (DDAVP equiv) mopressin acetate nasal spray (DDAVP equiv) smopressin acetate tab (DDAVP equiv) SMOPRESSIN NASAL SPRAY MATE NASAL SOLN ROGESTERONE RECEPTOR ANTAGONISTS spristone tab (MIFEPREX equiv) ROLACTIN INHIBITORS ergoline tab (DOSTINEX equiv) DMATOSTATIC AGENTS evolide inj (SANDOSTATIN equiv) TREOTIDE INJ 100MCG sNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) ASOPRESSIN RECEPTOR ANTAGONISTS aptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) ARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) VARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) VARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) VARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) **ETROGEN** STROGEN** COMBINATIONS artified estrogens/methyltestosterone tab (ESTRATEST equiv) radiol/norethindrone tab (ACTIVELLA equiv) adiol valerate inj adiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal Jintelii/Fyavolv, Lopreeza/Mimvey/Amabelz)		Tier 1 Specialty
RENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) DSTERIOR PITUITARY HORMONES mopressin acetate nasal spray (DDAVP equiv) mopressin acetate tab (DDAVP equiv) SMOPRESSIN NASAL SPRAY MATE NASAL SOLN ROGESTERONE RECEPTOR ANTAGONISTS spristone tab (MIFEPREX equiv) ROLACTIN INHIBITORS ergoline tab (DOSTINEX equiv) DMATOSTATIC AGENTS erotide inj (SANDOSTATIN equiv) TREOTIDE INJ 100MCG SNIFOR INJ (OL = 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) ASOPRESSIN RECEPTOR ANTAGONISTS aplan tab (SAMSCA equiv) (QL = 2 tabs/day; Only available through Walgreens 888-347-3416) ARQUE PAK (QL = 2 tabs/day; Only available through Walgreens 888-347-3416) VARQUE TAB 15MG (QL = 2 tabs/day; Only available through Walgreens 888-347-3416) VARQUE TAB 30MG (QL = 1 tab/day; Only available through Walgreens 888-347-3416) STROGEN COMBINATIONS STROGEN COMBINATIONS STROGEN COMBINATIONS adioi tab (ESTRACE equiv) adioi tab (ESTRACE equiv) adioi tab (ESTRACE equiv) adioi dal 0.06% (ESTRADIOL equiv) (QL = 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal Jintelii/Fyavolv, Lopreeza/Mimvey/Amabelz)	-	Tier 2
DSTERIOR PITUITARY HORMONES Imopressin acetate nasal spray (DDAVP equiv) Imopressin acetate tab (DDAVP equiv) IMOPRESSIN NASAL SPRAY MATE NASAL SOLN ROGESTERONE RECEPTOR ANTAGONISTS Impristore tab (MIFEPREX equiv) ROLACTIN INHIBITORS Impristore tab (DOSTINEX equiv) IMATOSTATIC AGENTS Impristore tab (DOSTINEX equiv) IMATOSTATIC AGENTS Impristore tab (DOSTINEX equiv) IMATOSTATIC AGENTS IMPRISTORE INJ 100MCG IMPRISTOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) ASOPRESSIN RECEPTOR ANTAGONISTS Impristore tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) IMARQUE TAB 30MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3	LD-QL	Tier 2 Specialty
mopressin acetate nasal spray (DDAVP equiv) mopressin acetate tab (DDAVP equiv) SMOPRESSIN NASAL SPRAY MATE NASAL SQLN ROGESTERONE RECEPTOR ANTAGONISTS apristone tab (MIFEPREX equiv) ROLACTIN INHIBITORS ergoline tab (DOSTINEX equiv) DMATOSTATIC AGENTS erotide inj (SANDOSTATIN equiv) TREOTIDE INJ 100MCG SINFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) ASOPRESSIN RECEPTOR ANTAGONISTS aptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) aptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) ARQUE TAB 15MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) STROGEN COMBINATIONS erficed estrogens/methyltestosterone tab (ESTRATEST equiv) adiol/norethindrone tab (ACTIVELLA equiv) ali tab (FEMRAT equiv) STROGENS cadiol tab (ESTRACE equiv) adiol valerate inj adiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal Jinteli/Fyavolv, Lopreeza/Mirnvey/Amabelz)	LD-PA	Tier 2 Specialty
mopressin acetate tab (DDAVP equiv) SMOPRESSIN NASAL SPRAY MATE NASAL SOLN ROGESTERONE RECEPTOR ANTAGONISTS epristone tab (MIFEPREX equiv) ROLACTIN INHIBITORS ergoline tab (DOSTINEX equiv) DMATOSTATIC AGENTS evolide inj (SANDOSTATIN equiv) TREOTIDE INJ 100MCG SINIFOR INJ (QL = 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) ASOPRESSIN RECEPTOR ANTAGONISTS aptan tab (SAMSCA equiv) (QL = 2 tabs/day; Only available through Walgreens 888-347-3416) aptan tab 15mg (SAMSCA equiv) (QL = 1 tab/day; Only available through Walgreens 888-347-3416) ARQUE PAK (QL = 2 tabs/day; Only available through Walgreens 888-347-3416) ARQUE TAB 15MG (QL = 2 tabs/day; Only available through Walgreens 888-347-3416) STROGEN COMBINATIONS erfield estrogens/methyltestosterone tab (ESTRATEST equiv) adiol/norethindrone tab (ACTIVELLA equiv) BITROGENS PAROLE STRACE equiv) STROGENS adiol tab (ESTRACE equiv) adiol yacelerate inj adiol gel 0.06% (ESTRADIOL equiv) (QL = 5 0 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal Jinteli/Fyavolv, Lopreeza/Mirnvey/Amabelz)		
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ACOGESTERONE RECEPTOR ANTAGONISTS apristone tab (MIFEPREX equiv) ROLACTIN INHIBITORS tergoline tab (DOSTINEX equiv) DMATOSTATIC AGENTS reotide inj (SANDOSTATIN equiv) TREOTIDE INJ 100MCG siNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) ASOPRESSIN RECEPTOR ANTAGONISTS aptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) aptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) AVARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) VARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) VARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ESTROGEN COMBINATIONS BITIGG estrogens/methyltestosterone tab (ESTRATEST equiv) radiol/norethindrone tab (ACTIVELLA equiv) all tab (FEMHRT equiv) STROGENS radiol tab (ESTRACE equiv) adiol valerate inj adiol valerate i	-	Tier 1
epristone tab (MIFEPREX equiv) ROLACTIN INHIBITORS regoline tab (DOSTINEX equiv) DMATOSTATIC AGENTS recotide inj (SANDOSTATIN equiv) TREOTIDE INJ 100MCG RNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) ASOPRESSIN RECEPTOR ANTAGONISTS aptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) aptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) VARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) VARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) VARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) STROGEN COMBINATIONS BETTROGEN COMBINATIONS STROGEN (SETRACE equiv) radiol/norethindrone tab (ACTIVELLA equiv) sit tab (FEMHRT equiv) STROGENS ACTIVELLA equiv) strogens adiol tab (ESTRACE equiv) radiol yalerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal Jinteli/Fyavolv, Lopreeza/Mirnvey/Amabelz)	-	Tier 2
ROLACTIN INHIBITORS ergoline tab (DOSTINEX equiv) DMATOSTATIC AGENTS reotide inj (SANDOSTATIN equiv) TREOTIDE INJ 100MCG SINIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) ASOPRESSIN RECEPTOR ANTAGONISTS aptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) aptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) VARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) VARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) VARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ESTROGEN COMBINATIONS Brified estrogens/methyltestosterone tab (ESTRATEST equiv) radiol/norethindrone tab (ACTIVELLA equiv) Bit tab (FEMHRT equiv) STROGENS radiol tab (ESTRACE equiv) radiol valerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)		
ergoline tab (DOSTINEX equiv) DMATOSTATIC AGENTS rectide inj (SANDOSTATIN equiv) TREOTIDE INJ 100MCG ENIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) ASOPRESSIN RECEPTOR ANTAGONISTS aptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) aptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) VARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) VARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) VARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ESTROGENS STROGEN COMBINATIONS erified estrogens/methyltestosterone tab (ESTRATEST equiv) radiol/norethindrone tab (ACTIVELLA equiv) eli tab (FEMHRT equiv) STROGENS radiol tab (ESTRACE equiv) radiol yel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal Jintell/Fyavolv, Lopreeza/Mimvey/Amabetz)	-	Preventiv
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recitide inj (SANDOSTATIN equiv) TREOTIDE INJ 100MCG SNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) ASOPRESSIN RECEPTOR ANTAGONISTS aptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) aptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) NARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) NARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) NARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ESTROGENS STROGEN COMBINATIONS BETTROGENS STROGEN COMBINATIONS BETTROGENS STROGENS STROGE	-	Tier 1
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ASOPRESSIN RECEPTOR ANTAGONISTS aptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) aptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) WARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) WARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) WARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ESTROGENS STROGEN COMBINATIONS Brified estrogens/methyltestosterone tab (ESTRATEST equiv) adiol/norethindrone tab (ACTIVELLA equiv) BTROGENS Padiol tab (ESTRACE equiv) adiol valerate inj adiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	AMSP-PA	Tier 1 Specialty
ASOPRESSIN RECEPTOR ANTAGONISTS aptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) aptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) NARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) NARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) NARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ESTROGENS STROGEN COMBINATIONS erified estrogens/methyltestosterone tab (ESTRATEST equiv) radiol/norethindrone tab (ACTIVELLA equiv) eli tab (FEMHRT equiv) STROGENS radiol tab (ESTRACE equiv) radiol valerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	AMSP-PA	Tier 1 Specialty
aptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) aptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) NARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) NARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) NARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ESTROGENS BTROGEN COMBINATIONS Brified estrogens/methyltestosterone tab (ESTRATEST equiv) radiol/norethindrone tab (ACTIVELLA equiv) BITROGENS radiol tab (ESTRACE equiv) radiol valerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	LD-PA-QL	Tier 2 Specialty
aptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416) NARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) NARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) NARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ESTROGENS STROGEN COMBINATIONS Brified estrogens/methyltestosterone tab (ESTRATEST equiv) radiol/norethindrone tab (ACTIVELLA equiv) BIT TABLE STROGENS radiol tab (ESTRACE equiv) radiol valerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal , Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)		
NARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) NARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) NARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) ESTROGENS STROGEN COMBINATIONS Perified estrogens/methyltestosterone tab (ESTRATEST equiv) Pediol/norethindrone tab (ACTIVELLA equiv) Peli tab (FEMHRT equiv) STROGENS Padiol tab (ESTRACE equiv) Padiol valerate inj Padiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal dinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	LD-PA-QL	Tier 1 Specialty
NARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) ESTROGENS STROGEN COMBINATIONS erified estrogens/methyltestosterone tab (ESTRATEST equiv) radiol/norethindrone tab (ACTIVELLA equiv) eli tab (FEMHRT equiv) STROGENS radiol tab (ESTRACE equiv) radiol valerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal , Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	LD-PA-QL	Tier 1 Specialty
ESTROGENS STROGEN COMBINATIONS erified estrogens/methyltestosterone tab (ESTRATEST equiv) radiol/norethindrone tab (ACTIVELLA equiv) eli tab (FEMHRT equiv) STROGENS radiol tab (ESTRACE equiv) radiol valerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	LD-PA-QL	Tier 2 Specialty
ESTROGEN COMBINATIONS erified estrogens/methyltestosterone tab (ESTRATEST equiv) radiol/norethindrone tab (ACTIVELLA equiv) eli tab (FEMHRT equiv) STROGENS radiol tab (ESTRACE equiv) radiol valerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal , Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	LD-PA-QL	Tier 2 Specialty
ETROGEN COMBINATIONS Berified estrogens/methyltestosterone tab (ESTRATEST equiv) Berified es	LD-PA-QL	Tier 2 Specialty
erified estrogens/methyltestosterone tab (ESTRATEST equiv) radiol/norethindrone tab (ACTIVELLA equiv) eli tab (FEMHRT equiv) STROGENS radiol tab (ESTRACE equiv) radiol valerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal , Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)		
radiol/norethindrone tab (ACTIVELLA equiv) eli tab (FEMHRT equiv) ETROGENS radiol tab (ESTRACE equiv) radiol valerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	-	Tier 1
eli tab (FEMHRT equiv) STROGENS radiol tab (ESTRACE equiv) radiol valerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	-	Tier 1
radiol tab (ESTRACE equiv) radiol valerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal , Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	-	Tier 1
radiol valerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal , Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)		
radiol valerate inj radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal , Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	-	Tier 1
radiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal , Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	-	Tier 1
, , ,	QL-ST	Tier 2
radiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Tier 2
radiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Tier 2
e: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
NC =Not Covered SPRANDS =C MSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LD Limited Distri	APITAL LETTERS	

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.

Medical Benefit

Quantity Limit

Smoking Cessation

М

QL

OTC

RDX

ST

Over-the-Counter

Step Therapy

Restricted to Diagnosis

DrugName	East opaated 5/1/2020	Special Code	Tier
	ESTROGENS Cont.		
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/d Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	ay; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab,	QL-ST	Tier 2
estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/N	(QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol //imvey/Amabelz)	QL-ST	Tier 2
	FLUOROQUINOLONES		
FLUOROQUINOLONES			
CIPRO SUSP		-	Tier 1
ciprofloxacin susp (CIPRO equiv)		-	Tier 1
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO		-	Tier 1
levofloxacin oral soln 25mg/ml (LEVOFLOXACIN	l equiv)	-	Tier 1
levofloxacin tab (LEVAQUIN equiv)		-	Tier 1
moxifloxacin tab (AVELOX equiv)		-	Tier 1
ofloxacin tab (FLOXIN equiv)		-	Tier 1
	GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		OL ST	T: 0
	(QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND	QL-ST	Tier 2
lubiprostone) AGENTS FOR CHRONIC IDIOPATHION	C CONSTIPATION (CIC)		
TRULANCE TAB (QL= 30 tabs/30 days)		QL	Tier 2
GALLSTONE SOLUBILIZING AGENT	ΓS		
RELTONE CAP		-	Tier 1
ursodiol cap (ACTIGALL equiv)		-	Tier 1
ursodiol tab (URSO (FORTE) equiv)		-	Tier 1
CHENODAL TAB		-	Tier 2
GASTROINTESTINAL ANTIALLERG	VACENTS		Specialty
cromolyn conc (GASTROCROM equiv)	TAGENTS	_	Tier 1
GASTROINTESTINAL CHLORIDE CI	HANNEL ACTIVATORS	_	TICI I
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/		QL	Tier 1
GASTROINTESTINAL STIMULANTS	• ,	QL	IICI I
metoclopramide soln (REGLAN equiv)		-	Tier 1
metoclopramide tab (REGLAN equiv)		-	Tier 1
INFLAMMATORY BOWEL AGENTS			
balsalazide cap (COLAZAL equiv)		-	Tier 1
mesalamine DR cap (DELZICOL equiv) (QL= 6 c	caps/day)	QL	Tier 1
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/		QL	Tier 1
mesalamine enema (ROWASA equiv) (QL= 60m	• •	QL	Tier 1
mesalamine ER cap (APRISO equiv) (QL= 8 cap	• • • • • • • • • • • • • • • • • • • •	QL	Tier 1
mesalamine supp (CANASA equiv) (QL= 1 supp	••	QL	Tier 1
sulfasalazine EC tab (AZULFIDINE equiv)		-	Tier 1
sulfasalazine tab (AZULFIDINE equiv)		-	Tier 1
` , ,	aps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	Tier 2
		QL	Tier 2
mesalamine tab (QL= 9 tabs/1 day)		QL .	

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

١		NC =Not Covered		generic =small letters		BRANDS = CAPITAL LETTERS
١	AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
١	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
١	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
١	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
١	VAC	Vaccine Program				
- 1						

GASTROINTESTINAL AGENTS - MISC. Cont.		
	AMSP-PA-QL	Tier 2 Specialty
rtridge/56 days)	AMSP-PA-QL	Tier 2 Specialty
	AMSP-PA-QL	Tier 2 Specialty
_= 12 mL/year)	LMSP-PA-QL	Tier 2 Specialty
S) AGENTS	-	Tier 1
·	-	Tier 1
	QL	Tier 2
NTAGONISTS		
	PA-QL	Tier 2
	PA-QL	Tier 2
	-	Tier 1
iv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer	QL-ST	Tier 1
OL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or	QL-ST	Tier 1
	-	Tier 2
ENITOURINARY AGENTS - MISCELLANEOUS		
	-	Tier 1
equiv)	-	Tier 1
	-	Tier 1
	-	Tier 1
	-	Tier 2
L 01/0 0 1/1 000 007 0707 B: 1 B. 1 1 1 1 1 1 1 1	I D DDV	T: 0
		Tier 2 Specialty
available through CVS Specialty 800-237-2767; Diagnosis Restricted –	LD-QL-RDX	Tier 2 Specialty
	-	Tier 1
	QL-ST	Tier 2
	L= 12 mL/year) S) AGENTS NTAGONISTS iv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer lock equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or lock equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or lock equiv) ENITOURINARY AGENTS - MISCELLANEOUS CITRA equiv) equiv) h CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic available through CVS Specialty 800-237-2767; Diagnosis Restricted – lal of amitriptyline AND hydroxyzine)	LMSP-PA-QL LMSP-PA-QL S) AGENTS - QL NTAGONISTS PA-QL PA-QL iv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer QL-ST OL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or QL-ST

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

1		NC =Not Covered		generic =small letters		BRANDS = CAPITAL LETTERS
ı	AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
ı	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
ı	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
ı	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
ı	VAC	Vaccine Program				
- 1						

DrugName		Last opuated of 1/2023		Special Code	Tier
	GENITOURI	NARY AGENTS - MISCELI	LANEOUS C	ont.	
alfuzosin SR tab (UROXATRAL equiv)				-	Tier 1
dutasteride cap (AVODART equiv)				-	Tier 1
finasteride tab (PROSCAR equiv)				-	Tier 1
tamsulosin cap (FLOMAX equiv)				-	Tier 1
dutasteride/tamsulosin cap (JALYN equiv	v) (Step Therapy re	quires trial of finasteride tab or dutasto	eride AND tamsulo	osin ST	Tier 2
silodosin cap (RAPAFLO equiv)				-	Tier 2
URINARY ANALGESICS					
phenazopyridine tab (PYRIDIUM equiv) URINARY STONE AGENTS				-	Tier 1
tiopronin tab (THIOLA equiv) (QL= 8 tabs	s/day; Only availabl	e through Eversana 636-519-2400)		LD-PA-QL	Tier 1
					Specialty
tiopronin tab delayed release (THIOLA E	EC equiv) (QL= 8 tal	bs/day)		AMSP-PA-QL	Tier 1
		GOUT AGENTS			Specialty
GOUT AGENT COMBINATION	IS.	GOUT AGENTS			
colchicine/probenecid tab (COL-BENEM				-	Tier 1
GOUT AGENTS	iib equiv)				1101 1
allopurinol tab (ZYLOPRIM equiv)					Tier 1
colchicine tab (COLCRYS equiv) (QL= 4	l tahs/day)			QL	Tier 1
febuxostat tab (ULORIC equiv) (QL= 1 ta	* *	ov requires trial of allonuring 100mg o	or 300ma)	QL-ST	Tier 1
allopurinol tab 200mg (QL= 4 tabs/day;				QL-ST	Tier 2
colchicine cap (MITIGARE equiv) (QL= 4		Tot anopulation rooming and booming table	3)	QL QL	Tier 2
URICOSURICS	+ caps/day)			QL.	1101 2
probenecid tab (BENEMID equiv)				-	Tier 1
probeficed tab (BEIVEIVIID equiv)	UE	MATOLOGICAL AGENTS	MISC		1101 1
BRADYKININ B2 RECEPTOR			- WIISC.		
icatibant inj (SAJAZIR equiv) (QL= 36ml/				AMSP-PA-QL	Tier 1
	• ,				Specialty
icatibant inj (SAJAZIR equiv) (QL= 36ml/	/30 days; Only avai	lable through Accredo 888-773-7376)		AMSP-PA-QL-LD	Tier 1
COMPLEMENT INHIBITORS					Specialty
EMPAVELI INJ (QL= 160ml/28 days; Or	nly available through	h PantherRx Pharmacy 855-726-8479))	LD-PA-QL	Tier 2
2011 7 V 221 11 10 (Q2 1001111/20 days, 01	my available in oug	Transfer of Hamaey 600 720 0476	')	==	Specialty
HAEGARDA INJ 2000U (QL= 30 vials/3	0 days; Only availa	ble through Accredo 800-803-2523)		LD-PA-QL	Tier 2
·		·			Specialty
HAEGARDA INJ 3000U (QL= 20 vials/3	30 days; Only availa	ble through Accredo 800-803-2523)		LD-PA-QL	Tier 2
					Specialty
VOYDEYA TAB (QL= 180 tabs/30 days;	Only available thro	ough Onco360 877-662-6633)		LD-PA-QL	Tier 2
VOYDEYA TAB THERAPY PACK (QL=	180 tahe/30 daye: (Only available through Onco360 877-6	S62-6633)	LD-PA-QL	Specialty Tier 2
,	•	only available unough oncood of r-c	002-0000)	25 171 Q2	Specialty
HEMATORHEOLOGIC AGENT	S				
pentoxifylline ER tab (TRENTAL equiv)				-	Tier 1
PLASMA KALLIKREIN INHIBIT					
TAKHZYRO INJ (QL= 2 inj/28 days; Onl	ly available through	Accredo 800-803-2523)		LD-PA-QL	Tier 2
Note: Unless otherwise specifically noted, all stre	engths and forms of prod	ducts listed in the formulary are covered.			Specialty
NC =Not Covered		generic =small letters	P.D.	ANDS =CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy F		Plan Exclusion	LD Lim	ited Distribution	
LMSP Lumicera Mandatory Specialty Pharmac		Medical Benefit		er-the-Counter	
PA Prior Authorization SF Limited to two 15 day fills per month for	QL first 3 months SMKG	Quantity Limit Smoking Cessation		stricted to Diagnosis p Therapy	
VAC Vaccine Program				· • •	

DrugName		Last Updated* 6/1/202	25	Special Code	Tier
Jiagitame	HEMA.	TOLOGICAL AGENTS -	MISC Cont	<u>Special Code</u>	1161
ΓΑΚΗΖΥRO INJ (QL= 2 prefilled syring				LD-PA-QL	Tier 2
ANTIZITIO INO (QL- 2 promod symig	gcs/20 days, Offiy ave	mable imought Addicad 000-000-2	<i>323)</i>	25177 &2	Special
TAKHZYRO INJ 150MG/ML (QL= 2 pro	refilled syringes/28 da	ys; Only available through Accredo	800-803-2523)	LD-PA-QL	Tier 2 Special
PLATELET AGGREGATION II	NHIBITORS				•
anagrelide cap (AGRYLIN equiv)				-	Tier 1
cilostazol tab (PLETAL equiv)				-	Tier 1
clopidogrel tab 300mg (PLAVIX equiv)	(QL= 4 tabs/30 days)			QL	Tier 1
clopidogrel tab 75mg (PLAVIX equiv)				-	Tier 1
dipyridamole tab (PERSANTINE equiv)	·)			-	Tier 1
orasugrel tab (EFFIENT equiv) (QL= 1	tab/day)			QL	Tier 1
icagrelor tab (BRILINTA equiv) (QL= 2	tabs/day)			QL	Tier 1
aspirin/dipyridamole cap (AGGRENOX	(equiv)			-	Tier 2
BRILINTA TAB (QL= 2 tabs/day)				QL	Tier 2
,		HEMATOPOIETIC AGE	NTS		
AGENTS FOR GAUCHER DIS	SEASE				
miglustat cap (ZAVESCA equiv) (QL= 3	3 caps/day; Only avail	able through Accredo 800-803-25	23)	LD-PA-QL	Tier 1
		0500)		I D D4	Special
CERDELGA CAP (Only available throu	ugh Accredo 800-803-	-2523)		LD-PA	Tier 2
AGENTS FOR SICKLE CELL	ANEMIA				Special
DROXIA CAP				_	Tier 2
AGENTS FOR SICKLE CELL	DISEASE				nor z
-glutamine powder packet (ENDARI eq		day; Step therapy requires trial of I	nydroxyurea caps)	AMSP-QL-ST	Tier 1
					Special
COBALAMINS					Tier 1
cyanocobalamin inj	2 4mml (NIA CCODAL - m	wind (CT non-tried of oversook dense		- ST	
cyanocobalamin nasal spray 500mcg/0	J. TMI (NASCOBAL eq	uiv) (ST req trial of cyanocobalam	n injection)	31	Tier 2
FOLIC ACID/FOLATES					
olic acid cap(Covered at \$0 for female	les only; All other men	nbers covered at generic copay)		-	Preven
olic acid tab 1mg (Covered at \$0 for fe	omalas anke All athar	members sovered at generic con-	w.A	_	e Draven
one acid tab Ting (Covered at \$0 for it	emales only, All other	members covered at generic copa	iy <i>)</i>	<u>-</u>	Preven e
folic acid tab 400mcg(Covered for fem	males only)			ОТС	Preven
one dota tab 100mog (Govered ter tem	naiss siny)				е
folic acid tab 800mcg (Covered for fem	nales only)			OTC	Preven
	EACTORS				е
HEMIATOROIETIC CROWTH	FACIURA				
		uiv) (OI = 6 packets/day)		AMSP-PA-QI	Tior 1
		uiv) (QL= 6 packets/day)		AMSP-PA-QL	Tier 1 Special
HEMATOPOIETIC GROWTH I eltrombopag olamine powder pack for s eltrombopag olamine tab (PROMACTA	susp (PROMACTA eq	, , , , , , , , , , , , , , , , , , , ,			Special
	susp (PROMACTA eq	, , , , , , , , , , , , , , , , , , , ,		AMSP-PA-QL	Specia Tier 1
eltrombopag olamine powder pack for seltrombopag olamine tab (PROMACTA	susp (PROMACTA eq A equiv) (QL= 2 tabs/d	, , , , , , , , , , , , , , , , , , , ,			Specia Tier 1
eltrombopag olamine powder pack for seltrombopag olamine tab (PROMACTA	susp (PROMACTA eq A equiv) (QL= 2 tabs/d	, , , , , , , , , , , , , , , , , , , ,		AMSP-PA-QL	Specia Tier 1 Specia Tier 2
eltrombopag olamine powder pack for seltrombopag olamine tab (PROMACTA ARANESP INJ (QL= 4 syringes/30 day	susp (PROMACTA eq A equiv) (QL= 2 tabs/d	, , , , , , , , , , , , , , , , , , , ,		AMSP-PA-QL	Specia Tier 1 Specia Tier 2
eltrombopag olamine powder pack for seltrombopag olamine tab (PROMACTA ARANESP INJ (QL= 4 syringes/30 day	susp (PROMACTA eq A equiv) (QL= 2 tabs/d	, , , , , , , , , , , , , , , , , , , ,		AMSP-PA-QL AMSP-QL AMSP-QL	Specia Tier 1 Specia Tier 2 Specia Tier 2
eltrombopag olamine powder pack for s	susp (PROMACTA eq A equiv) (QL= 2 tabs/d ys)	ay)		AMSP-PA-QL AMSP-QL	Special Tier 1 Special Tier 2 Special Tier 2 Special Tier 2
eltrombopag olamine powder pack for seltrombopag olamine tab (PROMACTA ARANESP INJ (QL= 4 syringes/30 days) ARANESP INJ (QL= 4 vials/30 days) DOPTELET TAB (QL= 2 tabs/day; On	susp (PROMACTA eq A equiv) (QL= 2 tabs/d ys) nly available through A	ay) accredo 800-803-2523)		AMSP-PA-QL AMSP-QL AMSP-QL	Specia Tier 1 Specia Tier 2 Specia Tier 2 Specia Tier 2
eltrombopag olamine powder pack for seltrombopag olamine tab (PROMACTA ARANESP INJ (QL= 4 syringes/30 days) ARANESP INJ (QL= 4 vials/30 days) DOPTELET TAB (QL= 2 tabs/day; On	susp (PROMACTA eq A equiv) (QL= 2 tabs/d ys) nly available through A	ay) accredo 800-803-2523)		AMSP-PA-QL AMSP-QL AMSP-QL	Specia Tier 1 Specia Tier 2 Specia Tier 2 Specia Tier 2
eltrombopag olamine powder pack for seltrombopag olamine tab (PROMACTA ARANESP INJ (QL= 4 syringes/30 days) ARANESP INJ (QL= 4 vials/30 days) DOPTELET TAB (QL= 2 tabs/day; On Note: Unless otherwise specifically noted, all st	susp (PROMACTA eq A equiv) (QL= 2 tabs/d. ys) hly available through A	accredo 800-803-2523) ucts listed in the formulary are covered. generic =small letters		AMSP-PA-QL AMSP-QL AMSP-QL LD-PA-QL BRANDS = CAPITAL LETTERS	Specia Tier 1 Specia Tier 2 Specia Tier 2 Specia
eltrombopag olamine powder pack for seltrombopag olamine tab (PROMACTA ARANESP INJ (QL= 4 syringes/30 days) ARANESP INJ (QL= 4 vials/30 days) DOPTELET TAB (QL= 2 tabs/day; On Note: Unless otherwise specifically noted, all standard Ardon Mandatory Specialty Pharmacy	susp (PROMACTA eq A equiv) (QL= 2 tabs/d. ys) hly available through A trengths and forms of prod	accredo 800-803-2523) ucts listed in the formulary are covered. generic =small letters Plan Exclusion	LD I	AMSP-PA-QL AMSP-QL AMSP-QL LD-PA-QL BRANDS = CAPITAL LETTERS Limited Distribution	Specia Tier 1 Specia Tier 2 Specia Tier 2 Specia Tier 2
eltrombopag olamine powder pack for seltrombopag olamine tab (PROMACTA ARANESP INJ (QL= 4 syringes/30 days) ARANESP INJ (QL= 4 vials/30 days) DOPTELET TAB (QL= 2 tabs/day; On Note: Unless otherwise specifically noted, all st	susp (PROMACTA eq A equiv) (QL= 2 tabs/d. ys) hly available through A trengths and forms of prod	accredo 800-803-2523) ucts listed in the formulary are covered. generic =small letters	LD I	AMSP-PA-QL AMSP-QL AMSP-QL LD-PA-QL BRANDS = CAPITAL LETTERS	Specia Tier 1 Specia Tier 2 Specia Tier 2 Specia Tier 2

DrugName	2025 Special	Code Tier
HEMATOPOIETIC AGE		
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Tier 2
		Specia
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Tier 2
		Specia
RETACRIT INJ (QL= 12 vials/30 days)	AMSP-QL	=
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Specia
RETACKIT INJ (QL- 4 Vials/30 days)	AWSF-QL	Tier 2 Specia
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	
		Specia
ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days)	AMSP-QL	Tier 2
		Specia
HEMATOPOIETIC MIXTURES		
multigen plus tab (CHROMAGEN FORTE equiv)	-	Tier 1
multigen tab (CHROMAGEN equiv)	-	Tier 1
NEPHRON FA TAB	-	Tier 2
HEMOSTATIC	S	
HEMOSTATICS - SYSTEMIC		
ranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Tier 1
aminocaproic acid soln (AMICAR equiv)	AMSP	Tier 1
		Specia
aminocaproic acid tab (AMICAR equiv)	-	Tier 2
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Tier 1
zolpidem tab 5mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Tier 1
HYPNOTICS/SEDATIVES/SLEEP	DISORDER AGENTS	
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)		
	-	Tier 1
BARBITURATE HYPNOTICS	•	Tier 1
	-	Tier 1
phenobarbital elixir	- - -	
phenobarbital elixir phenobarbital tab	-	Tier 1
phenobarbital elixir phenobarbital tab HYPNOTICS - TRICYCLIC AGENTS	- -	Tier 1 Tier 1
phenobarbital elixir phenobarbital tab HYPNOTICS - TRICYCLIC AGENTS doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zale	- -	Tier 1
phenobarbital elixir phenobarbital tab HYPNOTICS - TRICYCLIC AGENTS doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaletab, doxepin 10mg, trazodone tab)	- -	Tier 1 Tier 1
chenobarbital elixir chenobarbital tab HYPNOTICS - TRICYCLIC AGENTS doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zale ab, doxepin 10mg, trazodone tab) NON-BARBITURATE HYPNOTICS	- -	Tier 1 Tier 1 Tier 2
chenobarbital elixir chenobarbital tab HYPNOTICS - TRICYCLIC AGENTS doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zale ab, doxepin 10mg, trazodone tab) NON-BARBITURATE HYPNOTICS estazolam tab (PROSOM equiv)	- - plon cap, zolpidem IR/ER/SL QL-ST	Tier 1 Tier 1
chenobarbital elixir chenobarbital tab HYPNOTICS - TRICYCLIC AGENTS doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zale ab, doxepin 10mg, trazodone tab) NON-BARBITURATE HYPNOTICS estazolam tab (PROSOM equiv) eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)		Tier 1 Tier 2 Tier 1
chenobarbital elixir chenobarbital tab HYPNOTICS - TRICYCLIC AGENTS doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zale ab, doxepin 10mg, trazodone tab) NON-BARBITURATE HYPNOTICS estazolam tab (PROSOM equiv) eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) midazolam hcl syrup	QL-ST	Tier 1 Tier 2 Tier 1 Tier 1 Tier 1
chenobarbital elixir chenobarbital tab HYPNOTICS - TRICYCLIC AGENTS doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zale ab, doxepin 10mg, trazodone tab) NON-BARBITURATE HYPNOTICS estazolam tab (PROSOM equiv) eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) midazolam hcl syrup midazolam inj (MIDAZOLAM equiv)		Tier 1 Tier 2 Tier 1 Tier 1 Tier 1
chenobarbital elixir chenobarbital tab HYPNOTICS - TRICYCLIC AGENTS doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zale ab, doxepin 10mg, trazodone tab) NON-BARBITURATE HYPNOTICS estazolam tab (PROSOM equiv) eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) midazolam hcl syrup midazolam inj (MIDAZOLAM equiv) emazepam cap 15mg (RESTORIL equiv)	- plon cap, zolpidem IR/ER/SL QL-ST - QL	Tier 1 Tier 2 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1
chenobarbital elixir chenobarbital tab HYPNOTICS - TRICYCLIC AGENTS doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zale ab, doxepin 10mg, trazodone tab) NON-BARBITURATE HYPNOTICS estazolam tab (PROSOM equiv) eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) midazolam hcl syrup midazolam inj (MIDAZOLAM equiv) emazepam cap 15mg (RESTORIL equiv) emazepam cap 30mg (RESTORIL equiv)	- Plon cap, zolpidem IR/ER/SL QL-ST - QL	Tier 1 Tier 2 Tier 1
chenobarbital elixir chenobarbital tab HYPNOTICS - TRICYCLIC AGENTS doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zale tab, doxepin 10mg, trazodone tab) NON-BARBITURATE HYPNOTICS estazolam tab (PROSOM equiv) eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) midazolam hcl syrup midazolam inj (MIDAZOLAM equiv) temazepam cap 15mg (RESTORIL equiv) temazepam cap 30mg (RESTORIL equiv) triazolam tab (HALCION equiv)	- QL-ST - QL	Tier 1 Tier 2 Tier 1
phenobarbital elixir phenobarbital tab HYPNOTICS - TRICYCLIC AGENTS doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaletab, doxepin 10mg, trazodone tab) NON-BARBITURATE HYPNOTICS estazolam tab (PROSOM equiv) eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) midazolam hcl syrup midazolam inj (MIDAZOLAM equiv) temazepam cap 15mg (RESTORIL equiv) temazepam cap 30mg (RESTORIL equiv) triazolam tab (HALCION equiv) zaleplon cap (SONATA equiv) (QL= 1 cap/day)	- QL-ST - QL	Tier 1 Tier 2 Tier 1
phenobarbital elixir phenobarbital tab HYPNOTICS - TRICYCLIC AGENTS doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaletab, doxepin 10mg, trazodone tab) NON-BARBITURATE HYPNOTICS estazolam tab (PROSOM equiv) eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) midazolam hcl syrup midazolam inj (MIDAZOLAM equiv) temazepam cap 15mg (RESTORIL equiv) temazepam cap 30mg (RESTORIL equiv) triazolam tab (HALCION equiv)	- QL-ST - QL	Tier 1 Tier 2 Tier 2 Tier 1

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ı	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
ı	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
ı	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
ı	VAC	Vaccine Program				
- 1						

DrugName	Last opulated of 172020	Special Code	Tier
HYPNOTICS	S/SEDATIVES/SLEEP DISORDER AGENTS Co	nt.	_
zolpidem er tab 6.25mg (AMBIEN equiv) (QL= 2 tabs/d	ay)	QL	Tier 1
temazepam cap 22.5mg (RESTORIL equiv)		-	Tier 2
temazepam cap 7.5mg (RESTORIL equiv)		-	Tier 2
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1	tab/day; Step Therapy requires trial of all the following: zolpidem ir,	QL-ST	Tier 2
zolpidem er, eszopiclone, zaleplon, ramelteon) OREXIN RECEPTOR ANTAGONISTS			
DAYVIGO TAB (QL= 1 tab/day; Step Therapy requires	trial of all the following: zolpidem ir, zolpidem er, eszopiclone,	QL-ST	Tier 2
zaleplon, ramelteon) SELECTIVE MELATONIN RECEPTOR AG	ONISTS		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)		QL	Tier 1
tasimelteon capsule (HETLIOZ equiv)		AMSP-PA	Tier 1
			Specialt
	LAXATIVES		
LAXATIVE COMBINATIONS			
at generic copay)	5 years-Limited to 2 fills/calendar year; All other members covered	QL	Preventi e
peg 3350/electrolytes soln (COLYTE equiv) (Covered a other members covered at generic copay)	at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All	QL	Preventi e
trilyte soln (NULYTELY equiv) (Covered at \$0 for memb covered at generic copay)	pers 45-75 years-Limited to 2 fills/calendar year; All other members	QL	Preventi e
sodium/potassium/magnesium soln (SUPREP equiv) (0	QL= 2 fills/year)	QL	Tier 1
gavilyte-h kit		-	Tier 2
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP	Pequiv)	-	Tier 2
SUFLAVE SOLN (QL= 2 fills/year)		QL	Tier 2
LAXATIVES - MISCELLANEOUS			
lactulose soln		-	Tier 1
lactulose oral crystal packet (KRISTALOSE equiv) (ST		ST	Tier 2
AZITHROMYCIN	MACROLIDES		
azithromycin susp (ZITHROMAX equiv)		-	Tier 1
azithromycin tab (ZITHROMAX equiv)		-	Tier 1
ZITHROMAX POWDER PACK		-	Tier 2
CLARITHROMYCIN			
clarithromycin ER tab (BIAXIN XL equiv)		-	Tier 1
clarithromycin tab (BIAXIN equiv)		-	Tier 1
CLARITHROMYC SUSP		-	Tier 2
ERYTHROMYCINS			
erythromycin DR cap (ERYC equiv)		-	Tier 1
erythromycin ethylsuccinate susp (ERYPED equiv)		-	Tier 1
erythromycin tab (ERY-TAB equiv)		-	Tier 1
erythromycin tab (ERYTHROMYCIN equiv) (all forms e	• ,	-	Tier 1
E.E.S. TAB (ST req trial of erythromycin ethinylsuccina	ate susp)	ST	Tier 2
ERYTHROMYCIN CAP DR		-	Tier 2
ERYTHROMYCIN EC CAP		-	Tier 2
erythromycin ethylsuccinate tab (ST req trial of erythro	mycin ethinylsuccinate susp)	ST	Tier 2
PCE TAB		-	Tier 2
Note: Unless otherwise specifically noted, all strengths and forms of	of products listed in the formulary are covered.		
NC =Not Covered		CAPITAL LETTERS	
	KC Plan Exclusion LD Limited Distr Medical Benefit OTC Over-the-Co	ribution ounter	

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.

Quantity Limit

Smoking Cessation

PA

SF

VAC

Prior Authorization

Vaccine Program

Limited to two 15 day fills per month for first 3 months SMKG

Restricted to Diagnosis

Step Therapy

RDX

ST

DrugName	Last Opdated* 6/1/2025	Special Code	Tier
	MACROLIDES Cont.	<u> </u>	
FIDAXOMICIN			
DIFICID SUSP (QL= 126 mL/10 days)		QL	Tier 2
DIFICID TAB (QL= 20 tabs/10 days)		QL	Tier 2
(4	MEDICAL DEVICES		
PARENTERAL THERAPY SUPPLIES	MEDICAL DEVICES		
HYPODERMIC NEEDLES		OTC	Tier 2
	MEDICAL DEVICES AND SUPPLIES	0.0	1101 2
CONTRACEPTIVES	WEDICAL DEVICES AND SUPPLIES		
CERVICAL CAP		-	Preventi
			e
DIAPHRAGM		-	Preventi
			е
FEMALE CONDOMS		OTC	Preventi
		0.770	е
MALE CONDOMS		OTC	Preventi
DIABETIC SUPPLIES			е
DEXCOM G6 RECEIVER (QL= 1 receiver/year)		PA-QL	Tier 1
DEXCOM G6 SENSOR (QL= 3 sensors/30 days)		PA-QL	Tier 1
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 da	avs)	PA-QL	Tier 1
DEXCOM G7 RECEIVER (QL= 1 receiver/year)	,,,,,	PA-QL	Tier 1
DEXCOM G7 SENSOR (QL= 3 sensors/30 days)		PA-QL	Tier 1
FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 day	vs)	PA-QL	Tier 1
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/yea	•	PA-QL	Tier 1
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 da		PA-QL	Tier 1
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors		PA-QL	Tier 1
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 yea		PA-QL	Tier 1
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 da		PA-QL	Tier 1
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	, ,	PA-QL	Tier 1
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 senso	rs/28 days)	PA-QL	Tier 1
CALIBRATION LIQUID	, ,	отс	Tier 2
LANCET KIT		отс	Tier 2
LANCETS		отс	Tier 2
OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year)		QL	Tier 2
OMNIPOD 5 G6 KIT (QL= 1 kit/year)		QL	Tier 2
OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days)		QL	Tier 2
OMNIPOD 5 G6 PODS MISC (QL= 15 pods/30 days)		QL	Tier 2
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)		QL	Tier 2
OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days)		QL	Tier 2
OMNIPOD 5 PACK PODS (QL= 15 pods/30 days)		QL	Tier 2
OMNIPOD DASH KIT (QL= 1 kit/year)		QL	Tier 2
OMNIPOD DASH PDM KIT (GEN 4) (QL= 10 pods/30 (days)	QL	Tier 2
OMNIPOD DASH PODS (QL= 15 pods/30 days)		QL	Tier 2
OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 da	ys)	QL	Tier 2
OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 da	ys)	QL	Tier 2
OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 da	vs)	QL	Tier 2

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

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

DrugName	Last opuated of 1/2023	Special Code	Tier
	MEDICAL DEVICES AND SUPPLIES Cont.		
OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/	30 days)	QL	Tier 2
OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/	30 days)	QL	Tier 2
OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/	30 days)	QL	Tier 2
OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/	30 days)	QL	Tier 2
OMNIPOD STARTER KIT (QL= 1 kit/year)		QL	Tier 2
PARENTERAL THERAPY SUPPLIES			
B-D INSULIN SYRINGE		OTC	Tier 1
BD NEEDLES		OTC	Tier 1
B-D PEN NEEDLE		OTC	Tier 1
NOVOFINE PEN NEEDLE		OTC	Tier 1
NOVOTWIST PEN NEEDLE		OTC	Tier 1
CEQUR SIMPLICITY 2U (QL= 10 patches/30 day	s)	QL	Tier 2
CEQUR SIMPLICITY INSERTER (QL= 1 device/li	fetime)	QL	Tier 2
CEQUR SIMPLICITY INSERTER (QL= 1 inserter/	lifetime)	QL	Tier 2
HYPODERMIC NEEDLES		OTC	Tier 2
NOVOPEN ECHO (QL= 1 pen device/365 days)		QL	Tier 2
SAFETY SYRINGE		-	Tier 2
SYRINGE LUER-LOK		OTC	Tier 2
TB SYRINGE		-	Tier 2
RESPIRATORY THERAPY SUPPLIES			
AEROCHAMBER (QL= 1 device/365 days)		QL	Tier 2
	MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTI			
UBRELVY TAB (QL= 10 tabs/30 days; ST require:	s trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan	QL-ST	Tier 2
tab)			
MIGRAINE COMBINATIONS			
acetaminophen/isometheptene/dichloral cap (MIDI	RIN equiv)	-	Tier 1
isometheptene/caffeine/acetaminophen tab (PROI	DRIN equiv)	-	Tier 1
PRODRIN TAB		-	Tier 1
ACETAMINOPHEN/ISOMETHEPTENE/DICHLOR	AL CAP	-	Tier 2
ERGOTAMINE/CAFFEINE TAB (QL= 40 tabs/28 d	days)	QL	Tier 2
ergotamine/caffeine tab (CAFERGOT equiv) (QL=	40 tabs/28 days)	QL	Tier 2
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEI	N TAB	-	Tier 2
MIGERGOT SUPP (QL= 20 supp/28 days)		QL	Tier 2
	9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT,	QL-ST	Tier 2
zolmitriptan tab, or sumatriptan tab)			
MIGRAINE PRODUCTS			
dihydroergotamine mesylate inj (D.H.E. equiv) (QL	= 24ml/28 days)	QL	Tier 2
dihydroergotamine mesylate nasal spray (MIGRAN	IAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2:	QL-ST	Tier 2
naratriptan, rizatriptan, rizatriptan ODT, or sumatri			
MIGRAINE PRODUCTS - MONOCLON	IAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)		PA-QL	Tier 2
AJOVY INJ(QL= 1 inj/28 days)		PA-QL	Tier 2
EMGALITY INJ (QL= 1 inj/28 days)		PA-QL	Tier 2
ENGALIT INJ (QL- 1 III/20 days)		171 QL	TICI Z

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

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

DrugName I	Last Updated* 6/1/2025	Special Code	Tier
	RAINE PRODUCTS Cont.	•	
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 pa (eg. diclofenac) or triptans (eg. sumatriptan)) SEROTONIN AGONISTS		QL-ST	Tier 2
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)		QL	Tier 1
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)		QL	Tier 1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)		QL	Tier 1
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptar		QL-ST	Tier 1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)		QL	Tier 1
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)		QL	Tier 1
almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; ST req trial c or sumatriptan tab)	of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab,	QL-ST	Tier 2
almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; ST req trial of or sumatriptan tab)	2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab,	QL-ST	Tier 2
eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days; ST req trial of or sumatriptan tab)	2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab,	QL-ST	Tier 2
frovatriptan tab (FROVA equiv) (QL= 9 tabs/30 days; ST req trial of or sumatriptan tab)	2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab,	QL-ST	Tier 2
sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days)		QL	Tier 2
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)		QL	Tier 2
sumatriptan vial inj (IMITREX equiv) (QL= 4 mL/30 days; ST req tri tab, or sumatriptan tab)	al of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan	QL-ST	Tier 2
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/30 days; ST tab FOLLOWED BY suma nasal)	req trial of 2: nara tab, riza tab/ODT, zolm tab, suma	QL-ST	Tier 2
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days; ST req trial or sumatriptan tab)	of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab,	QL-ST	Tier 2
FLUORIDE	RALS & ELECTROLYTES		
	All II	_	Duarranti
FLUORABON SOLN (Covered at \$0 for members 5 years or youn copay)	·		Preventive
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for memb generic copay)		-	Preventiv e
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members generic copay)		-	Preventiv e
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or	younger; All other members covered at generic copay)	-	Preventive
FLORIVA DROPS PHOSPHATE		-	Tier 2
phospha 250 neutral tab (K-PHOS NEUTRAL equiv) (QL= 8 tabs/d	ay)	QL	Tier 1
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/	(day)	QL	Tier 1
K-TAB		-	Tier 1
POT/CHLORIDE EFFER TAB		-	Tier 1
potassium chloride effer tab (K-LYTE/CL equiv)		-	Tier 1
potassium chloride ER cap (MICRO-K equiv)		-	Tier 1
potassium chloride ER tab (K-TAB equiv)		-	Tier 1
potassium chloride micro tab (K-DUR equiv)		-	Tier 1
POTASSIUM CHLORIDE TAB ER		-	Tier 1
Note: Unless otherwise specifically noted, all strengths and forms of products liste	ed in the formulary are covered.		
	c =small letters BRANDS =CAF xclusion LD Limited Distribut	PITAL LETTERS tion	

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.

Medical Benefit

Quantity Limit

Smoking Cessation

М

ΩL

Lumicera Mandatory Specialty Pharmacy Program

Limited to two 15 day fills per month for first 3 months SMKG

Prior Authorization

Vaccine Program

LMSP

PA

SF

VAC

OTC

RDX

ST

Over-the-Counter

Step Therapy

Restricted to Diagnosis

IMMUNOSUPPRESSIVE AGENTS azathioprine tab 100mg (QL = 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) QL = 5T Tier 2 azathioprine tab 75mg (QL = 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) QL = 5T Tier 2 Tier 3 Tie	DrugName		Last Opuated of	1/2023	Special Code	Tier
Time 2 Procession Proce		MIN	ERALS & ELECTRO	DLYTES Cont.		
Details Deta	potassium bicarbonate effer tab (K-LYT	ΓE equiv)			-	Tier 2
SODIUM Sodium chilorido inj MISCELLANEOUS THERAPEUTIC CLASSES CHELATING AGENTS Percilaimria tab (DEPEN TITRATAB equiv) (QL = 480 laba(30 days) QL Tier 1 titientine cap 250mg (SYPRINE equiv) (ST req trial of generic peniciliarmine tab) ST Tier 1 Penicilaimria tab (DEPEN TITRATAB equiv) (ST req trial of generic peniciliarmine tab) ST Tier 1 Tier 2 MIMOUNOMODULATORS IMMUNOMODULATORS IMMUNOMODULATORS IMMUNOMODULATORS IMMUNOSUPPRESSIVE AGENTS IMMUNO					-	Tier 2
### CHELATING AGENTS CHELATING AGENTS ###					-	Tier 2
### CELLANEOUS THERAPEUTIC CLASSES ### CHELATING AGENTS Particilamine tab (DEPEN TITRATAB equiv) (QL = 480 tabs/30 days)					-	Tier 1
CHELATING AGENTS Pericilamine tab (DEPTA) TITRATAB equity (OL= 480 tabs/30 days) pericilamine tab (DEPTA) TITRATAB equity (ST req trial of generic penicilamine tab) ST Ter 1 Ter 1 Ter 1 Ter 1 Ter 1 Ter 1 Ter 2 IMMUNOMODULATORS LD-PA-QL IMMUNOSUPPRESSIVE AGENTS Bazathioprine tab 100mg (OL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) DL-ST Ter 2 DEPTA (DL-ST Ter 2 DEPTA (DL-ST Ter 2 DEPTA (DL-ST Ter 2 Ter 2 DEPTA (DL-ST Ter 2 Ter	,	MISCEL	LANEOUS THERAI	PEUTIC CLASSES		
Tirentine eap 260mg (SYPRINE equiv) (ST req trial of generic penicillamine tab) Fig. 1 Fer. 1 Impericillamine cap (CUPRIMINE equiv) Fig. 2 Fer. 1 Fer. 2 IMMUNOMODULATORS IMMUNOMODULATORS IMMUNOSUPPRESSIVE AGENTS azathioprine tab 100mg (QL = 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) Zerathioprine tab 100mg (QL = 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) Zerathioprine tab 100mg (QL = 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) Zerathioprine tab 75mg (QL = 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) Zerathioprine tab 75mg (QL = 20 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) Zerathioprine tab 75mg (QL = 20 tabs/30	CHELATING AGENTS					
Internation ago 250mg (SYPRINE equiv) (ST req trial of generic peniollamine tab)	penicillamine tab (DEPEN TITRATAB e	eguiv) (QL= 480 tabs/3	0 days)		QL	Tier 1
periodilamine cap (CUPRIMINE equiv) TRIENTINE CAP 500MG (ST reg trial of generic penicillamine tab and then trial of gen trientine 250mg cap) TRIENTINE CAP 500MG (ST reg trial of generic penicillamine tab and then trial of gen trientine 250mg cap) TRIENTINE CAP 500MG (ST reg trial of generic penicillamine tab and then trial of gen trientine 250mg cap) TRIENTINE CAP 500MG (ST reg trial of generic penicillamine tab and then trial of gen trientine 250mg cap) TRIENTINE CAP 500MG (ST reg trial of cap) TRIENTINE CAP 500MG (ST reg trial					ST	Tier 1
IMMUNOSUPRESSIVE AGENTS IMMUNOSUPPRESSIVE A			,		-	Tier 2
Immunosuppressive Agents Immunosuppressive A	TRIENTINE CAP 500MG (ST req trial	of generic penicillamir	ne tab and then trial of gen t	rientine 250mg cap)	ST	Tier 2
IMMUNOSUPPRESSIVE AGENTS azathioprine tab 100mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) QL-ST Tier 2 azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) QL-ST Tier 2 azathioprine tab 57mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) QL-ST Tier 2 azathioprine tab 57mg (QL= 21 tabs/day) QL-ST Tier 2 azathioprine tab 57mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) QL-ST Tier 2 are reformed to a control of the cont	IMMUNOMODULATORS					
azathioprine tab 100mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) QL-ST Tier 2 azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) QL-ST Tier 2 azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) QL-ST Tier 2 azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) QL-ST Tier 2 Tier 3 Tier 3 Tier 3 Tier 4 Tier 4 Tier 4 Tier 5 Tier 4 Tier 5 Tier 5 Tier 5 Tier 5 Tier 5 Tier 5 Tier 6 Tier 7 Tier 7 Tier 7 Tier 7 Tier 8 Tier 9 Tier			railable through Onco360 87	77-662-6633)	LD-PA-QL	Tier 1 Specialty
azathioprine tab 75mg (QL=30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg) QL-ST Tier 2 everolimus tab (ZORTRESS equiv) (QL=2 tabs/day) QL Tier 2 Tier 3 Tier 2 Tier 2 Tier 3 Tier 2 Tier 3 Tier 2 Tier 4 Tier 4 Tier 4 Tier 5 Tier 5 Tier 5 Tier 5 Tier 5 Tier 6 Tier 6 Tier 7 Tier 7 Tier 7 Tier 7 Tier 7 Tier 8 Tier 8 Tier 9 Ti						
everolimus tab (ZORTRESS equiv) (QL = 2 tabs/day) VTHBBIN SUSP - Tier 2 sirolimus soln (RAPAMUNE equiv) - Tier 2 POTASSIUM REMOVING AGENTS LOKELMA PAK (QL = 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, burnetanide, torsemide, HCTZ, moderate, chlorthalidone) SPS - Tier 2 MOUTH/THROAT/DENTAL AGENTS MOUTH/THROAT/DENTAL AGENTS MOUTH/THROAT/DENTAL AGENTS ANESTHETICS TOPICAL ORAL Ilidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv) - Tier 1 LIDOCAINE ORAL SOLN 4% - Tier 2 ANTI-INPECTIVES - THROAT clotrimazole troches (MYCELEX TROCHES equiv) - Tier 1 ANTISEPTICS - MOUTH/THROAT Chlorhexidine gluconates soln (PERIDEX equiv) DENTAL PRODUCTS PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred prand copay) - Sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at preferred prevent and copay) - Sodium fluoride paste (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at preferred prevent and copay) - Sodium fluoride paste (PREVIDENT equiv) - Tier 1 STEROIDS - MOUTH/THROAT TIER 1 STEROIDS - MOUTH/THROAT TIER 1 TIER 1 TIER 1 TIER 1 TIER 1 TIER 2 TIER 2 TIER 3 TIER 4 TIER 4 TIER 5 TIER 5 TIER 6 TIER 7 TIER 7 TIER 1 TIER 2 TIER 2 TIER 1 TIER 3 TIER 4 TIER 4 TIER 4 TIER 5 TIER 5 TIER 6 TIER 7 TIER 8					· ·	
MYHIBBIN SUSP risindimus soln (RAPAMUNE equiv) - Tier 2 risindimus soln (RAPAMUNE equiv) - Tier 2 POTASSIUM REMOVING AGENTS LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, burnetanide, torsemide, HCTZ, QL-ST Tier 2 metolazone, chlorthalidone) SPS - Tier 2 MOUTH/THROAT/DENTAL AGENTS ANESTHETICS TOPICAL ORAL Idiocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv) - Tier 1 LIDOCAINE ORAL SOLN 4% - Tier 2 ANT-INFECTIVES - THROAT clotrimazole troches (MYCELEX TROCHES equiv) - Tier 1 nystatin susp - Tier 1 ANTISEPTICS - MOUTH/THROAT Chlorhexidine gluconate soln (PERIDEX equiv) - Tier 1 DENTAL PRODUCTS PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred - Prever brand copay) - e sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at - Prever generic copay) - e sodium fluoride paste (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at - Prever generic copay) - e Sodium fluoride paste (PREVIDENT equiv) - Tier 1 STEROIDS - MOUTH/THROAT THROAT PRODUCTS - MISC. cevimeline cap (EVOXAC equiv) - Tier 1 THROAT PRODUCTS - MISC. LID Limited Distribution - Tier 1 THROAT PRODUCTS - MISC. Cevimeline cap (EVOXAC equiv) - Tier 1 ANSP Limited visite per north for first 3 months - SMK of Smising Gessation - STE Neither to two 16 day file per north for first 3 months - SMK of Smising Gessation - STE Neither to two 16 day file per north for first 3 months - SMK of Smising Gessation - STE Neither to two 16 day file per north for first 3 months - SMK of Smising Gessation - STE Neither to two 16 day file per north for first 3 months - SMK of Smising Gessation - STE Neither to two 16 day file per north for first 3 months - SMK of Smising Gessation - STE Neither 16 to 16 day file per north for first 3 months - SMK of Smising Gessation - STE Neither 16 to 16 day file per north for first 3 months - SMK of SMK of SMK of SMK of			equires trial of azathioprine	tab 50mg)		
Sirolimus soln (RAPAMUNE equiv) POTASSIUM REMOVING AGENTS LOKELMA PAK (QL=1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, burnetanide, torsemide, HCTZ, QL-ST Tier 2 metolazone, chlorthalidone) SPS		∟= 2 tabs/day)			QL	
COKELMA PAK (QL=1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, burnetanide, torsemide, HCTZ, QL-ST Tier 2 metolazone, chlorthalidone) SPS					-	
LOKELMA PAK (QL=1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, burnetanide, torsemide, HCTZ, QL-ST Tier 2 metolazone, chlorthalidone) SPS - Tier 2 MOUTH/THROAT/DENTAL AGENTS ANESTHETICS TOPICAL ORAL Ilidocaine viscous soin 2% (LiDoCAINE HCL VISCOUS SOLN 2% equiv) - Tier 1 LIDOCAINE ORAL SOLN 4% - Tier 2 ANTI-INFECTIVES - THROAT clotrimazole troches (MYCELEX TROCHES equiv) - Tier 1 ANTISEPTICS - MOUTH/THROAT chlorhexidine gluconate soin (PERIDEX equiv) - Tier 1 ANTISEPTICS - MOUTH/THROAT chlorhexidine gluconate soin (PERIDEX equiv) - Tier 1 DENTAL PRODUCTS PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred - Prever prand copay) sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at - Prever generic copay) sodium fluoride gel (PREVIDENT equiv) STEROIDS - MOUTH/THROAT triamcinolone in orabase paste (KENALOG/ORABASE equiv) - Tier 1 THROAT PRODUCTS - MISC. cevimeline cap (EVOXAC equiv) - Tier 1 Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					-	Her 2
MOUTH/THROAT/DENTAL AGENTS **MOUTH/THROAT/DENTAL AGENTS** **MOUTH/THROAT/DENTAL AGENTS** **ANESTHETICS TOPICAL ORAL** Idocaine viscous soin 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv) - Tier 1 LIDOCAINE ORAL SOLN 4% - Tier 2 **ANTI-INFECTIVES - THROAT** Clotrimazole troches (MYCELEX TROCHES equiv) - Tier 1 **ANTISEPTICS - MOUTH/THROAT** **Colorimazole troches (MYCELEX TROCHES equiv) - Tier 1 **DENTAL PRODUCTS** **PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred prand copay) - Prevention of paste (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at preferred prand copay) - Tier 1 **STEROIDS - MOUTH/THROAT** **Tier 1 **TIEROIDS - MOUTH/THROAT** **Tier 1 **Tier 2 **Tier 1 *						
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ANESTHETICS TOPICAL ORAL IIdocaine viscous soin 2% (ILIDOCAINE HCL VISCOUS SOLN 2% equiv) . Tier 1 LIDOCAINE ORAL SOLN 4% . There 2 ANTI-INFECTIVES - THROAT Coltrimazole troches (MYCELEX TROCHES equiv) . Tier 1 nystatin susp . Tier 1 ANTISEPTICS - MOUTH/THROAT Chlorhexidine gluconate soin (PERIDEX equiv) . Tier 1 DENTAL PRODUCTS PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred . Prever e brand copay) sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at . Prever e e solum fluoride gel (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at . Prever e e solum fluoride gel (PREVIDENT equiv) (PREVIDENT equiv) . Tier 1 sodium fluoride gel (PREVIDENT equiv) . Tier 1 STEROIDS - MOUTH/THROAT THROAT PRODUCTS - MISC. cevimeline cap (EVOXAC equiv) . Tier 1 Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. Note -	SPS				•	Tier 2
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LIDOCAINE ORAL SOLN 4% ANTI-INFECTIVES - THROAT clotrimazole troches (MYCELEX TROCHES equiv) rystatin susp - Tier 1 ANTISEPTICS - MOUTH/TROAT chlorhexidine gluconate soln (PERIDEX equiv) DENTAL PRODUCTS PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred - Prever e brand copay) sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at - Prever generic copay) sodium fluoride gel (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at - Prever generic copay) sodium fluoride gel (PREVIDENT equiv) sodium fluoride paste (PREVIDENT equiv) Tier 1 STEROIDS - MOUTH/THROAT triamcinolone in orabase paste (KENALOG/ORABASE equiv) Triamcinolone in orabase paste (KENALOG/ORABASE equiv) - Tier 1 THROAT PRODUCTS - MISC. cevimeline cap (EVOXAC equiv) plilocarpine tab (SALAGEN equiv) Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. AMSP Ardon Mandatory Specialty Pharmacy Program IMA Medical Benefit OTC Over-the-Counter PA Prior Authorization SF Limited to we 15 day fills per month for first 3 months SMKG SMoking Cessation ST Step Therapy Tier 1 Tier 1 Tier 1 The 1 The 2 Tier 1 Third 1 Third 2 Third 2 Third 3 Third 3 Third 4 Third 4 Third 4 Third 5 Third 4 Third 5 Third 5 Third 5 Third 5 Third 5 Third 5 Third 6 Third 5 Third 6 Third 7 Third 6 Third 7 Third 6 Third 7 Third 7 Third 7 Third 1	ANESTHETICS TOPICAL OR	AL				
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THROAT PRODUCTS - MISC. cevimeline cap (EVOXAC equiv) - Tier 1 pilocarpine tab (SALAGEN equiv) - Tier 1 Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. NC = Not Covered			\			Tion 1
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PA Prior Authorization QL Quantity Limit RDX Restricted to Diagnosis SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation ST Step Therapy	1					
VAC Vaccine Program	PA Prior Authorization SF Limited to two 15 day fills per month f	QL	Quantity Limit	RDX Restricted to	o Diagnosis	

DrugName	Last Opuated 6/1/2025	Special Code	Tier
	MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID			
DIALYVITE TAB		-	Tier 1
DIALYVITE/ZINC TAB		-	Tier 1
FOLBEE PLUS CZ TAB		-	Tier 1
PED MV W/ FLUORIDE			
ADC/FLUORIDE DROP		-	Preventive
FLORIVA PLUS DROPS		-	Preventi e
MULTIVITAMIN/FLOURIDE CHEW 0.25MG		-	Preventi
MULTIVITAMIN/FLOURIDE CHEW 1MG		-	Preventi
MULTIVITAMIN/FLUORIDE CHEW TAB		-	Preventive
pediatric multiple vitamins/fluoride soln		-	Preventi e
PRENATAL VITAMINS			C
VP-PNV-DHA CAP		-	Tier 1
CONCEPT DHA CAP		-	Tier 2
PRENATABS RX TAB		-	Tier 2
PRENATAL 19 CHEW TAB		-	Tier 2
PRENATAL 19 TAB		-	Tier 2
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PF	RENAPLUS)	-	Tier 2
MUS	CULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS			
baclofen tab (BACLOFEN equiv)		-	Tier 1
, , ,	erapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine,	QL-ST	Tier 1
chlorzoxazone tab (QL= 4 tabs/day)		QL	Tier 1
chlorzoxazone tab 500mg		-	Tier 1
cyclobenzaprine tab (FLEXERIL equiv)		-	Tier 1
methocarbamol tab (ROBAXIN equiv)		-	Tier 1
orphenadrine citrate ER tab (NORFLEX equiv)		-	Tier 1
tizanidine tab (ZANAFLEX equiv)		-	Tier 1
baclofen oral soln 5mg/5ml (QL= 16ml/day; ST req trial o	f baclofen tabs and tizanidine caps/tabs (can open or crush))	QL-ST	Tier 2
baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST recrushed))	q trial of baclofen tabs and tizanidine caps/tabs (can be open or	QL-ST	Tier 2
baclofen tab 15mg (QL= 8 tabs/day; ST req trial 2: baclof	en 5/10mg tab, cyclobenz, tizanidine, methocarb,	QL-ST	Tier 2
chlorzoxazone, orphenadrine) BACLOFEN TAB 5MG		-	Tier 2
chlorzoxazone tab (QL= 4 tabs/day; Step Therapy require methocarbamol, or orphenadrine ER)	es trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine,	QL-ST	Tier 2
chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy tizanidine, methocarbamol, or orphenadrine ER)	requires trial of 2: baclofen, cyclobenzaprine, tizanidine,	QL-ST	Tier 2
·	Step Therapy requires trial of 2: baclofen, cyclobenzaprine,	QL-ST	Tier 2
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Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

1		NC =Not Covered		generic =small letters		BRANDS = CAPITAL LETTERS
ı	AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
ı	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
ı	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
ı	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
1	VAC	Vaccine Program				
- 1						

DrugName	East opaated 5/1/2020	Special Code	Tier
	MUSCULOSKELETAL THERAPY AGENTS Cont.		
cyclobenzaprine tab 7.5mg (Trial of 2: cyclobe chlorzoxazone, orphenadrine)	enzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen,	ST	Tier 2
metaxalone tab (SKELAXIN equiv)		-	Tier 2
methocarbamol tab 1000mg (QL= 8 tabs/day cyclobenzaprine, orphenadrine, tizanidine)	; ST req trial of methocarbamol 500/750mg AND 2: baclofen,	QL-ST	Tier 2
tizanidine cap (ZANAFLEX equiv)		-	Tier 2
DIRECT MUSCLE RELAXANTS			
dantrolene cap (DANTRIUM equiv) (QL= 4 tal tizanidine, tizanidine, methocarbamol, or orph MUSCLE RELAXANT COMBINATI	·	QL-ST	Tier 2
CARISOPRODOL/ASPIRIN TAB		-	Tier 1
carisoprodol/aspirin tab (SOMA COMPOUND	equiv)	-	Tier 1
CARISOPRODOL/ASPIRIN/CODEINE TAB		-	Tier 1
carisoprodol/aspirin/codeine tab (SOMA COM	POUND/CODEINE equiv)	-	Tier 1
	NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY			
olopatadine nasal spray (PATANASE equiv) (0	QL= 30.5ml/30 days)	QL	Tier 1
NASAL ANTICHOLINERGICS			
ipratropium nasal spray (ATROVENT equiv)		-	Tier 1
SYMPATHOMIMETIC DECONGES	TANTS		
pseudoephedrine ER tab 120mg (QL= 2 tabs	/day)	QL	Tier 1
pseudoephedrine liquid 15mg/5ml (QL= 2400	• *	QL	Tier 1
pseudoephedrine tab 30mg(QL= 8 tabs/day)	• •	QL	Tier 1
pseudoephedrine tab 60mg (QL= 4 tabs/day)		QL	Tier 1
epinephrine hcl nasal soln (ADRENALIN equiv	v)	-	Tier 2
zephrex-d tab 30mg (QL= 240 tabs/30 days)		QL	Tier 2
	NEUROMUSCULAR AGENTS		
ALS AGENTS			
riluzole tab (RILUTEK equiv)		AMSP	Tier 1
			Specialty
EXSERVAN FILM (QL= 60 films/30 days; Onl	ly available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2
DADICAVA ODS SUSD (OL = 70m1/20 dovo.)	Only available through Approduce 900, 902, 9522	LD-PA-QL	Specialty
RADICAVA ORS SUSP (QL= 70mi/28 days; C	Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2
TIGLUTIK SUSP (Only available through And	ovoRx 844-288-5007)	LD-PA	Specialty Tier 2
(0.1.)	,		Specialty
	OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC			
BETA-BLOCKERS - OPHTHALMIC betaxolol ophth soln (BETOPTIC-S equiv)		-	Tier 1
		-	Tier 1 Tier 1
betaxolol ophth soln (BETOPTIC-S equiv)			
betaxolol ophth soln (BETOPTIC-S equiv) CARTEOLOL OPHTH SOLN carteolol ophth soln (OCUPRESS equiv)	rapy requires trial of dorzolamide/timolol ophth soln)		Tier 1
betaxolol ophth soln (BETOPTIC-S equiv) CARTEOLOL OPHTH SOLN carteolol ophth soln (OCUPRESS equiv)	rapy requires trial of dorzolamide/timolol ophth soln)	-	Tier 1 Tier 1
betaxolol ophth soln (BETOPTIC-S equiv) CARTEOLOL OPHTH SOLN carteolol ophth soln (OCUPRESS equiv) dorzolamide/timolol (pf) ophth soln (Step The	rapy requires trial of dorzolamide/timolol ophth soln)	- - ST	Tier 1 Tier 1 Tier 1

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

١		NC =Not Covered		generic =small letters		BRANDS = CAPITAL LETTERS
١	AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
١	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
١	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
١	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
١	VAC	Vaccine Program				
- 1						

immortion 0.2%, dozzolamide/timolol, carteolol, kivoburnolof, timolof maleate) ORZOLAMIDETIMOLOL OPHTH SOLN IETIPRANOLOL OPHTH SOLN OPH	DrugName	Special Code	Tier	
immortine 0.2%, dozzolamide/timolol, carteolol, levobunolol, timolol maleate) Control Contr		OPHTHALMIC AGENTS Cont.		
Timer Time			QL-ST	Tier 2
motol maleate (pf) ophth soin 0.5% (TIMOPTIC equiv) (OL= 2ml/day) motol maleate ophth get (TIMOPTIC-XE equiv) (Step Therapy requires trial of timotol maleate ophth soin; Covered for between the pass of younger) motol maleate ophth soin 0.5% (ISTALOL equiv) (Step Therapy requires trial of timotol maleate ophth soin; Covered for between the pass of younger) motol maleate ophth soin 0.5% (ISTALOL equiv) (Step Therapy requires trial of timotol maleate ophth soin; Covered for between the pass of younger) motol ophth soin (BETIMOL equiv) (OL= 16ml/30 days) OL Tier, motol ophth soin (BETIMOL equiv) (OL= 5ml/30 days) OL Tier, motol ophth soin (BETIMOL equiv) (OL= 5ml/30 days) OL Tier, motol ophth soin (BETIMOL equiv) (OL= 5ml/30 days) OL Tier, motol maleate ophth soin 0.25% (TIMOPTIC equiv) CHOLINERGIC AGONISTS TYRAYA SOLIN (OL= 8.4ml/30 days, Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic called the pass of the	DORZOLAMIDE/TIMOLOL OPHTH SOLN	,	-	Tier 2
Incide Imaleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln; Covered for sembers age 5 years or younger) sembers age 5 years or younger) (Image)	METIPRANOLOL OPHTH SOLN		-	Tier 2
tembers age 5 years or younger) motel maleate ophth soin 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soin 0.5% (ISTALOL equiv) (QL= 2mi/day) QL Tier motel maleate ophth soin 0.5% (ISTALOL equiv) (QL= 2mi/day) QL Tier motel ophth soin (ISETIMOL equiv) (QL= 15mi/da) days) QL Tier motel ophth soin (ISETIMOL equiv) (QL= 5mi/da) days) QL Tier motel ophth soin (ISETIMOL equiv) (QL= 5mi/da) days) QL Tier motel ophth soin (ISETIMOL equiv) (QL= 5mi/da) days) QL Tier motel maleate ophth soin 0.5% (TIMOPTIC equiv) QL Smi/days) QL Tier motel maleate ophth soin 0.5% (TIMOPTIC equiv) QL Smi/days) QL Tier motel maleate ophth soin 0.5% (TIMOPTIC equiv) QL Smi/days (QL= 8 mi/da) days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic testasis)) QL Tier motel maleate ophth soin 0.5% (TIMOPTIC equiv) QL Tier motel maleate ophth soin (QL= 8 mi/da) days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic testasis)) QL Tier motel motel testasis (QL= 8 mi/da) days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic testasis)) QL Tier motel	timolol maleate (pf) ophth soln 0.5% (TIMOPTIC eq	uiv) (QL= 2ml/day)	QL	Tier 2
	timolol maleate ophth gel (TIMOPTIC-XE equiv) (Ste members age 5 years or younger)	ep Therapy requires trial of timolol maleate ophth soln; Covered for	ST	Tier 2
Monitor Moni	timolol maleate ophth soln 0.5% (ISTALOL equiv) (S	tep Therapy requires trial of timolol maleate ophth soln)	ST	Tier 2
molol ophth soln (BETIMOL equiv) (QL= 15ml/30 days) QL Tier/ molol ophth soln (BETIMOL equiv) (QL= 5ml/30 days) QL Tier/ molol maleate ophth soln 0.5% (TIMOPTIC equiv) QL-Sml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic CHOLINERGIC AGONISTS VFKVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic CYCLOPLEGIC MYDRIATICS VTCLOPLEGIC MYDRIATICS Utropine ophth soln (SOPTO ATROPINE equiv) (QL= 1 bottle/30 days) QL Tier/ tropine ophth soln (SOPTO ATROPINE equiv) (QL= 1 bottle/30 days) QL Tier/ henylephrine ophth soln (MYDRIACYL equiv) QL Tier/ henylephrine ophth soln (MYDRIACYL equiv) QL Tier/ henylephrine ophth soln (MYDRIACYL equiv) QL Tier/ MIOTICS UCMATROPINE OPHTH SOLN WITHOUT ADRENERGIC AGENTS WITHOUT ADRENERS WITHOUT ADRENERGIC AGENTS WITHOUT ADRENERGIC AGENTS WITHOUT ADRENERGIC AGENTS WITHOUT ADRENERGIC AGENTS WITHOUT ADRENERS WITHOUT ADRENERS WITHOUT ADRENERS WITHOUT ADRENERS	imolol maleate preservative free ophth soln (TIMOF	PTIC equiv) (QL= 2ml/day)	QL	Tier 2
molol ophth soln (BETIMOL equiv) (OL= 5ml/30 days) - Value Molol maleate ophth soln 0.25% (TIMOPTIC equiv) - Value CHOLINERGIC AGONISTS ***TRYAYA SOLN (OL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic estassis) **CYCLOPLEGIC MYDRIATICS** **Tropine ophth soln (ISOPTO ATROPINE equiv) (QL=1 bottle/30 days) **CYCLOPLEGIC MYDRIATICS** **Tropine ophth soln (ISOPTO ATROPINE equiv) (QL=1 bottle/30 days) **Option ophth soln (ISOPTO ATROPINE equiv) (QL=1 bottle/30 days) **Inception ophth soln (MYDFRIN equiv) - Timer (policiamide ophth soln (MYDFRIN equiv) - Timer (DIAMATROPINE Ophth Soln (MYDRIACYL equiv) **Inception ophth soln (MYDFRIN equiv) - Timer (DIAMATROPINE Ophth Soln (MYDRIACYL equiv) **Inception ophth soln (MYDRIACYL equiv) *	imolol ophth soln (BETIMOL equiv) (QL= 10ml/30 d	ays)	QL	Tier 2
moloi maleate ophth soin 0.25% (TIMOPTIC equiv) color maleate ophth soin 0.5% (TIMOPTIC equiv) color maleate ophth soin 0.5% (TIMOPTIC equiv) color maleate ophth soin 0.5% (TIMOPTIC equiv) CYCLOPLEGIC MYDRIATICS tropine ophth oint tropine ophth soin (ISOPTO ATROPINE equiv) (QL=1 bottle/30 days) color ophth soin (ISOPTO ATROPINE equiv) (QL=1 bottle/30 days) color ophth soin (ISOPTO ATROPINE equiv) color ophth soin (MYDRIACYL equiv) color ophth soin (ISOPTO CARPINE equiv) color ophth soin 0.5% (IOPIDINE equiv) color ophth soin (IOPIDINE equiv) color oph	timolol ophth soln (BETIMOL equiv) (QL= 15ml/30 d	ays)	QL	Tier 2
molol maleate ophth soln 0.5% (TIMOPTIC equiv) CHOLINERGIC AGONISTS YRVAYA SOLN (QL= 8.4ml/30 adys; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic QL-ST Tier (sestasis)) CYCLOPLEGIC MYDRIATICS Utopine ophth soln (ISOPTO ATROPINE equiv) (QL=1 bottle/30 days) QL Tier of tropine ophth soln (ISOPTO ATROPINE equiv) (QL=1 bottle/30 days) QL Tier of tropine ophth soln (CYCLOGYL equiv) - Tier opicamide ophth soln (MYDRIACYL equiv) - Tier opicamide ophth soln (MYDRIACYL equiv) OMATROPINE OPHTH SOLN MIOTICS Illocarpine ophth soln (ISOPTO ARPINE equiv) OPHTHALMIC ADRENERGIC AGENTS Trimonidine ophth soln (ISOPTO ARPINE equiv) OPHTHALMIC ADRENERGIC AGENTS Timonidine ophth soln 0.2% (ALPHAGAN equiv) (Step Therapy requires trial of brimonidine ophth soln 0.5% (ALPHAGAN Pollis) DPHTHALMIC ANTI-INFECTIVES activacin/polymyxin b ophth oint (POLYSPORIN equiv) (Step Therapy requires trial of brimonidine ophth soln 0.5% (ALPHAGAN Pollis) activacin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier ophth soln (ISOPTO ARPINE equiv) - Tier ophth soln (ISOPTO ARPINE equiv) Tier ophth soln (ISOPTO CARPINE equiv) - Tier ophth soln (ISOPTO CARPINE equiv) - Tier ophth soln (ISOPTO Requiv) - Tier ophth soln (ISOPTO Requiv) - Tier ophthomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier ophthomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier ophthomycin/polymyxin b ophth soln (ISOPTO Requiv) - Tier ophthomycin/poly	imolol ophth soln (BETIMOL equiv) (QL= 5ml/30 da	ys)	QL	Tier 2
CHOLINERGIC AGONISTS YRYAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic setastasis) CYCLOPLEGIC MYDRIATICS tropine ophth oint tropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days) QL Tier of the polythophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days) chenylephrine ophth soln (ISOPTO ATROPINE equiv) henylephrine ophth soln (MYDRIN equiv) chenylephrine ophth soln (ISOPTO CARPINE equiv) MIOTICS Ilicarpine ophth soln (ISOPTO CARPINE equiv) DPHTHALMIC ADRENERGIC AGENTS rimonidine ophth soln 0.2% (ALPHAGAN equiv) praclonidine ophth soln 0.5% (IOPIDINE equiv) (Step Therapy requires trial of brimonidine ophth soln 0.5% (IOPIDINE equiv) Tier of the praclonidine ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) Tier of the praclonidine ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) Tier of the praclonidine ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) Tier of the praclonidine ophth soln on the praclonidine ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) Tier of the praclonidine ophth soln on the praclonidine ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) Tier of the praclonidine ophth soln on the praclonidine ophth	timolol maleate ophth soln 0.25% (TIMOPTIC equiv		-	Value
VPRVAYA SOLN (QL= 8.4ml/30 days, Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic cestasis)) VCYCLOPLEGIC MYDRIATICS tropine ophth oint	timolol maleate ophth soln 0.5% (TIMOPTIC equiv)		-	Value
Sestasis)) CYCLOPLEGIC MYDRIATICS CYCLOPLEGIC MYDRIATICS tropine ophth soin (ISOPTO ATROPINE equiv) (QL=1 bottle/30 days) QL Tier fropine ophth soin (ISOPTO ATROPINE equiv) An interpolable ophth soin (MYDRIACYL equiv) An interpolable ophth soin (ISOPTO CARPINE equiv) An interpolable ophth soin (ISOPTO CARPINE equiv) An interpolable ophth soin (ISOPTO CARPINE equiv) An interpolable ophth soin 0.180PTO CARPINE equiv) An interpolable ophth soin 0.280 (ALPHAGAN equiv) An interpolable ophth soin 0.280 (ALPHAGAN equiv) An interpolable ophth soin 0.280 (IOPIDINE equiv) An interpolable ophth soin 0.180 (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soin 0.280 (IOPIDINE equiv) An interpolable ophth soin 0.180 (IOPIDINE equiv) An interpolable ophth soin (IOPIDINE	CHOLINERGIC AGONISTS			
tropine ophth soln (ISOPTO ATROPINE equiv) (QL=1 bottle/30 days) clopentolate ophth soln (ISOPTO ATROPINE equiv) (QL=1 bottle/30 days) clopentolate ophth soln (CYCLOGYL equiv) clopentolate ophth soln (MYDFRIN equiv) copicamide ophth soln (ISOPTO CARPINE equiv) copicamide ophth soln 0.2% (ALPHAGAN equiv) copicamide ophth soln 0.5% (ALPHAGAN equiv) copicamide ophth soln 0.5% (ALPHAGAN equiv) copicamide ophth soln 0.5% (ALPHAGAN equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) copicamide ophth soln 0.5% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) copicamide ophth soln 0.5% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) copicamide ophth soln 0.5% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) copicamide ophth soln (ISOPTORINE equiv) copicamide ophth soln (Restasis))	requires trial of cyclosporine 0.05% ophth emulsion (generic	QL-ST	Tier 2
Tropine ophth soln (ISOPTO ATROPINE equiv) (QL = 1 bottle/30 days) cropine ophth soln (CYCLOGYL equiv) reproportolate ophth soln (CYCLOGYL equiv) reproportolate ophth soln (MYDRIAN equiv) complete ophth soln (MYDRIAN equiv) reproportor ophth soln (MYDRIACYL equiv) complete ophth soln (MYDRIACYL equiv) complete ophth soln (MYDRIACYL equiv) complete ophth soln (ISOPTO CARPINE equiv) complete ophth soln (ISOPTO CARPINE equiv) complete ophth soln (ISOPTO CARPINE equiv) complete ophth soln 0.5% (ALPHAGAN equiv) praclonidine ophth soln 0.5% (ALPHAGAN equiv) praclonidine ophth soln 0.5% (ALPHAGAN equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2% (ALPHAGAN equiv) praclonidine ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2% (ALPHAGAN equiv) cacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) acitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) acitracin/polymyxin b ophth oint (NEOSPORIN equiv) cacitracin/polymyxin b ophth oint (POLYSPORIN equiv) cacitracin/polymyxin b ophth soln (CILOXAN equiv) cacitracin/polymyx	CYCLOPLEGIC MYDRIATICS			
yciopentolate ophth soln (CYCLOGYL equiv) - Tier ophenylephrine ophth soln (MYDFRIN equiv) - Tier opicamide ophth soln (MYDRIACYL equiv) - Tier opicamide ophth soln (MYDRIACYL equiv) - Tier opicamide ophth soln (MYDRIACYL equiv) - Tier ophenylephrine ophth soln (MYDRIACYL equiv) - Tier ophenylephrine ophth soln (ISOPTO CARPINE equiv) - Tier ophenylephrine ophth soln (ISOPTO CARPINE equiv) - Tier ophenylephrine ophth soln (ISOPTO CARPINE equiv) - Tier ophenylephrine ophth soln 0.2% (ALPHAGAN equiv) - Tier ophenylephrine ophth soln 0.2% (ALPHAGAN equiv) - Tier ophenylephrine ophth soln 0.5% (ALPHAGAN equiv) - Tier ophenylephrine ophth soln 0.5% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) - Tier ophenylephrine ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) - Tier ophenylephrine ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) - Tier ophenylephrine ophth soln (POLYSPORIN equiv) - Tier ophenylephrine ophth soln (POLYSPORIN equiv) - Tier ophenylephrine ophth soln (ICIOXAN ophenylephrine) - Tier ophenylephrine - Tier ophen	atropine ophth oint			Tier 1
henylephrine ophth soln (MYDRIN equiv) opicamide ophth soln (MYDRIACYL equiv) OMATROPINE OPHTH SOLN Illocarpine ophth soln (ISOPTO CARPINE equiv) OPHTHALMIC ADRENERGIC AGENTS Immonidine ophth soln 0.2% (ALPHAGAN equiv) praclonidine ophth soln 0.5% (IOPIDINE equiv) Timonidine ophth soln 0.5% (IOPIDINE equiv) Timonidine ophth soln 0.5% (IOPIDINE equiv) Timonidine ophth soln 0.1% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier ophthalmic Anti-INFECTIVES acitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) Tier ophth soln (CILOXAN equiv) Tier ophth soln (CILOXAN equiv) Tier ophth soln (CILOXAN equiv) Tier ophth soln (GARAMYCIN equiv) Tier ophth soln (GARAMYCIN equiv) Tier ophth soln (GARAMYCIN equiv) Tier ophth soln (GILOXAN equiv) Tier ophth soln (TOBREX equiv) Tier ophth soln (TOBREX equiv) Tier ophth soln (TOBREX equiv)	atropine ophth soln (ISOPTO ATROPINE equiv) (QL	= 1 bottle/30 days)	QL	Tier 1
opicamide ophth soln (MYDRIACYL equiv) MIOTICS Illicarpine ophth soln (ISOPTO CARPINE equiv) DPHTHALMIC ADRENERGIC AGENTS Irimonidine ophth soln 0.2% (ALPHAGAN equiv) praclonidine ophth soln 0.5% (IOPIDINE equiv) rimonidine ophth soln 0.5% (IOPIDINE equiv) rimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 2 DPHTHALMIC ANTI-INFECTIVES acitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 2 DPHTHALMIC ANTI-INFECTIVES acitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) - Tier 3 acitracin/neomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 4 acitracin/neomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 5 acitracin/neomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYTRIM equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYTRIM equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYTRIM equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYTRIM equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYTRIM equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYTRIM equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint (POLYTRIM equiv) - Tier 6 acitracin/neomycin/polymyxin b ophth oint	cyclopentolate ophth soln (CYCLOGYL equiv)		-	Tier 1
MIOTICS Comparison on the solid (ISOPTO CARPINE equiv) Comparison on the solid (ISOPTO CARPINE EQUIVA Experison on the solid (ISOPTO CARPINE EQUIVA Experison on the solid (ISOPTO CARPINE EQUIVA Experison on the solid (ISOPTO CAR	phenylephrine ophth soln (MYDFRIN equiv)		-	Tier 1
MIOTICS Illocarpine ophth soln (ISOPTO CARPINE equiv) OPHTHALMIC ADRENERGIC AGENTS rimonidine ophth soln 0.2% (ALPHAGAN equiv) pracloridine ophth soln 0.5% (IOPIDINE equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 2 rimonidine tartrate ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 2 rimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 2 POPHTHALMIC ANTI-INFECTIVES acitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) acitracin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 1 acitracin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 2 profloxacin ophth soln (CILOXAN equiv) - Tier 3 extracin/polymyxin b (GARAMYCIN equiv) - Tier 4 profloxacin ophth soln (QUIXIN equiv) - Tier 4 profloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) - Tier 6 profloxacin ophth soln (CUICOX equiv) - Tier 6 profloxacin ophth soln (CUICO	ropicamide ophth soln (MYDRIACYL equiv)		-	Tier 1
Illocarpine ophth soln (ISOPTO CARPINE equiv) OPHTHALMIC ADRENERGIC AGENTS rimonidine ophth soln 0.2% (ALPHAGAN equiv) praclonidine ophth soln 0.5% (IOPIDINE equiv) rimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 2 rimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 2 OPHTHALMIC ANTI-INFECTIVES acitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) acitracin/neomycin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 1 iprofloxacin ophth soln (CILOXAN equiv) - Tier 2 ENTAK OPHTH OINT entamicin ophth soln (GARAMYCIN equiv) entamicin ophth soln (GUIXIN equiv) - Tier 3 ENTAK OPHTH Soln (QUIXIN equiv) - Tier 4 ENTAK OPHTH Soln (QUIXIN equiv) - Tier 5 ENTAK OPHTH Soln (GUIXIN equiv) - Tier 6 ENTAK OPHTH Soln (CUIXIN equiv) - Tier 7 ENTAMIC OPHTH Soln (CUIXIN equiv) - Tier 6 ENTAK OPHTH Soln (CUIXIN equiv) - Tier 7 ENTAMIC OPHTH Soln (CUIXIN equiv) - Tier 6 ENTAK OPHTH Soln (CUIXIN equiv) - Tier 7 ENTAMIC OPHTH Soln (CUIXIN equiv) - Tier 6 ENTAK OPHTH Soln (CUIXIN equiv) - Tier 7 ENTAMIC OPHTH Soln (CUIXIN equiv) - Tier 7 ENTAMIC OPHTH Soln (CUIXIN equiv) - Tier 6 ENTAM	HOMATROPINE OPHTH SOLN		-	Tier 2
PHTHALMIC ADRENERGIC AGENTS rimonidine ophth soln 0.2% (ALPHAGAN equiv)				
rimonidine ophth soln 0.2% (ALPHAGAN equiv) praclonidine ophth soln 0.5% (IOPIDINE equiv) rimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 2 rimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 2 OPHTHALMIC ANTI-INFECTIVES acitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) acitracin/polymyxin b ophth oint (POLYSPORIN equiv) iprofloxacin ophth soln (CILOXAN equiv) rythromycin ophth oint EENTAK OPHTH OINT entamicin ophth soln (GARAMYCIN equiv) acitracin/polymyxin boln (QUIXIN equiv) - Tier 1 entamicin ophth soln (QUIXIN equiv) - Tier 1 entamicin ophth soln (VIGAMOX OPHTH SOLN equiv) - Tier 1 entamicin ophth soln (VIGAMOX OPHTH SOLN equiv) - Tier 1 entamicin ophth soln (OCUFLOX equiv) - Tier 1 electromycin/polymyxin/graMiciDin OPHTH SOLN floxacin ophth soln (OCUFLOX equiv) - Tier 1 electromycin/polymyxin boln (POLYTRIM equiv) - Tier 1 electromycin/polymyxin boln (BLEPH-10 equiv) - Tier 1 electromycin ophth soln (TOBREX equiv) - Tier 1 electromycin ophth soln (TOBREX equiv)			-	Tier 1
praclonidine ophth soln 0.5% (IOPIDINE equiv) rimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 2 rimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 2 OPHTHALMIC ANTI-INFECTIVES acitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) - Tier 1 acitracin/polymyxin b ophth oint (POLYSPORIN equiv) - Tier 1 profloxacin ophth soln (CILOXAN equiv) - Tier 1 profloxacin ophth oint EENTAK OPHTH OINT - entamicin ophth soln (GARAMYCIN equiv) - Tier 1 entamicin ophth soln (QUIXIN equiv) - Tier 1 entamicin ophth soln (VIGAMOX OPHTH SOLN equiv) - Tier 1 entamicin ophth soln (VIGAMOX OPHTH SOLN equiv) - Tier 1 elEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN - Tier 1 floxacin ophth soln (OCUFLOX equiv) - Tier 1 floxacin ophth soln (OCUFLOX equiv) - Tier 1 eleomycin ophth soln (BLEPH-10 equiv) - Tier 1 eleomycin ophth soln (BLEPH-10 equiv) - Tier 1 eleomycin ophth soln (TOBREX equiv) - Tier 1 eleomycin ophth soln (TOBREX equiv) - Tier 1 eleomycin ophth soln (TOBREX equiv)				
rimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 2 Tier 2 Tier 3 Tier 4 Timonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 3 DPHTHALMIC ANTI-INFECTIVES acitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) acitracin/polymyxin b ophth oint (POLYSPORIN equiv) iprofloxacin ophth soln (CILOXAN equiv) - Tier 3 ENTAR OPHTH OINT entamicin ophth soln (GARAMYCIN equiv) acitracin ophth soln (QUIXIN equiv) acitracin ophth soln (QUIXIN equiv) acitracin/polymyxin b ophth oint brox/floxacin ophth soln (VIGAMOX OPHTH SOLN equiv) acitracin/polymyxin b ophth oint acitracin/polymyxin b ophth oint acitracin/polymyxin bolymyxin bolymyxin b ophth oint (POLYSPORIN equiv) acitracin/polymyxin bolymyxin bolym	orimonidine ophth soln 0.2% (ALPHAGAN equiv)		-	Tier 1
Timonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%) ST Tier 2 DPHTHALMIC ANTI-INFECTIVES acitracin/peolymyxin b ophth oint (NEOSPORIN equiv) acitracin/peolymyxin b ophth oint (POLYSPORIN equiv) acitracin/polymyxin b ophth oint (POLYSPORIN equiv) iprofloxacin ophth soln (CILOXAN equiv) rythromycin ophth oint ENTAR OPHTH OINT entamicin ophth soln (GARAMYCIN equiv) acitracin ophth soln (QUIXIN equiv) acitracin/polymyxin b ophth soln (QUIXIN equiv) - Tier 1 acitracin/polymyxin b ophth soln (VIGAMOX OPHTH SOLN equiv) acitracin/polymyxin b ophth soln (OCUFLOX equiv) - Tier 1 floxacin ophth soln (OCUFLOX equiv) olymyxin b/trimethoprim ophth soln (POLYTRIM equiv) - Tier 1 alfacetamide sodium ophth soln (BLEPH-10 equiv) - Tier 1 abbramycin ophth soln (TOBREX equiv) - Tier 1	apraclonidine ophth soln 0.5% (IOPIDINE equiv)		-	Tier 2
Acitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) acitracin/polymyxin b ophth oint (POLYSPORIN equiv) acitracin/polymyxin b ophth oint (POLYSPORIN equiv) iprofloxacin ophth soln (CILOXAN equiv) centamicin ophth oint sentamicin ophth soln (GARAMYCIN equiv) entamicin ophth soln (GARAMYCIN equiv) coxifloxacin ophth soln (QUIXIN equiv) coxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) iEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN floxacin ophth soln (OCUFLOX equiv) olymyxin b/trimethoprim ophth soln (POLYTRIM equiv) cotramycin ophth soln (TOBREX equiv) obramycin ophth soln (TOBREX equiv) - Tier obramycin ophth soln (TOBREX equiv) - Tier obramycin ophth soln (TOBREX equiv) - Tier obramycin ophth soln (TOBREX equiv)	•	. , ,	ST	Tier 2
acitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) acitracin/polymyxin b ophth oint (POLYSPORIN equiv) acitracin/polymyxin ophth soln (CILOXAN equiv) acitracin/polymyxin ophth soln (CILOXAN equiv) acitracin/polymyxin ophth soln (GARAMYCIN equiv) acitracin/polymyxin ophth soln (GARAMYCIN equiv) acitracin/polymyxin ophth soln (QUIXIN equiv) acitracin/polymyxin ophth soln (QUIXIN equiv) acitracin/polymyxin ophth soln (VIGAMOX OPHTH SOLN equiv) acitracin/polymyxin ophth soln (VIGAMOX OPHTH SOLN equiv) acitracin/polymyxin ophth soln (OCUFLOX equiv) acitracin/polymyxin ophth soln (OCUFLOX equiv) acitracin/polymyxin ophth soln (BLEPH-10 equiv) acitracin/polymyxin ophth soln (TOBREX equiv) acitracin/polymyxin ophth soln (To		equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Tier 2
acitracin/polymyxin b ophth oint (POLYSPORIN equiv) iprofloxacin ophth soln (CILOXAN equiv) rythromycin ophth oint EENTAK OPHTH OINT entamicin ophth soln (GARAMYCIN equiv) rotoloxacin ophth soln (QUIXIN equiv) rotoloxacin ophth soln (QUIXIN equiv) rotoloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) floxacin ophth soln (VIGAMOX OPHTH SOLN equiv) floxacin ophth soln (OCUFLOX equiv) rotoloxycin ophth soln (OCUFLOX equiv) rotoloxycin ophth soln (OCUFLOX equiv) rotoloxycin ophth soln (POLYTRIM equiv) rotoloxycin ophth soln (BLEPH-10 equiv) rotoloxycin ophth soln (TOBREX equiv)	OPHTHALMIC ANTI-INFECTIVES			
iprofloxacin ophth soln (CILOXAN equiv) - Tier of rythromycin ophth oint - Tier of rythromycin ophth oint - Tier of retamicin ophth soln (GARAMYCIN equiv) - Tier of retamicin ophth soln (GARAMYCIN equiv) - Tier of retamicin ophth soln (QUIXIN equiv) - Tier of retamicin ophth soln (VIGAMOX OPHTH SOLN equiv) - Tier of retamicin ophth soln (VIGAMOX OPHTH SOLN equiv) - Tier of retamicin ophth soln (OCUFLOX equiv) - Tier of retamicin ophth soln (OCUFLOX equiv) - Tier of retamicin ophth soln (OCUFLOX equiv) - Tier of retamicin ophth soln (POLYTRIM equiv) - Tier of retamicin ophth soln (BLEPH-10 equiv) - Tier of retamicin ophth soln (TOBREX equiv) - Tier of retamicin ophth soln (TOBREX equiv) - Tier of retamicing ophth soln (TO	pacitracin/neomycin/polymyxin b ophth oint (NEOSF	PORIN equiv)	-	Tier 1
rythromycin ophth oint SENTAK OPHTH OINT - Tier 1 entamicin ophth soln (GARAMYCIN equiv) - Tier 1 evofloxacin ophth soln (QUIXIN equiv) - Tier 1 evofloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) - Tier 1 EOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN - Tier 1 floxacin ophth soln (OCUFLOX equiv) - Tier 1 olymyxin b/trimethoprim ophth soln (POLYTRIM equiv) - Tier 1 obramycin ophth soln (TOBREX equiv) - Tier 1 obramycin ophth soln (TOBREX equiv) - Tier 1	pacitracin/polymyxin b ophth oint (POLYSPORIN eq	uiv)	-	Tier 1
FENTAK OPHTH OINT - Tier of entamicin ophth soln (GARAMYCIN equiv) - Tier of entamicin ophth soln (QUIXIN equiv) - Tier of exofloxacin ophth soln (QUIXIN equiv) - Tier of exofloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) - Tier of exofloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) - Tier of exofloxacin ophth soln (OCUFLOX equiv) - Tier of exofloxacin ophth soln (OCUFLOX equiv) - Tier of exofloxacin ophth soln (POLYTRIM equiv) - Tier of exofloxacin ophth soln (BLEPH-10 equiv) - Tier of exofloxacin ophth soln (TOBREX equiv) - Tier of exofloxacin ophth sol	ciprofloxacin ophth soln (CILOXAN equiv)		-	Tier 1
entamicin ophth soln (GARAMYCIN equiv) evofloxacin ophth soln (QUIXIN equiv) exofloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) IEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN floxacin ophth soln (OCUFLOX equiv) olymyxin b/trimethoprim ophth soln (POLYTRIM equiv) ulfacetamide sodium ophth soln (BLEPH-10 equiv) obramycin ophth soln (TOBREX equiv) Tier 1 obramycin ophth soln (TOBREX equiv)	erythromycin ophth oint		-	Tier 1
evofloxacin ophth soln (QUIXIN equiv) evofloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) ECOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN floxacin ophth soln (OCUFLOX equiv) floyacin ophth soln (OCUFLOX equiv) floyacin ophth soln (POLYTRIM equiv) culfacetamide sodium ophth soln (BLEPH-10 equiv) floramycin ophth soln (TOBREX equiv) Tier 1	GENTAK OPHTH OINT		-	Tier 1
noxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) IEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN floxacin ophth soln (OCUFLOX equiv) olymyxin b/trimethoprim ophth soln (POLYTRIM equiv) ulfacetamide sodium ophth soln (BLEPH-10 equiv) obramycin ophth soln (TOBREX equiv) - Tier 1	gentamicin ophth soln (GARAMYCIN equiv)		-	Tier 1
IEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN - Tier 1 floxacin ophth soln (OCUFLOX equiv) - Tier 1 olymyxin b/trimethoprim ophth soln (POLYTRIM equiv) - Tier 1 obramycin ophth soln (TOBREX equiv) - Tier 1	evofloxacin ophth soln (QUIXIN equiv)		-	Tier 1
floxacin ophth soln (OCUFLOX equiv) olymyxin b/trimethoprim ophth soln (POLYTRIM equiv) ulfacetamide sodium ophth soln (BLEPH-10 equiv) obramycin ophth soln (TOBREX equiv) - Tier 1	noxifloxacin ophth soln (VIGAMOX OPHTH SOLN	equiv)	-	Tier 1
olymyxin b/trimethoprim ophth soln (POLYTRIM equiv) - Tier 1 ulfacetamide sodium ophth soln (BLEPH-10 equiv) - Tier 1 obramycin ophth soln (TOBREX equiv) - Tier 1	NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SO	LN	-	Tier 1
ulfacetamide sodium ophth soln (BLEPH-10 equiv) - Tier 1 obramycin ophth soln (TOBREX equiv) - Tier 1	ofloxacin ophth soln (OCUFLOX equiv)		-	Tier 1
obramycin ophth soln (TOBREX equiv) - Tier 1	polymyxin b/trimethoprim ophth soln (POLYTRIM e	quiv)	-	Tier 1
	sulfacetamide sodium ophth soln (BLEPH-10 equiv)		-	Tier 1
RIFLURIDINE OPHTH SOLN - Tier 1	tobramycin ophth soln (TOBREX equiv)		-	Tier 1
	TRIFLURIDINE OPHTH SOLN		-	Tier 1

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

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

DrugName		Last opuated of 1/2020	Special Code	Tier
		OPHTHALMIC AGENTS Cont.		_
BACITRACIN OPHTH OINT			-	Tier 2
gatifloxacin ophth soln (ZYMAXID equiv)			-	Tier 2
NATACYN OPHTH SUSP (QL= 45ml/30 days)			QL	Tier 2
SULFACETAMIDE SODIUM OPHTH OINT				Tier 2
ZIRGAN OPHTH GEL			.	Tier 2
	ilable thro	ugh CVS Specialty 800-238-7828 or Walgreens 888-3	47-3416· LD-QL-RDX	Tier 2
Claim requires DX of Demodex blepharitis (acarias		•	47 0410,	Specialty
OPHTHALMIC IMMUNOMODULATOR				' '
cyclosporine ophth emulsion (RESTASIS equiv) (C	L= 60 via	ls/30 days)	QL	Tier 1
OPHTHALMIC LOCAL ANESTHETICS		. ,		
proparacaine ophth soln (ALCAINE equiv)			-	Tier 1
tetracaine ophth soln			-	Tier 1
OPHTHALMIC STEROIDS				
bacitracin/polymyxin/neomycin/hydrocortisone oph	th oint (C	ORTISPORIN equiv)	-	Tier 1
fluorometholone ophth soln (FML LIQUIFILM equiv	')		-	Tier 1
loteprednol ophth susp (LOTEMAX equiv)			-	Tier 1
neomycin/polymyxin/dexamethasone ophth oint (M	IAXITRO	_ equiv)	-	Tier 1
neomycin/polymyxin/dexamethasone ophth soln (M	//AXITRO	L equiv)	-	Tier 1
prednisolone acetate ophth susp			-	Tier 1
PREDNISOLONE OPHTH SUSP			-	Tier 1
PREDNISOLONE SODIUM PHOSPHATE OPHTH	SOLN		-	Tier 1
sulfacetamide sodium/prednisolone ophth soln (VA	SOCIDIN	equiv)	-	Tier 1
tobramycin/dexamethasone ophth soln (TOBRADE	X equiv)	· ·	-	Tier 1
BLEPHAMIDE OPHTH SOLN			-	Tier 2
difluprednate ophth emulsion (DUREZOL equiv) (C	L= 10ml	28 days; Step Therapy requires trial of prednisolone ac	cetate QL-ST	Tier 2
1% ophth susp)				
FLAREX OPHTH SUSP			-	Tier 2
LOTEMAX OPHTH OINT 0.5% (Step therapy requ	uires trial	of two: prednisolone susp/soln 1%, dexameth soln 0.1	%, or ST	Tier 2
fluorometh susp 0.1%)				
LOTEMAX SM GEL			-	Tier 2
loteprednol etabonate ophth gel (LOTEMAX equiv dexameth soln 0.1%, or fluorometh susp 0.1%)	(QL= 5g	28 days; Step therapy requires trial of two: prednisolor		Tier 2
		= 5ml/30 days; Step therapy requires trial of two: predn	nisolone QL-ST	Tier 2
1%, dexameth soln 0.1%, or fluorometh susp 0.1%	o)			Tion 0
MAXIDEX OPHTH SOLN			-	Tier 2
NEOMYCIN/POLYMYXIN/HYDROCORTISONE O	PHIHSO	DLN	-	Tier 2
PRED MILD OPHTH SOLN			-	Tier 2
PRED-G OPHTH SOLN			-	Tier 2
TOBRADEX OPHTH OINT			-	Tier 2
ZYLET OPHTH SUSP			-	Tier 2
OPHTHALMICS - MISC.				
azelastine ophth soln (OPTIVAR equiv)			-	Tier 1
cromolyn ophth soln (CROLOM equiv)			-	Tier 1
CROMOLYN SODIUM OPHTH SOLN			-	Tier 1
diclofenac sodium ophth soln (VOLTAREN equiv)			-	Tier 1
dorzolamide ophth soln (TRUSOPT equiv)			-	Tier 1
ketorolac ophth soln .05% (ACULAR (LS) equiv)			-	Tier 1
Note: Unless otherwise specifically noted, all strengths and for	rms of prod	ucts listed in the formulary are covered.		
NC =Not Covered			RANDS = CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program	EXC		mited Distribution	
LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization	M QL		ver-the-Counter estricted to Diagnosis	
SF Limited to two 15 day fills per month for first 3 months		·	tep 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.

VAC

Vaccine Program

ACULAR (LS) OPHTH SOLN - Tier 2 ALOCRIL OPHTH SOLN - Tier 3 - Tier 2 ALOCRIL OPHTH SOLN - Tier 3 - Tier 3 - Tier 4 - Tier 4 - Tier 4 - Tier 5 - Tier 5 - Tier 5 - Tier 6 - Tier 1 - Tier 6 - Tier 6 - Tier 7 - T	DrugName	Last Opuated 6/1/2025	Special Code	Tier
ACULAR (LS) OPHTH SOLN CAUVAIL OPHTH SOLN CA		OPHTHALMIC AGENTS Cont.		
ALOVALIO PHTH SOLN ALOCRIL OPHTH SOLN - Tier 2 ALOCRIL OPHTH SOLN Tier 2 ALOCRIL OPHTH SOLN ST Tier 2 ALOCRIL OPHTH SOLN ALOCRIC OPHTH SOLN ALOCRIC OPHTH SOLN ALOCRIC OPHTH SOLN ALOCRIC OPHTH SOLN ALO	ketorolac ophth soln .4% (ACULAR (LS) equiv)		-	Tier 1
LLOCRIL OPHTH SOLN proposation besilate ophth soln (BEPREVE equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% QL-ST Tier 2 profits soln) sincolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dizolamide 2% ophth soln) ST Tier 2 profits soln (BROMDAY equiv) (Step Therapy requires trial of dizolenace sodium ophth soln or ketorolac ophth soln commence ophth soln (DROMDAY equiv) (Step Therapy requires trial of dizolenace sodium ophth soln or ketorolac ophth soln on the soln of the sol	ACULAR (LS) OPHTH SOLN		-	Tier 2
Depotatine besilate ophth soln (BEPREVE equiv) (QL= SmL/25 days; Step Therapy requires trial of azelastine 0.05% pphth soln) Tier 2 phpths soln) pphth soln (BROMDAY equiv) (Step Therapy requires trial of dozolamide 2% ophth soln or ketorolac ophth soln (BROMDAY equiv) (Step Therapy requires trial of dicolenae sodium ophth soln or ketorolac ophth soln (CL=30 single use containers/30 days) VEXTARAN OPHTH SOLN (OL=40 stilled a bottles/28 days; Diagnosis Restricted — Cystinosis (E72.04); Only available through soln provided a standard or ketorolac ophth soln or ketorolac ophth	ACUVAIL OPHTH SOLN		-	Tier 2
ophth soln) ornizolamide ophth subn (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln) ST Tier 2 oronfinace ophth soln (BROMDAY equiv) (Step Therapy requires trial of diciofenac sodium ophth soln or ketorolac ophth soln (DROMDAY equiv) (Step Therapy requires trial of diciofenac sodium ophth soln or ketorolac ophth soln or ketorolac ophth soln (0.07% (PROLENSA equiv) (QL= 3ml./30 days; Step Therapy requires trial of diciofenac sodium ophth soln or ketorolac ophth soln) QL-ST Tier 2 codium ophth soln or ketorolac ophth soln) ST Tier 2 codium ophth soln or ketorolac ophth soln) QL-ST Tier 2 codium ophth soln or ketorolac ophth soln) ST Tier 2 codium ophth soln or ketorolac ophth soln) ST Tier 2 codium ophth soln or ketorolac ophth soln QL-ST Tier 2 codium ophth soln (RECRATIC and single use containers/30 days; Step Therapy requires trial of azelastine 0.05% ophth soln) ST Tier 2 codium ophth soln (READATH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (ET2.04); Only available through CL-QL-RDX Tier 2 codium ophth soln (RADATHA SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (ET2.04); Only available through CL-QL-RDX Tier 2 codium ophth soln (RADATAN Z equiv) (QL= 1 bottlefill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln (RADATAN Z equiv) (QL= 1 bottlefill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln Tier 1 color) Tier 1 color) Tier 2 color Agents - Miscella And equiv) OTIC COMBINATIONS OTIC COMBINATIONS Tier 1 colors - Miscella Color - Mis	ALOCRIL OPHTH SOLN		-	Tier 2
Ter 2 commenac ophth soln (BROMDAY equiv) (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth of promethed sodium ophth soln or ketorolac ophth soln of Carbon (Carbon ophth soln or ketorolac ophth soln) Ter 2 codium ophth soln or ketorolac ophth soln) Ter 2 codium ophth soln or ketorolac ophth soln) Ter 2 codium ophth soln or ketorolac ophth soln) Ter 2 codium ophth soln or ketorolac ophth soln) ST Ter 2 CL-ST Ter 3 CL-ST Ter 2 CL-ST Ter 2 CL-ST Ter 3 CL-ST Ter 2 CL-ST Ter 2 CL-ST Ter 3 CL-ST Ter 2 CL-ST Ter 3 CL-ST Ter 2 CL-ST Ter 4 CL-ST Ter 1 CL-CL-CL-CL-CL-CL-CL-CL-CL-CL-CL-CL-CL-C	bepotastine besilate ophth soln (BEPREVE equ ophth soln)	iv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05%	QL-ST	Tier 2
Tier 2 Total promotion and potential promotion and promot	brinzolamide ophth susp (AZOPT equiv) (Step T	herapy requires trial of dorzolamide 2% ophth soln)		Tier 2
section ophth soln or ketorolac ophth soln) epinastine ophth soln (ELESTAT equiv) (OL=5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln) OL-ST Tier 2 ELPURBIPROPEN OPHTH SOLN (Siep Therapy requires trial of dictofenac sodium ophth soln or ketorolac ophth soln) ST Tier 2 ELPURBIPROPEN OPHTH SOLN (OL=30 single use containers/30 days) OL-ST Tier 2 CERVIATE OPHTH SOLN (OL=30 single use containers/30 days) OL-ST Tier 2 Special PROPERTY SOLN (OL=4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Carlon (OL-ST Tier 2 Special PROPERTY SOLN) (OL=4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Carlon (OL-ST Tier 1 datanoprost ophth soln) OPHTHALMIC affluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (OL=30 pouches/30 days; Step Therapy requires trial of Latanoprost ophth soln) OL-ST Tier 1 datanoprost ophth soln (TRAVATAN 2 equiv) (OL=1 bottle/fill, 1 fill/month; Step Therapy requires trial of Latanoprost ophth soln) OL-ST Tier 2 YUZEH OPHTH DROPS (OL=30 single use containers/30 days; Step therapy requires trial of Latanoprost ophth soln) OL-ST Tier 2 datanoprost ophth soln (XALATAN equiv) OTIC AGENTS OTIC AGENTS - MISCELLANEOUS OTIC AGENTS - MISCELLANEOUS acetic acid olds soln (VOSOL equiv) - Tier 1 OTIC ANTI-INFECTIVES OTIC ANTI-INFECTIVES OTIC COMBINATIONS Inter 1 OTIC COMBINATIONS Inter 1 OTIC COMBINATIONS Inter 1 OTIC COMBINATIONS OTIC OSTROIDS OXYTOCICS OXYTOCICS OXYTOCICS OXYTOCICS OXYTOCICS IMMUNIS SERUMS IMMUNIS SERUMS IMMUNIS SERUMS INTER 2 OTIC CARBERTY AGENTS INTER 2 OTIC CARBERTY AGENTS INTER 2 OTIC CARBERTY AGENTS IMMUNIS SERUMS INTER 2 OTIC CARBERTY AGENTS IMMUNIS SERUMS INTER 2 OTIC CARBERTY AGENTS INTER 2 OT	bromfenac ophth soln (BROMDAY equiv) (Step soln)	Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth		Tier 2
ELURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln OL Tier 2 EZEVIATAR OPHTH SOLN (QL= 30 single use containers/30 days) PROSTAGLANDINS - OPHTHALMIC affluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of atanoprost ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of atanoprost ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of atanoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln (QL-ST Tier 1 soln) Jimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln (QL-ST Tier 2 atanoprost ophth soln (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln (QL-ST Tier 2 atanoprost ophth soln (XALATAN equiv) OTIC AGENTS OTIC AGENTS - MISCELLANEOUS COTIC AGENTS - MISCELLANEOUS COTIC ACID/ALUMINUM ACETATE OTIC SOLN OTIC ANTI-NFECTIVES COTIC COMBINATIONS Antipyrine/benzocaine otic soln (CETRAXAL equiv) Tier 1 Tier	sodium ophth soln or ketorolac ophth soln)		QL-ST	Tier 2
ZERVIATE OPHTH SOLN (QL= 30 single use containers/30 days) ZERVIATE OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted — Cystinosis (E72.04); Only available through Alligners 888-347-3416) Zerviation proservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of attanoprost ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of attanoprost ophth soln (ZIOPTAN equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln (ZIOPTAN equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln (QL- 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln (QL- 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln (QL-ST Tier 2 volume operation) ZIOPTA OPHTH DROPS (QL- 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln (QL-ST Tier 2 value operation) OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS - MISCELLANEOUS acetic acid oftic soln (VOSOL equiv) OTIC ANTI-INFECTIVES Inter 1 OTIC COMBINATIONS antipyrineday operation of the soln (ETRAXAL equiv) Tier 1 OTIC COMBINATIONS antipyrineday operation of the soln (CIPRODEX equiv) - Tier 1 OTIC COMBINATIONS antipyrineday operation of the soln (CORTISPORIN equiv) OTIC STEROIDS Luccinolone offic oil (DERMOTIC equiv) OXYTOCICS OXYTOCICS methylergonovine tab (METHERGINE equiv) - Tier 1 PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS ATTER 2 TIER 2				Tier 2
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Nalgreens 888-347-3416) PROSTAGLANDINS - OPHTHALMIC afluprost preservative free (pf) ophth soin (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of atanoprost ophth soin) atanoprost ophth soin (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soin) QL-ST Tier 1 soin) Dimatoprost ophth soin (CRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soin) QL-ST Tier 2 yUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soin) OTIC AGENTS OTIC AGENTS - MISCELLANEOUS OTIC AGENTS - MISCELLANEOUS CACETIC ACID/ALUMINUM ACETATE OTIC SOLN OTIC AMILIAN equiv) OTIC AGENTS - MISCELLANEOUS CACETIC ACID/ALUMINUM ACETATE OTIC SOLN OTIC AMILIAN equiv) OTIC ONTI-INFECTIVES COTIC OMBINATIONS antipyrine/benzocaine otic soin (CETRAXAL equiv) - Tier 1 yiporofloxacin/dexamethasone otic sup (CIPRODEX equiv) - Tier 1 the omogra/inpolymixin/hydrocoritisone otic soin (CORTISPORIN equiv) OTIC STEROIDS Totto STEROIDS Totto STEROIDS DOYTOCICS OXYTOCICS OXYTOCICS IMMUNIE SERUMS HYPERRAB INJ, IMOGAM INJ Tier 2 August Aug	` · ·	•		
Walgreens 888-347-3416) PROSTAGLANDINS - OPHTHALMIC afflurnost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of atanoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln (QL= 3.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln) QL-ST Tier 2 YUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln) QL-ST Tier 2 YuZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln) QL-ST Tier 2 YuZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln) QL-ST Tier 2 YuZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln) QL-ST Tier 2 YuZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln) QL-ST Tier 2 YuZEH OPHTH DROPS (QL-ST) Tier 2 Tier 3 Tier 2 Tier 2 Tier 4 Tie	· · · · · · · · · · · · · · · · · · ·	• /		Tier 2
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atanoprost ophth soln) ravoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln) QL-ST Tier 2 VJZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln) QL-ST Tier 2 value OTIC AGENTS OTIC AGENTS OTIC AGENTS - MISCELLANEOUS OTIC AGID/ALUMINUM ACCETATE OTIC SOLN - Tier 1 OTIC ACID/ALUMINUM ACCETATE OTIC SOLN - Tier 1 OTIC ACID/ALUMINUM ACCETATE OTIC SOLN - Tier 1 OTIC AGID/ALUMINUM ACCETATE OTIC SOLN - Tier 1 OTIC COMBINATIONS Integration of the soln (PLOXIN equiv) - Tier 1 OTIC COMBINATIONS Integration of the soln (AURALGAN equiv) - Tier 1 Integration/dexamethasone of the susp (CIPRODEX equiv) - Tier 1 Integration/polymixin/hydrocoritisone of the susp (CORTISPORIN equiv) - Tier 1 Integration-Integration of the susp (CORTISPORIN equiv) - Tier 1 OTIC STEROIDS OXYTOCICS OXYTOCICS Integration of the soln (METHERGINE equiv) - Tier 1 PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS TYPERRAB INJ, IMOGAM INJ - Tier 2 Tier 2 Tier 2 Tier 2 Tier 2 Tier 3 Tier 4 Tier 4 Tier 4 Tier 5 Tier 5 Tier 6 Tier 6 Tier 7 Tier 1 Tier 2 Tier 1 Tier 2 Tier 3 Tier 4 Tier 4 Tier 4 Tier 5 Tier 5 Tier 1 Tier 2 Tier 1 Tier 1 Tier 2 Tier 1 Tier 1 Tier 1 Tier 2 Tier 1 Tier 2 Tier 1 Tier 1 Tier 2 Tier 3 Tier 4 Tier 4 Tier 5 Tier 6 Tier 1 Tier 2 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1 Tier 2 Tier 1 Tier 1 Tier 2 Tier 1 Tier 2 Tier 1 Tier 1 Tier 2 Tier 1 Tier 2 Tier 1 Tier 2 Tier 1 Tier 2 Tier 1	PROSTAGLANDINS - OPHTHALMIC			
soln) simatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln) QL-ST Tier 2 ytuZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln) QL-ST Tier 2 atanoprost ophth soln (XALATAN equiv) - Value OTIC AGENTS OTIC AGENTS OTIC AGENTS - MISCELLANEOUS acetic acid otic soln (VOSOL equiv) - Tier 1 ACETIC ACID/ALUMINUM ACETATE OTIC SOLN - Tier 1 OTIC ANTI-INFECTIVES iprofloxacin lot otic soln (CETRAXAL equiv) - Tier 1 OTIC COMBINATIONS antipyrine/benzocaine otic soln (AURALGAN equiv) - Tier 1 OTIC COMBINATIONS antipyrine/benzocaine otic soln (AURALGAN equiv) - Tier 1 atomax-HC otic soln (CORTISPORIN equiv) - Tier 1 atomax-HC otic soln (CORTANE-B equiv) - Tier 1 OTIC STEROIDS OXYTOCICS OXYTOCICS OXYTOCICS IMMUNE SERUMS AVERRAB INJ, IMOGAM INJ - Tier 2 Tier 2 Tier 2 Tier 2 Tier 2 Tier 3	tafluprost preservative free (pf) ophth soln (ZIOF latanoprost ophth soln)	PTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of	QL-ST	Tier 1
YUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln (XALATAN equiv) OTIC AGENTS OTIC AGENTS OTIC AGENTS - MISCELLANEOUS acetic acid otic soln (VOSOL equiv) ACETIC ACID/ALUMINUM ACETATE OTIC SOLN OTIC ANTI-INFECTIVES approficacin hicl otic soln (CETRAXAL equiv) OTIC COMBINATIONS antipyrine/benzocaine otic soln (AURALGAN equiv) oTIC COMBINATIONS antipyrine/benzocaine otic soln (AURALGAN equiv) - Tier 1 Diprofloxacin/dexamethasone otic susp (CIPRODEX equiv) - Tier 1 Diprofloxacin/dexamethasone otic soln (CORTISPORIN equiv) - Tier 1 atomax-HC otic soln (CORTANE-B equiv) OTIC STEROIDS TOTIC	travoprost ophth soln (TRAVATAN Z equiv) (QL=soln)	= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth	QL-ST	Tier 1
Atlanoprost ophth soln (XALATAN equiv) OTIC AGENTS OTIC AGENTS - MISCELLANEOUS ACCETIC ACID/ALUMINUM ACETATE OTIC SOLN OTIC ANTI-INFECTIVES Diprofloxacin hcl otic soln (CETRAXAL equiv) OTIC COMBINATIONS antipyrine/benzocaine otic soln (AURALGAN equiv) OTIC COMBINATIONS antipyrine/benzocaine otic susp (CIPRODEX equiv) - Tier 1 Deomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) OTIC Soln (CORTANE-B equiv) OTIC SOLNTANE-B equiv) OXYTOCICS OXYTOCICS IMMUNE SERUMS HYPERRAB INJ, IMOGAM INJ - Tier 2 Tier 2 Tier 2 Tier 2 Tier 3 Tier 2 Tier 3 Tier 2 Tier 4 Tier 4 Tier 5 Tier 1 Tier 1 Tier 1 Tier 1 Tier 1 Tier 2 Tier 1 Tier 2 Tier 1 Tier 3 Tier 3 Tier 4 Tier 4 Tier 4 Tier 5 Tier 1 Tier 2 Tier 2 Tier 2 Tier 2 Tier 3 Tier 2	bimatoprost ophth soln (QL= 2.5ml/25 days; Ste	ep Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 2
OTIC AGENTS - MISCELLANEOUS acetic acid otic soln (VOSOL equiv) - Tier 1 ACETIC ACID/ALUMINUM ACETATE OTIC SOLN - Tier 1 OTIC ANTI-INFECTIVES biprofloxacin hol otic soln (CETRAXAL equiv) - Tier 1 offloxacin otic soln (FLOXIN equiv) - Tier 1 OTIC COMBINATIONS antipyrine/benzocaine otic soln (AURALGAN equiv) - Tier 1 composin/dexamethasone otic susp (CIPRODEX equiv) - Tier 1 acomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) - Tier 1 acomycin/dexamethasone otic susp (CORTISPORIN equiv) - Tier 1	IYUZEH OPHTH DROPS (QL= 30 single use c	ontainers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 2
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN COTIC ANTI-INFECTIVES Inter 1 OTIC ANTI-INFECTIVES Inter 1 OTIC COMBINATIONS Inter 1 OTIC STEROIDS Inter 1 OXYTOCICS OXYTOCICS OXYTOCICS Inter 1 PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS Tier 2 Tier 2 Tier 2 Tier 2 Tier 3 Tier 3 Tier 4 Tier 4 Tier 4 Tier 4 Tier 5 Tier 5 Tier 1 T	latanoprost ophth soln (XALATAN equiv)		-	Value
acetic acid otic soln (VOSOL equiv) ACETIC ACID/ALUMINUM ACETATE OTIC SOLN OTIC ANTI-INFECTIVES iprofloxacin hcl otic soln (CETRAXAL equiv) OTIC COMBINATIONS antipyrine/benzocaine otic soln (AURALGAN equiv) antipyrine/benzocaine otic soln (AURALGAN equiv) antipyrine/benzocaine otic soln (AURALGAN equiv) antipyrine/benzocaine otic soln (CORTISPORIN equiv) antipyrine/benzocaine otic soln (CORTISPORIN equiv) antipyrine/benzocainidexamethasone otic susp (CIPRODEX equiv) antipyrine/benzocainidexamethasone otic susp (CORTISPORIN equiv) antipyrine/benzocainidexamethasone otic susp (OTIC AGENTS		
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OTIC ANTI-INFECTIVES ciprofloxacin hcl otic soln (CETRAXAL equiv) - Tier 1 offloxacin otic soln (FLOXIN equiv) - Tier 1 OTIC COMBINATIONS antipyrine/benzocaine otic soln (AURALGAN equiv) - Tier 1 ciprorfloxacin/dexamethasone otic susp (CIPRODEX equiv) - Tier 1 neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) - Tier 1 neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) - Tier 1 otomax-HC otic soln (CORTANE-B equiv) - Tier 1 OTIC STEROIDS OXYTOCICS OXYTOCICS Methylergonovine tab (METHERGINE equiv) - Tier 1 PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS HYPERRAB INJ, IMOGAM INJ - Tier 2	acetic acid otic soln (VOSOL equiv)		-	
iprofloxacin hcl otic soln (CETRAXAL equiv) - Tier 1 offloxacin otic soln (FLOXIN equiv) - Tier 1 OTIC COMBINATIONS antipyrine/benzocaine otic soln (AURALGAN equiv) - Tier 1 ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) - Tier 1 neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv) - Tier 1 neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) - Tier 1 neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) - Tier 1 neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) - Tier 1 ottomax-HC otic soln (CORTANE-B equiv) - Tier 1 OTIC STEROIDS fluocinolone otic oil (DERMOTIC equiv) - Tier 1 OXYTOCICS OXYTOCICS OXYTOCICS OXYTOCICS IMMUNE SERUMS HYPERRAB INJ, IMOGAM INJ - Tier 2	ACETIC ACID/ALUMINUM ACETATE OTIC SOI	LN	-	Tier 1
officxacin otic soln (FLOXIN equiv) OTIC COMBINATIONS antipyrine/benzocaine otic soln (AURALGAN equiv) antipyrine/benzocaine otic soln (AURALGAN equiv) antipyrine/benzocaine otic soln (AURALGAN equiv) - Tier 1 ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv) - Tier 1 neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv) - Tier 1 neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) - Tier 1 ottomax-HC otic soln (CORTANE-B equiv) OTIC STEROIDS Ruocinolone otic oil (DERMOTIC equiv) OXYTOCICS OXYTOCICS OXYTOCICS methylergonovine tab (METHERGINE equiv) - Tier 1 PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS HYPERRAB INJ, IMOGAM INJ - Tier 2	OTIC ANTI-INFECTIVES			
Antipyrine/benzocaine otic soln (AURALGAN equiv) Interpretation of the state of th	ciprofloxacin hcl otic soln (CETRAXAL equiv)		-	Tier 1
Intipyrine/benzocaine otic soln (AURALGAN equiv) Intipyrine/benzocaine otic soln (AURALGAN equiv) Inter 1 Intiporofloxacin/dexamethasone otic susp (CIPRODEX equiv) Inter 1 Inter 2 Inter 2 Inter 2 Inter 3 In	ofloxacin otic soln (FLOXIN equiv)		-	Tier 1
Tier 1 neomycin/polymixin/hydrocoritisone otic susp (CIPRODEX equiv) neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) - Tier 1 OTIC STEROIDS Nuocinolone otic oil (DERMOTIC equiv) - Tier 1 OXYTOCICS OXYTOCICS IMMUNE SERUMS HYPERRAB INJ, IMOGAM INJ - Tier 2	OTIC COMBINATIONS			
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv) neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) - Tier 1 OTIC STEROIDS Ruocinolone otic oil (DERMOTIC equiv) - Tier 1 OXYTOCICS OXYTOCICS Methylergonovine tab (METHERGINE equiv) - Tier 1 PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS - Tier 2	antipyrine/benzocaine otic soln (AURALGAN eq	uiv)	-	Tier 1
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) Tier 1 oticmax-HC otic soln (CORTANE-B equiv) OTIC STEROIDS duocinolone otic oil (DERMOTIC equiv) OXYTOCICS OXYTOCICS methylergonovine tab (METHERGINE equiv) PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS Tier 2	ciporofloxacin/dexamethasone otic susp (CIPRO	DDEX equiv)	-	Tier 1
Tier 1 OTIC STEROIDS Succinolone otic oil (DERMOTIC equiv) OXYTOCICS OXYTOCICS OXYTOCICS Methylergonovine tab (METHERGINE equiv) PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS HYPERRAB INJ, IMOGAM INJ - Tier 2	neomycin/polymixin/hydrocoritisone otic soln (C	ORTISPORIN equiv)	-	Tier 1
OTIC STEROIDS Iuocinolone otic oil (DERMOTIC equiv)	neomycin/polymixin/hydrocoritisone otic susp (C	CORTISPORIN equiv)	-	Tier 1
OXYTOCICS OXYTOCICS methylergonovine tab (METHERGINE equiv) PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS HYPERRAB INJ, IMOGAM INJ - Tier 2	otomax-HC otic soln (CORTANE-B equiv)		-	Tier 1
OXYTOCICS methylergonovine tab (METHERGINE equiv) - Tier 1 PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS HYPERRAB INJ, IMOGAM INJ - Tier 2	OTIC STEROIDS			
OXYTOCICS methylergonovine tab (METHERGINE equiv) - Tier 1 PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS HYPERRAB INJ, IMOGAM INJ - Tier 2	fluocinolone otic oil (DERMOTIC equiv)		-	Tier 1
OXYTOCICS methylergonovine tab (METHERGINE equiv) - Tier 1 PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS HYPERRAB INJ, IMOGAM INJ - Tier 2		OXYTOCICS		
PASSIVE IMMUNIZING AND TREATMENT AGENTS IMMUNE SERUMS HYPERRAB INJ, IMOGAM INJ Tier 2	OXYTOCICS			
IMMUNE SERUMS HYPERRAB INJ, IMOGAM INJ - Tier 2	methylergonovine tab (METHERGINE equiv)		-	Tier 1
IMMUNE SERUMS HYPERRAB INJ, IMOGAM INJ - Tier 2	PA	ASSIVE IMMUNIZING AND TREATMENT AGENTS		
	IMMUNE SERUMS			
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.	HYPERRAB INJ, IMOGAM INJ		-	Tier 2
	Note: Unless otherwise specifically noted, all strengths an	d forms of products listed in the formulary are covered.		

١		NC =Not Covered		generic =small letters		BRANDS = CAPITAL LETTERS
١	AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
١	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
١	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
١	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
١	VAC	Vaccine Program				
- 1						

PENICILLINS AMINOPENICILLINS amoxicillin cap (TRIMOX equiv)		
PENICILLINS AMINOPENICILLINS amoxicillin cap (TRIMOX equiv) amoxicillin cap (TRIMOX equiv)		
PENICILLINS AMINOPENICILLINS amoxicillin cap (TRIMOX equiv)	24.01	
AMINOPENICILLINS amoxicillin cap (TRIMOX equiv)	'A-QL	Tier 2 Specialt
amoxicillin cap (TRIMOX equiv) - amoxicillin chew tab (AMOXIL equiv) - amoxicillin chew tab (AMOXIL equiv) - amoxicillin susp (TRIMOX equiv) - amoxicillin susp (TRIMOX equiv) - amoxicillin susp (TRIMOX equiv) - amoxicillin cap (AMPICILLIN equiv) - amoxicillin cap (AMPICILLIN equiv) - amoxicillin go potassium for inj (PFIZERPEN equiv) - penicillin yk tab (VEETIDS equiv) - penicillin vk tab (VEETIDS equiv) - penicillin vk tab (VEETIDS equiv) - amoxicillin/clavulanate susp (AUGMENTIN ES equiv) - amoxicillin/clavulanate tab (AUGMENTIN equiv) - penicillin cap (DYNAPEN equiv) - penicillin cap		
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POLYETHYLENE GLYCOL 8000 GRANULES PROGESTINS PROGESTINS medroxyprogesterone tab (PROVERA equiv) megestrol ES susp (MEGACE ES equiv) MEGESTROL SUSP		
POLYETHYLENE GLYCOL 8000 GRANULES PROGESTINS PROGESTINS medroxyprogesterone tab (PROVERA equiv) megestrol ES susp (MEGACE ES equiv) MEGESTROL SUSP		
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PROGESTINS medroxyprogesterone tab (PROVERA equiv) - megestrol ES susp (MEGACE ES equiv) - MEGESTROL SUSP -		Tier 2
medroxyprogesterone tab (PROVERA equiv) - megestrol ES susp (MEGACE ES equiv) - MEGESTROL SUSP -		
megestrol ES susp (MEGACE ES equiv) - MEGESTROL SUSP -		
MEGESTROL SUSP -		Tier 1
		Tier 1
(I : I () (A)(OFOTINI :)		Tier 1
norethindrone tab (AYGESTIN equiv)		Tier 1
progesterone cap (PROMETRIUM equiv) -		Tier 1
progesterone oil inj -		Tier 1
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days) AMSP-F	PA-QL	Tier 2
		Specialty
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv) -		Tier 1
disulfiram tab (ANTABUSE equiv) -		Tier 1
lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month) PA-QL		Tier 2
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv)		Tier 1
donepezil tab 10mg (ARICEPT equiv) (QL= 60 tabs/30 days)		Tier 1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)		Tier 1
donepezil tab 5mg (ARICEPT equiv) (QL= 60 tabs/30 days)		Tier 1
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)		Tier 1
GALANTAMINE SOLN -		Tier 1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
NC =Not Covered AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LIMSP Lymics Mandatory Specialty Pharmacy Program EXC Plan Exclusion LIMSP Lymics Mandatory Specialty Pharmacy Program EXC Plan Exclusion Displayer Specialty Pharmacy Program Prog	tS	

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.

Medical Benefit

Quantity Limit

Smoking Cessation

М

ΩL

Prior Authorization

Vaccine Program

LMSP

PA

VAC

Lumicera Mandatory Specialty Pharmacy Program

Limited to two 15 day fills per month for first 3 months SMKG

Restricted to Diagnosis

Over-the-Counter

Step Therapy

OTC

RDX

ST

DrugName Last Updated* 6/1/2025	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS		
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Tier 1
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Tier 1
memantine tab (NAMENDA equiv)	-	Tier 1
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Tier 1
rivastigmine cap (EXELON equiv)	-	Tier 1
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv) (QL= 1 cap/day; ST requires trial of 2: donepezil, d ODT, memantine, or NAMENDA XR)	lonepezil QL-ST	Tier 2
memantine soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	Tier 2
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Tier 2
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or m	emantin er) QL-ST	Tier 2
rivastigmine patch (EXELON equiv) (QL= 1 patch/day)	QL	Tier 2
COMBINATION PSYCHOTHERAPEUTICS		
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Tier 1
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Tier 2
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	Tier 2
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Tier 1
AUDTEDO TAD 40MO (OL. 400 tal. (00 days)	AMCD DA OL	Specialty
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Tier 2
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Specialty Tier 2
HOUTEDO THE ONIO (QE- OU Tabbiou days)	71WOI 177 QE	Specialty
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2
		Specialty
AUSTEDO XR TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2
AUGTED AND THE MALE (OLD ALL III.)	4440D DA OI	Specialty
AUSTEDO XR TAB 18MG (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2
AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days)	AMSP-PA-QL	Specialty Tier 2
AUGTEDO XIV TAB 24INO (QE- 00 taba/30 daya)	ANOI -I A-QE	Specialty
AUSTEDO XR TAB 6MG (QL= 8 tabs/day)	AMSP-PA-QL	Tier 2
		Specialty
AUSTEDO XR TAB TITRATION KIT (QL= 42 tabs/28 days)	LMSP-PA-QL	Tier 2
AUGTERO VE TAR TITRATION PAGE (CL. 2014 L. 100 L.)	AMOD DA OL	Specialty
AUSTEDO XR TAB TITRATION PACK (QL= 28 tabs/28 days)	AMSP-PA-QL	Tier 2
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Specialty Tier 2
intercent of it (QE 1 suprady, only distinated through the intercent in its intercent in it		Specialty
INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2
		Specialty
INGREZZA SPRINKLE CAP (QL= 30 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479	9) LD-PA-QL	Tier 2
MULTIPLE COLEDOCIC ACENTO		Specialty
MULTIPLE SCLEROSIS AGENTS	AMCD DA	- ,
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Tier 1
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days)	AMSP-QL	Specialty Tier 1
amount name and a process of the control of the con		Specialty
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	AMSP-QL	Tier 1
		Specialty
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
NC =Not Covered generic =small letters	BRANDS =CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LD	Limited Distribution	
LMSP Lumicera Mandatory Specialty Pharmacy Program M Medical Benefit OTC PA Prior Authorization QL Quantity Limit RDX	Over-the-Counter Restricted to Diagnosis	
PA Prior Authorization QL Quantity Limit RDX SF Limited to two 15 day fills per month for first 3 months SMKG Smoking Cessation ST VAC Vaccine Program	Step Therapy	

DrugNama		Last Updated* 6/1/20	125		Chaoial Cada	Tion
DrugName					Special Code	Tier
		TIC AND NEUROLOGIC	CAL AGENTS	S - MISC. (
fingolimod hcl cap (GILENYA equiv) (QL= 3	30 caps/30 days)				AMSP-QL	Tier 1 Specialty
glatiramer inj 20mg/ml (COPAXONE equiv)	(QL= 30 syringe	s/30 days)			AMSP-QL	Tier 1 Specialty
glatiramer inj 40mg/ml (COPAXONE equiv)	(QL= 12 syringe	s/28 days)			AMSP-QL	Tier 1
teriflunomide tab (AUBAGIO equiv) (QL= 3	0 tabs/30 days)				AMSP-QL	Specialty Tier 1
AVONEX INJ (QL= 1 kit/28 days; Step then	rapy requires tria	of dimethyl fumarate, fingolimod,	teriflunomide, or g	latiramer)	AMSP-QL-ST	Specialty Tier 2
KESIMPTA INJ (QL= 1 inj/28 days; Step th	nerapy requires tr	ial of dimethyl fumarate, fingolimo	d, teriflunomide or	glatiramer)	AMSP-QL-ST	Specialty Tier 2
REBIF INJ (QL= 1 kit/28 days; Step therap	y requires trial of	f dimethyl fumarate, fingolimod, te	riflunomide or glati	ramer)	AMSP-QL-ST	Specialty Tier 2
REBIF INJ (QL= 6ml/28 days; Step therap					AMSP-QL-ST	Specialty Tier 2
			-			Specialty
REBIF TITRTN INJ PACK (QL= 4.2ml/28 c glatiramer)	lays; Step therap	y requires trial of dimethyl fumara	te, fingolimod, terif	lunomide, or	AMSP-QL-ST	Tier 2 Specialty
VUMERITY CAP (QL= 120 caps/30 days; glatiramer)		·	golimod, teriflunon	nide, or	AMSP-QL-ST	Tier 2 Specialty
POSTHERPETIC NEURALGIA (F					PA-QL	Tier 2
gabapentin (once-daily) tab (GRALISE equ pregabalin ER tab (LYRICA equiv) (QL= 30	, ,	• /	entin and pregaba	lin cap or	QL-ST	Tier 2
pregabalin soln) PREMENSTRUAL DYSPHORIC	DISORDER (I	PMDD) AGENTS				
FLUOXETINE TAB	DIOOK DEIX (inibb) //OLIVIO			-	Tier 2
FLUOXETINE CAP (PMDD)	OENTO				-	Value
PSEUDOBULBAR AFFECT (PBA					01.07	T: 0
NUEDEXTA CAP (QL= 2 caps/day; Step the PSYCHOTHERAPEUTIC AND NI					QL-ST	Tier 2
PIMOZIDE TAB					-	Tier 2
SMOKING DETERRENTS						
bupropion SR tab (ZYBAN equiv) (Limited t	to 180 days/plan	year)			QL-SMKG	Preventiv
CHANTIX PAK (Limited to 180 days/plan y	rear)				QL-SMKG	e Preventiv
CHANTIX TAB (Limited to 180 days/plan y	ear)				QL-SMKG	e Preventiv
NICODERM PATCH (Limited to 180 days/p	olan year)				OTC-QL-SMKG	e Preventiv
NICORETTE GUM (Limited to 180 days/pl	an year)				OTC-QL-SMKG	e Preventiv
NICORETTE LOZENGE (Limited to 180 da					OTC-QL-SMKG	e Preventiv
·						е
nicotine gum (NICORETTE equiv) (Limited		year)			OTC-QL-SMKG	Preventiv e
NICOTINE KIT (Limited to 180 days/plan y	rear)				OTC-QL-SMKG	Preventiv e
nicotine lozenge (COMMIT equiv) (Limited	to 180 days/plan	year)			OTC-QL-SMKG	Preventiv e
Note: Unless otherwise specifically noted, all strengt	ths and forms of prod	lucts listed in the formulary are covered.				
AMSP LMSP PA Prior Authorization SF VAC NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Prior Authorization Limited to two 15 day fills per month for first Vaccine Program	Program M QL	generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation	LD OTC RDX ST	BRANDS =CAPI* Limited Distributio Over-the-Counter Restricted to Diag Step Therapy	on ·	

DrugName	Last opaated 0/1/2020	Special Code	Tier
PSYCHOTHERA	PEUTIC AND NEUROLOGICAL AG	ENTS - MISC. Cont.	
nicotine patch (NICODERM equiv) (Limited to 180 day	ys/plan year)	OTC-QL-SMKG	Preventiv e
NICOTROL INHALER (Limited to 180 days/plan year	r)	QL-SMKG	Preventiv e
NICOTROL NASAL SPRAY (Limited to 180 days/plan	n year)	QL-SMKG	Preventiv e
varenicline tartrate tab (CHANTIX equiv) (Limited to 1	80 days/plan year)	QL-SMKG	Preventiv e
varenicline tartrate tab start pack (VARENICLINE equ	iv) (Limited to 180 days/plan year)	QL-SMKG	Preventiv e
ZYBAN TAB (Limited to 180 days/plan year)		QL-SMKG	Preventiv e
VASOMOTOR SYMPTOM AGENTS			
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)		QL	Tier 2
OVOTIO FIRRODIO A CENTO	RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS	a through Wolgrooms 999 247 2416	LD-PA-QL	T: 0
KALYDECO PAK (QL= 2 packets/day; Only available	e tillough vvalgreens ooo-347-3416)	LD-FA-QL	Tier 2 Specialty
KALYDECO TAB (QL= 2 tabs/day; Only available three	ough Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
ORKAMBI GRANULES PACKET (QL= 2 packets/day	y; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
ORKAMBI TAB (QL= 4 tabs/day; Only available throu	ugh Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
PULMOZYME INH SOLN (QL= 30 ampules/30 days)		AMSP-QL-RDX	Tier 2 Specialty
SYMDEKO TAB (QL= 2 tabs/day; Only available thro	ough Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
PULMONARY FIBROSIS AGENTS			
pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day)		AMSP-PA-QL-SF	Tier 1 Specialty
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/	(day)	AMSP-PA-QL-SF	Tier 1 Specialty
PIRFENIDONE TAB 534MG (QL= 4 tabs/day)		AMSP-PA-QL-SF	Tier 1 Specialty
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/	(day)	AMSP-PA-QL-SF	Tier 1 Specialty
OFEV CAP (QL= 2 caps/day; Only available through	Accredo 800-803-2523 or Walgreens 888-347-3416	S) LD-PA-QL-SF	Tier 2 Specialty
CHI EQNAMIDES	SULFONAMIDES		
SULFONAMIDES sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/	day)	QL	Tier 1
Sanadazine tas (SSELTASII ZENVE SQUIV) (QE STASSI	TETRACYCLINES	~-	
TETRACYCLINE COMBINATIONS			
NICAZELDOXY KIT		-	Tier 2
TETRACYCLINES			
demeclocycline tab (DECLOMYCIN equiv)		- QL	Tier 1
doxycycline hyclate cap (QL= 2 caps/day) Note: Unless otherwise specifically noted, all strengths and forms	s of products listed in the formulary are covered.	QL	Tier 1
NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization	EXC Plan Exclusion L M Medical Benefit C QL Quantity Limit F	D Limited Distribution OTC Over-the-Counter RDX Restricted to Diagnosis ST Step Therapy	

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VAC

Vaccine Program

Last Updated* 6/1/2025 DrugName	Special Code	Tier
TETRACYCLINES Cont.	Openial Gode	
	QL	Tier 1
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL QL-ST	
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)		Tier 1
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Tier 1
doxycycline monohydrate cap 50mg (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 1
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Tier 1
doxycycline susp (VIBRAMYCIN equiv)	•	Tier 1
minocycline cap (MINOCIN equiv)	-	Tier 1
tetracycline cap	-	Tier 1
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)) QL-ST	Tier 2
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	Tier 2
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 2
doxycycline monohydrate cap 100mg (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 2
doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps)	QL-ST	Tier 2
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab (DYNACIN equiv)	tab) QL-ST -	Tier 2 Tier 2
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	Tier 1
propylthiouracil tab	-	Tier 1
THYROID HORMONES		
		Tier 1
levothyroxine tab (SYNTHROID equiv)		
liothyronine tab (CYTOMEL equiv)	•	Tier 1
TOXOID COMBINATIONS		
	VAC	Droventi
ADACEL/BOOSTRIX INJ	VAC	Preventiv e
INFANRIX INJ	VAC	Preventiv e
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventiv e
VAXELIS INJ	VAC	Preventiv e
ULCER DRUGS ANTISPASMODICS		
		Tior 1
chlordiazepoxide/clidinium cap (LIBRAX equiv) dicyclomine cap (BENTYL equiv)	-	Tier 1 Tier 1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LD Limited	NDS =CAPITAL LETTERS and Distribution the-Counter	

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.

Quantity Limit

Smoking Cessation

ΩL

PA

VAC

Prior Authorization

Vaccine Program

Limited to two 15 day fills per month for first 3 months SMKG

Restricted to Diagnosis

Step Therapy

RDX

ST

DrugName Last Updated* 6/1/2025	Special Code	Tier
ULCER DRUGS Cont.	<u> </u>	
dicyclomine soln (BENTYL equiv)	_	Tier 1
dicyclomine tab (BENTYL equiv)	<u>-</u>	Tier 1
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Tier 1
glycopyrrolate tab (ROBINUL equiv)	-	Tier 1
methscopolamine tab (PAMINE equiv)	<u>.</u>	Tier 1
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	Tier 2
BELLADONNA ALKALOID/OPIUM SUPP	-	Tier 2
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	Tier 2
PROPANTHELINE TAB	-	Tier 2
H-2 ANTAGONISTS		
cimetidine tab (TAGAMET equiv)	-	Tier 1
nizatidine cap (AXID equiv)	-	Tier 1
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	Tier 1
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	Preventi
ULCER THERAPY COMBINATIONS		е
OMECLAMOX (QL= 80 tabs/10 days)	QL	Tier 2
ULCER DRUGS/ANTISPASMODICS/ANTICHOLIN	IERGICS	
H-2 ANTAGONISTS		
NIZATIDINE CAP		Tier 2
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	Tier 1
ULCER THERAPY COMBINATIONS		1101 1
	QL	Tier 1
bismuth/metro/tetra cap (PYLERA equiv) (QL= 120 tabs/10 days)	QL	1161 1
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		T
trospium chloride SR cap (SANCTURA XR equiv)	-	Tier 2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin ER tab (DITROPAN XL equiv)	-	Tier 1
oxybutynin syrup	-	Tier 1
oxybutynin tab (DITROPAN equiv)	-	Tier 1
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Tier 1
tolterodine SR cap (DETROL LA equiv)	-	Tier 1
tolterodine tab (DETROL equiv)	1_	Tier 1
darifenacin SR tab (ENABLEX equiv) (Step therapy requires trial of 2: oxybutynin IR/ER, tolterodine IR/ER, tros solifenacin)	spium IR/ER, ST	Tier 2
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day; Step therapy requires trial of oxybutynin IR/ER At solifenacin)	ND QL-ST	Tier 2
trospium tab (SANCTURA equiv)	-	Tier 2
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
mirabegron tab er (MYRBETRIQ equiv) (ST req trial 2: oxybutynin tab/syrup, oxybutynin ER tab, tolterodine tab trospium tab/SR cap)	o/SR cap, ST	Tier 2
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
Note: Unless otherwise specifically noted all strengths and forms of products listed in the formulary are covered		

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

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

Last Updated* 6/1/2025 DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
bethanechol tab (URECHOLINE equiv)	-	Tier 1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)	01.07	
flavoxate tab (URISPAS equiv) (QL= 8 tabs/day; Step therapy requires trial of oxybutynin AND solifenacin) VACCINES	QL-ST	Tier 2
BACTERIAL VACCINES		
BEXSERO INJ	VAC	Preventiv
CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older)	QL-VAC	e Preventiv
MENACTRA INJ	VAC	e Preventiv
		е
MENHIBRIX INJ	VAC	Preventiv e
MENOMUNE INJ	VAC	Preventiv e
MENQUADFI INJ	VAC	Preventiv
MENVEO INJ	VAC	e Preventiv
MENVEO SOLN	VAC	e Preventiv
		е
PENBRAYA INJ(Covered for members age 10 through 25 years)	-	Preventiv e
PNEUMOVAX INJ	VAC	Preventiv e
PREVNAR 13 INJ	VAC	Preventiv
PREVNAR 20 INJ	VAC	e Preventiv
TRUMENBA INJ	VAC	e Preventiv
VAXCHORA SUSP	VAC	e Preventiv
		е
VAXNEUVANCE INJ	VAC	Preventiv e
VIRAL VACCINES	01.140	
ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime; Covered for ages 60 and over or weeks 32-36 of pregnancy)	QL-VAC	Preventiv e
ACAM2000 INJ	-	Preventiv
AFLURIA INJ (QL= 0.5ml/fill)	QL-VAC	e Preventiv
AFLURIA INJ, FLUZONE INJ	VAC	e Preventiv
AREXVY IN.I. (OI = 1 ini/day 1 fill/lifetime: Covered for members 60 years of age and older)	QL-VAC	e Preventiv
		е
JERVARIX INJ	VAC	Preventiv e
COMIRNATY INJ	VAC	Preventiv e
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
	ANDS = CAPITAL LETTERS	
te: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. NC = Not Covered generic = small letters BR MSP Ardon Mandatory Specialty Pharmacy Program EXC Plan Exclusion LD Limi		Pre e Pre e Pre

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.

Medical Benefit

Quantity Limit

Smoking Cessation

М

ΩL

Lumicera Mandatory Specialty Pharmacy Program

Limited to two 15 day fills per month for first 3 months SMKG

Prior Authorization

Vaccine Program

LMSP

PA

SF

VAC

Over-the-Counter

Step Therapy

Restricted to Diagnosis

OTC

RDX

ST

DrugName	Last Updated* 6/1/2025	Special Code	Tier
	VACCINES Cont.		
COMIRNATY INJ 30MCG/0.3ML		VAC	Preventiv e
COVID-19 VACCINE BIVALENT BOOSTER INJ	(MODERNA) (QL=1 inj/fill)	QL	Preventiv
COVID-19 VACCINE BIVALENT BOOSTER INJ	(PFIZER) (QL= 1 inj/fill)	QL	e Preventiv
COVID-19 VACCINE BIVALENT BOOSTER INJ	5-11Y (PFIZER) (QL= 1 inj/fill)	QL	e Preventiv
COVID-19 VACCINE BIVALENT BOOSTER INJ	6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	e Preventiv
COVID-19 VACCINE BIVALENT BOOSTER INJ	6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	e Preventiv
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 do	ose/45 days)	QL	e Preventiv
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 do	ose/17 days)	QL	e Preventiv
COVID-19 VACCINE INJ 5-11Y (PFIZER)		VAC	e Preventiv
COVID-19 VACCINE INJ 6M-11Y (MODERNA)		VAC	e Preventiv
COVID-19 VACCINE INJ 6M-4Y (PFIZER)		VAC	e Preventiv e
ENGERIX-B INJ, RECOMBIVAX-HB INJ		VAC	Preventiv e
FLUAD INJ		VAC	Preventiv e
FLUAD QUAD INJ		VAC	Preventiv e
FLUBLOK INJ		VAC	Preventiv e
FLUBLOK INJ (QL= 0.5ml/fill)		VAC-QL	Preventiv e
FLUBLOK QUAD PF INJ		VAC	Preventiv e
FLUCELVAX INJ (QL= 0.5ml/fill)		QL-VAC	Preventiv e
FLUCELVAX QUAD INJ		VAC	Preventiv e
FLULAVAL QUAD INJ, FLUZONE QUAD INJ		VAC	Preventiv
FLUMIST NASAL (QL= 1 dose/fill; Limited to me	embers aged 2 to 49 years old)	QL-VAC	Preventiv e
FLUMIST QUADRIVALENT NASAL SUSP		VAC	Preventiv e
FLUVIRIN INJ		VAC	Preventiv e
FLUZONE HD PF INJ		VAC	Preventiv e
FLUZONE HIGH DOSE PF INJ		VAC	Preventiv e
FLUZONE QUAD INJ		VAC	Preventiv e
			C

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

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

DrugName	Last Updated* 6/1/2025	Special Code	Tier
	VACCINES Cont.		
FLUZONE/FLUARIX QUAD INJ		VAC	Preventiv e
GARDASIL 9 INJ		VAC	Preventiv e
GARDASIL INJ		VAC	Preventiv
HAVRIX INJ, VAQTA INJ		VAC	e Preventiv
HEPLISAV-B INJ		VAC	e Preventiv
IPOL INJ		-	e Preventiv
JYNNEOS INJ		<u>.</u>	e Preventiv
			е
M-M-R II INJ		VAC	Preventiv e
MRESVIA INJ (QL= 0.5 mL/fill; Covered for ages 6	60 years and older)	QL-VAC	Preventiv e
NOVAVAX INJ		VAC	Preventiv
PRIORIX INJ		VAC	e Preventiv
PROQUAD INJ		-	e Preventiv
SHINGRIX INJ (Covered for members age 18 or o	older)	VAC	e Preventiv
SPIKEVAX INJ (QL= 1 dose/24 days)		QL	e Preventiv
SPIKEVAX INJ 50/0.5ML		VAC	e Preventiv
SPIKEVAX INJ 50MCG/0.5ML		VAC	е
			Preventiv e
TWINRIX INJ		VAC	Preventiv e
VARIVAX INJ		VAC	Preventiv e
YF-VAX INJ		-	Preventiv e
IMOVAX INJ		-	Tier 2
RABAVERT INJ		VAC	Tier 2
VAGINAL CONTRACEPTIVE - PH MOI	VAGINAL AND RELATED PRODUC	STS	
PHEXXI GEL (QL= 180gm/30 days)	DOLATORS	QL	Preventiv
, ,	VA OINIAL PROPLICTO		е
SPERMICIDES	VAGINAL PRODUCTS		
CONTRACEPTIVE FILM		OTC	Preventiv
CONTRACEPTIVE FOAM		отс	e Preventiv e
Note: Unless otherwise specifically noted, all strengths and fo	orms of products listed in the formulary are covered.		-
NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS	
AMSP Ardon Mandatory Specialty Pharmacy Program LMSP Lumicera Mandatory Specialty Pharmacy Program Pharmacy Program Date State	M Medical Benefit	LD Limited Distribution OTC Over-the-Counter PDV Restricted to Disgression	

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Quantity Limit

Smoking Cessation

ΩL

PA

VAC

Prior Authorization

Vaccine Program

Limited to two 15 day fills per month for first 3 months SMKG

RDX

ST

Restricted to Diagnosis

Step Therapy

DrugName	Last Opdated* 6/1/2025	Special Code	Tier
	VAGINAL PRODUCTS Cont.		_
CONTRACEPTIVE GEL		OTC	Preventiv
			е
CONTRACEPTIVE SUPP		OTC	Preventiv
			е
TODAY SPONGE		OTC	Preventiv
VAGINAL ANTI-INFECTIVES			е
clindamycin vaginal cream (CLEOCIN equiv) (QL=	1 tube/fill)	QL	Tier 1
terconazole cream (TERAZOL equiv)	·	-	Tier 1
TERCONAZOLE CREAM 0.8%		-	Tier 1
terconazole supp (TERAZOL equiv)		-	Tier 1
AVC VAGINAL CREAM		-	Tier 2
metronidazole vaginal gel (METROGEL equiv)		-	Tier 2
	L= 1 package/30 days; Step therapy requires trial of metronidazole tab or	QL-ST	Tier 2
clindamycin cap/oral soln)	- · · · · · · · · · · · · · · · · · · ·		
VAGINAL ESTROGENS			
estradiol vaginal tab, yuvafem vaginal tab (VAGIFI	EM equiv)	-	Tier 1
estradiol cream (ESTRACE equiv)		-	Tier 2
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)		QL	Tier 2
VAGINAL PROGESTINS			
ENDOMETRIN INSERT		PA	Tier 2
	VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS			
AUVI-Q INJ (QL= 2 inj/fill)		QL	Tier 2
NEFFY SPRAY (QL= 2 doses/fill)		QL	Tier 2
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 HYPO	TENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	,	AMSP	Tier 1
, , ,			Specialty
VASOPRESSORS			
midodrine tab (PROAMATINE equiv)		-	Tier 1
EPINEPHRINE INJ		-	Tier 2
	VITAMINS		
OIL SOLUBLE VITAMINS			
phytonadione tab (MEPHYTON equiv)		-	Tier 1
vitamin D cap (RX strength only)		-	Tier 1
WATER SOLUBLE VITAMINS			
POTABA POWDER PACKET		-	Tier 2

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

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
abiraterone acetate tab 500mg	Tier 1 Specialty
abiraterone tab 250mg	Tier 1 Specialty
ACTHAR HP GEL INJ	Tier 2 Specialty
ACTHAR INJ 80UNIT	Tier 2 Specialty
ADALIMU-ADAZ INJ 80/0.8ML	Tier 2 Specialty
ADALIMUMAB-ADAZ INJ	Tier 2 Specialty
ADALIMUMAB-ADAZ INJ 10MG/0.1ML	Tier 2 Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	Tier 2 Specialty
AIMOVIG INJ	Tier 2
AJOVY INJ	Tier 2
ALECENSA CAP	Tier 2 Specialty
ALUNBRIG TAB 30MG	Tier 2 Specialty
ALUNBRIG TAB 90MG, 180MG	Tier 2 Specialty
ambrisentan tab	Tier 1 Specialty
AUSTEDO TAB 12MG	Tier 2 Specialty
AUSTEDO TAB 6MG	Tier 2 Specialty
AUSTEDO TAB 9MG	Tier 2 Specialty
AUSTEDO XR TAB	Tier 2 Specialty
AUSTEDO XR TAB 18MG	Tier 2 Specialty
AUSTEDO XR TAB 24MG	Tier 2 Specialty
AUSTEDO XR TAB 6MG	Tier 2 Specialty
AUSTEDO XR TAB TITRATION KIT	Tier 2 Specialty
AUSTEDO XR TAB TITRATION PACK	Tier 2 Specialty
BARACLUDE SOLN	Tier 2 Specialty
betaine powder for oral solution	Tier 1 Specialty
bexarotene cap	Tier 1 Specialty
bexarotene gel	Tier 1 Specialty
bosentan tab	Tier 1 Specialty
BOSULIF CAP	Tier 2 Specialty
BOSULIF TAB	Tier 2 Specialty
CABOMETYX TAB	Tier 2 Specialty
CALQUENCE CAP	Tier 2 Specialty
CALQUENCE TAB	Tier 2 Specialty
CAPRELSA TAB 100MG	Tier 2 Specialty
CAPRELSA TAB 300MG	Tier 2 Specialty
carglumic acid tab	Tier 1 Specialty
CERDELGA CAP	Tier 2 Specialty
COMETRIQ KIT	Tier 2 Specialty
COSENTYX INJ (1-PACK)	Tier 2 Specialty
COSENTYX INJ (2-PACK)	Tier 2 Specialty
COSENTYX INJ 300MG/2ML	Tier 2 Specialty
COTELLIC TAB	Tier 2 Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
DAKLINZA TAB	Tier 2 Specialty
dalfampridine ER tab	Tier 1 Specialty
dasatinib tab	Tier 1 Specialty
deferasirox granules packet	Tier 1 Specialty
deferasirox tab	Tier 1 Specialty
deferasirox tab 90mg, 360mg	Tier 1 Specialty
deferiprone tab	Tier 1 Specialty
deferiprone tab 1000mg	Tier 1 Specialty
deflazacort susp	Tier 2 Specialty
deflazacort tab	Tier 2 Specialty
DEXCOM G6 RECEIVER	Tier 1
DEXCOM G6 SENSOR	Tier 1
DEXCOM G6 TRANSMITTER	Tier 1
DEXCOM G7 RECEIVER	Tier 1
DEXCOM G7 SENSOR	Tier 1
dichlorphenamide tab	Tier 1 Specialty
DOPTELET TAB	Tier 2 Specialty
DUPIXENT INJ	Tier 2 Specialty
DUPIXENT PEN INJ	Tier 2 Specialty
eltrombopag olamine powder pack for susp	Tier 1 Specialty
eltrombopag olamine tab	Tier 1 Specialty
EMGALITY INJ	Tier 2
EMPAVELI INJ	Tier 2 Specialty
ENBREL INJ	Tier 2 Specialty
ENBREL INJ 25MG	Tier 2 Specialty
ENBREL INJ 50MG	Tier 2 Specialty
ENBREL MINI INJ	Tier 2 Specialty
ENBREL SURECLICK INJ 50MG	Tier 2 Specialty
ENDOMETRIN INSERT	Tier 2
ENTYVIO INJ	Tier 2 Specialty
EPIDIOLEX SOLN	Tier 2 Specialty
ERIVEDGE CAP	Tier 2 Specialty
ERLEADA TAB	Tier 2 Specialty
ERLEADA TAB 240MG	Tier 2 Specialty
erlotinib tab 100mg	Tier 1 Specialty
erlotinib tab 150mg	Tier 1 Specialty
erlotinib tab 25mg	Tier 1 Specialty
everolimus tab	Tier 1 Specialty
everolimus tab for oral susp	Tier 1 Specialty
EXSERVAN FILM	Tier 2 Specialty
fentanyl patch	Tier 2
FREE LIBRE 3-PLUS SENSOR	Tier 1

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
FREESTYLE LIBRE 2 RECEIVER	Tier 1
FREESTYLE LIBRE 2 SENSOR	Tier 1
FREESTYLE LIBRE 2-PLUS SENSOR	Tier 1
FREESTYLE LIBRE 3 READER	Tier 1
FREESTYLE LIBRE 3 SENSOR	Tier 1
FREESTYLE LIBRE RECEIVER	Tier 1
FREESTYLE LIBRE SENSOR (14-DAY)	Tier 1
gabapentin (once-daily) tab	Tier 2
gefitinib tab	Tier 1 Specialty
GILOTRIF TAB	Tier 2 Specialty
HADLIMA INJ 40MG/0.4ML	Tier 2 Specialty
HADLIMA INJ 40MG/0.8ML	Tier 2 Specialty
HADLIMA PUSH INJ 40MG/0.4ML	Tier 2 Specialty
HADLIMA PUSH INJ 40MG/0.8ML	Tier 2 Specialty
HAEGARDA INJ 2000U	Tier 2 Specialty
HAEGARDA INJ 3000U	Tier 2 Specialty
HYCAMTIN CAP	Tier 2 Specialty
hydrocodone bitartrate ER cap	Tier 2
hydrocodone bitartrate er tab	Tier 2
hydromorphone ER tab 12mg	Tier 2
hydromorphone ER tab 16mg	Tier 2
hydromorphone ER tab 32mg	Tier 2
hydromorphone ER tab 8mg	Tier 2
HYDROXYPROGESTERONE CAPROATE INJ	Tier 2 Specialty
icatibant inj	Tier 1 Specialty
ICLUSIG TAB	Tier 2 Specialty
imatinib tab 100mg	Tier 1 Specialty
imatinib tab 400mg	Tier 1 Specialty
IMBRUVICA CAP 140MG	Tier 2 Specialty
IMBRUVICA CAP 70MG	Tier 2 Specialty
IMBRUVICA SUSP	Tier 2 Specialty
IMBRUVICA TAB	Tier 2 Specialty
INGREZZA CAP	Tier 2 Specialty
INGREZZA PACK 40-80MG	Tier 2 Specialty
INGREZZA SPRINKLE CAP	Tier 2 Specialty
INLYTA TAB	Tier 2 Specialty
INLYTA TAB 5MG	Tier 2 Specialty
ivabradine hcl tab	Tier 1
JAKAFI TAB	Tier 2 Specialty
JAVYGTOR PAK 100MG	Tier 1 Specialty
JAVYGTOR POW 500MG	Tier 1 Specialty
JAVYGTOR TAB 100MG	Tier 1 Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
JUXTAPID CAP	Tier 2 Specialty
JYNARQUE PAK	Tier 2 Specialty
JYNARQUE TAB 15MG	Tier 2 Specialty
JYNARQUE TAB 30MG	Tier 2 Specialty
KALYDECO PAK	Tier 2 Specialty
KALYDECO TAB	Tier 2 Specialty
KISQALI PAK	Tier 2 Specialty
KISQALI TAB	Tier 2 Specialty
lapatinib ditosylate tab	Tier 1 Specialty
lenalidomide cap	Tier 1 Specialty
LENVIMA CAP	Tier 2 Specialty
LEUPROLIDE INJ (3 MONTH)	Tier 2 Specialty
lofexidine hcl tab	Tier 2
LONSURF TAB	Tier 2 Specialty
LUPRON DEPOT INJ	Tier 2 Specialty
LUPRON DEPOT INJ PED	Tier 2 Specialty
LUPRON DEPOT-PED INJ (1-MONTH)	Tier 2 Specialty
LUPRON DEPOT-PED INJ (3-MONTH)	Tier 2 Specialty
LUTRATE DEPO INJ	Tier 2 Specialty
LYNPARZA CAP	Tier 2 Specialty
LYNPARZA TAB	Tier 2 Specialty
MEKINIST SOLN	Tier 2 Specialty
MEKINIST TAB 0.5MG	Tier 2 Specialty
MEKINIST TAB 2MG	Tier 2 Specialty
methadose tab	Tier 1
methyltestosterone cap	Tier 2
metyrosine cap	Tier 2
mifepristone tab	Tier 1 Specialty
miglustat cap	Tier 1 Specialty
morphine sulfate ER cap 100mg	Tier 1
morphine sulfate ER cap 10mg	Tier 2
morphine sulfate ER cap 20mg	Tier 2
morphine sulfate ER cap 30mg	Tier 1
morphine sulfate ER cap 50mg	Tier 2
morphine sulfate ER cap 60mg	Tier 2
morphine sulfate ER cap 80mg	Tier 2
morphine sulfate ER tab	Tier 1
MOVANTIK TAB	Tier 2
nilutamide tab	Tier 1 Specialty
NINLARO CAP	Tier 2 Specialty
nitisinone cap	Tier 1 Specialty
NUBEQA TAB	Tier 2 Specialty

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)
NUCALA INJ	Tier 2 Specialty
octreotide inj	Tier 1 Specialty
OCTREOTIDE INJ 100MCG	Tier 1 Specialty
ODOMZO CAP	Tier 2 Specialty
OFEV CAP	Tier 2 Specialty
OLYSIO CAP	Tier 2 Specialty
OPSUMIT TAB	Tier 2 Specialty
OPZELURA CREAM	Tier 2
ORENITRAM TAB	Tier 2 Specialty
ORKAMBI GRANULES PACKET	Tier 2 Specialty
ORKAMBI TAB	Tier 2 Specialty
ormalvi tab 50mg	Tier 1 Specialty
OTEZLA STARTER PACK	Tier 2 Specialty
OTEZLA TAB	Tier 2 Specialty
OXANDROLONE TAB	Tier 1
OXYCODONE ER TAB 10MG	Tier 2
OXYCODONE ER TAB 15MG	Tier 2
OXYCODONE ER TAB 20MG	Tier 2
OXYCODONE ER TAB 30MG	Tier 2
OXYCODONE ER TAB 40MG	Tier 2
OXYCODONE ER TAB 60MG	Tier 2
OXYCODONE ER TAB 80MG	Tier 2
OXYCONTIN ER TAB 10MG	Tier 2
OXYCONTIN ER TAB 20MG	Tier 2
OXYCONTIN ER TAB 40MG	Tier 2
OXYMORPHONE ER TAB 10MG	Tier 2
OXYMORPHONE ER TAB 15MG	Tier 2
OXYMORPHONE ER TAB 20MG	Tier 2
OXYMORPHONE ER TAB 30MG	Tier 2
oxymorphone ER tab 40mg	Tier 2
OXYMORPHONE ER TAB 5MG	Tier 2
OXYMORPHONE ER TAB 7.5MG	Tier 2
pazopanib hcl tab	Tier 1 Specialty
PEGASYS INJ	Tier 2 Specialty
PEG-INTRON INJ	Tier 2 Specialty
pirfenidone cap	Tier 1 Specialty
pirfenidone tab 267mg	Tier 1 Specialty
PIRFENIDONE TAB 534MG	Tier 1 Specialty
pirfenidone tab 801mg	Tier 1 Specialty
POMALYST CAP	Tier 2 Specialty
pyrimethamine tab	Tier 1 Specialty
RADICAVA ORS SUSP	Tier 2 Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
REBETOL SOLN	Tier 2 Specialty
REPATHA INJ	Tier 2
REPATHA PUSHTRONEX INJ	Tier 2
RINVOQ ER TAB	Tier 2 Specialty
RINVOQ ER TAB 45MG	Tier 2 Specialty
RINVOQ ORAL SOLN	Tier 2 Specialty
roflumilast tab	Tier 1
RUBRACA TAB	Tier 2 Specialty
sapropterin dihydrochloride powder packet	Tier 1 Specialty
sapropterin dihydrochloride soluble tab	Tier 1 Specialty
SIGNIFOR INJ	Tier 2 Specialty
sildenafil susp	Tier 1 Specialty
simvastatin tab 80mg	Preventive
SKYRIZI 180MG/1.2ML CARTRIDGE	Tier 2 Specialty
SKYRIZI INJ	Tier 2 Specialty
SKYRIZI INJ 150MG/ML	Tier 2 Specialty
SKYTROFA INJ	Tier 2 Specialty
sodium phenylbutyrate powder	Tier 1 Specialty
sodium phenylbutyrate tab	Tier 1 Specialty
SOFOSBUVIR/VELPATASVIR TAB	Tier 1 Specialty
SOMAVERT INJ	Tier 2 Specialty
sorafenib tosylate tab	Tier 2 Specialty
STELARA INJ	Tier 2 Specialty
STIVARGA TAB	Tier 2 Specialty
STRENSIQ INJ	Tier 2 Specialty
sunitinib malate cap	Tier 1 Specialty
SYMDEKO TAB	Tier 2 Specialty
SYMPROIC TAB	Tier 2
SYNAGIS INJ	Tier 2 Specialty
SYNRIBO INJ	Tier 2 Specialty
TAFINLAR CAP	Tier 2 Specialty
TAFINLAR TAB	Tier 2 Specialty
TAGRISSO TAB	Tier 2 Specialty
TAKHZYRO INJ	Tier 2 Specialty
TAKHZYRO INJ 150MG/ML	Tier 2 Specialty
tasimelteon capsule	Tier 1 Specialty
TECHNIVIE TAB	Tier 2 Specialty
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml	Tier 2 Specialty
TERIPARATIDE INJ 620MCG/2.48ML	Tier 2 Specialty
TESTOSTERONE GEL 1% 25MG	Tier 2
testosterone gel 1.62% 1.25gm	Tier 2
testosterone gel 1.62% 2.5gm	Tier 2

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)
TESTOSTERONE GEL 10MG/ACT	Tier 2
testosterone gel 2%	Tier 2
TESTOSTERONE GEL PUMP	Tier 2
testosterone soln	Tier 2
tetrabenazine tab	Tier 1 Specialty
TIGLUTIK SUSP	Tier 2 Specialty
tiopronin tab	Tier 1 Specialty
tiopronin tab delayed release	Tier 1 Specialty
tobramycin neb soln	Tier 1 Specialty
tolvaptan tab	Tier 1 Specialty
tolvaptan tab 15mg	Tier 1 Specialty
TRACLEER TAB 32MG	Tier 2 Specialty
tramadol ER tab	Tier 2
tramadol ER tab 100mg	Tier 1
tramadol ER tab 200mg	Tier 1
tramadol ER tab 300mg	Tier 1
TREMFYA INJ	Tier 2 Specialty
TREMFYA INJ CROHNS INDUCTION PACK	Tier 2 Specialty
treprostinil inj 10mg/ml	Tier 1 Specialty
treprostinil inj 1mg/ml	Tier 1 Specialty
treprostinil inj 2.5mg/ml	Tier 1 Specialty
treprostinil inj 5mg/ml	Tier 1 Specialty
TYENNE INJ	Tier 2 Specialty
TYMLOS INJ	Tier 2 Specialty
TYVASO DPI POWDER 16-32-48MCG	Tier 2 Specialty
TYVASO DPI POWDER 16-32MCG	Tier 2 Specialty
TYVASO DPI POWDER 32-48MCG	Tier 2 Specialty
TYVASO DPI POWDER	Tier 2 Specialty
TYVASO INH SOLN	Tier 2 Specialty
TYZEKA TAB	Tier 2 Specialty
UPTRAVI TAB	Tier 2 Specialty
VALCHLOR GEL	Tier 2 Specialty
VENCLEXTA STARTER PACK	Tier 2 Specialty
VENCLEXTA TAB	Tier 2 Specialty
VENTAVIS INH SOLN	Tier 2 Specialty
VERZENIO TAB	Tier 2 Specialty
VIEKIRA PAK TAB	Tier 2 Specialty
VIEKIRA XR TAB	Tier 2 Specialty
vigabatrin powder pack	Tier 1 Specialty
vigabatrin tab	Tier 1 Specialty
VOSEVI TAB	Tier 2 Specialty
VOTRIENT TAB	Tier 2 Specialty

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)
VOYDEYA TAB	Tier 2 Specialty
VOYDEYA TAB THERAPY PACK	Tier 2 Specialty
XALKORI CAP	Tier 2 Specialty
XALKORI SPRINKLE CAP	Tier 2 Specialty
XELJANZ SOLN	Tier 2 Specialty
XELJANZ TAB	Tier 2 Specialty
XELJANZ XR TAB	Tier 2 Specialty
XOLAIR INJ	Tier 2 Specialty
XOLAIR INJ 150MG/ML	Tier 2 Specialty
XOLAIR INJ 300MG/2ML	Tier 2 Specialty
XOLAIR INJ 75MG/0.5ML	Tier 2 Specialty
ZEJULA CAP	Tier 2 Specialty
ZEJULA TAB	Tier 2 Specialty
ZELBORAF TAB	Tier 2 Specialty
ZEPATIER TAB	Tier 2 Specialty
ZOLINZA CAP	Tier 2 Specialty
ZYDELIG TAB	Tier 2 Specialty
ZYKADIA CAP	Tier 2 Specialty
ZYKADIA TAB	Tier 2 Specialty

UMP Preferred Drug List Last Updated* 6/1/2025 Over-the-Counter (OTC)

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

aspirin ec tab 325mg

aspirin ec tab 81mg

Over-the-Counter (OTC) Medications

aspirin tab

B-D INSULIN SYRINGE

BD NEEDLES	B-D PEN NEEDLE	CALIBRATION LIQUID	CONTOUR TEST STRIP
CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP
FEMALE CONDOMS	folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE INSULINX TEST STRIP
FREESTYLE LITE TEST	FREESTYLE PRECISION	FREESTYLE TEST STRIP	GUAIFENESIN/CODEINE
STRIP	NEO TEST STRIP		SYRUP
HUMULIN MIX INJ	HUMULIN MIX PEN INJ	HUMULIN N INJ	HUMULIN N PEN INJ
HUMULIN R INJ	HYPODERMIC NEEDLES	LANCET KIT	LANCETS
levonorgestrel tab	MALE CONDOMS	NARCAN HCL SPRAY (OTC	NICODERM PATCH
NICORETTE GUM	NICORETTE LOZENGE	nicotine gum	NICOTINE KIT
nicotine lozenge	nicotine patch	nizoral a-d shampoo	NOVOFINE PEN NEEDLE
NOVOLIN 70/30 FLEXPEN	NOVOLÍN R INJ 100 UNIT	NOVOTWIST PEN NEEDLE	PLAN B TAB
INJ			
PRECISION XTRA TEST STRIP	SYRINGE LUER-LOK	TODAY SPONGE	trispec pse liquid

UMP Preferred Drug List Last Updated* 6/1/2025 Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

ABILIFY ASIMTUFII INJ 720MG/2.4ML	ABILIFY ASIMTUFII INJ 960MG/3.2ML	ABILIFY MAINTENA INJ	abiraterone acetate tab
abiraterone tab 250mg	ACTHAR HP GEL INJ	ACTHAR INJ 80UNIT	ADALÏMU-ADAZ INJ 80/0.8ML
ADALIMUMAB-ADAZ INJ	ADALIMUMAB-ADAZ INJ 10MG/0.1ML	ADALIMUMAB-ADAZ INJ 40MG/0.4ML	adefovir dipivoxil tab
ALECENSA CAP	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	ambrisentan tab
aminocaproic acid soln	apomorphine inj	ARANESP INJ	ARISTADA 675MG/2.4ML IN
ARISTADA INJ	AUSTEDO TAB 12MG	AUSTEDO TAB 6MG	AUSTEDO TAB 9MG
AUSTEDO XR TAB	AUSTEDO XR TAB 18MG	AUSTEDO XR TAB 24MG	AUSTEDO XR TAB 6MG
AUSTEDO XR TAB	AUSTEDO XR TAB	AVONEX INJ	BARACLUDE SOLN
TITRATION KIT	TITRATION PACK		
betaine powder for oral solution	bexarotene cap	bexarotene gel	bosentan tab
BOSULIF CAP	BOSULIF TAB	CABOMETYX TAB	CALQUENCE CAP
CALQUENCE TAB	capecitabine tab	CAPRELSA TAB 100MG	CAPRELSA TAB 300MG
carglumic acid tab	CAYSTON INH SOLN	CERDELGA CAP	COMETRIQ KIT
COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)	COSENTYX INJ 300MG/2ML	COTELLIC TAB
CYSTADANE POWDER	CYSTAGON CAP 150MG	CYSTAGON CAP 50MG	CYSTARAN OPHTH SOLN
DAKLINZA TAB	dalfampridine ER tab	dasatinib tab	deferasirox granules packet
deferasirox tab	deferasirox tab 90mg, 360mg	deferiprone tab	deferiprone tab 1000mg
deflazacort susp	deflazacort tab	dichlorphenamide tab	dimethyl fumarate DR cap
dimethyl fumarate DR starter pack	DOPTELET TAB	droxidopa cap	DUPIXENT INJ
DUPIXENT PEN INJ	EDURANT PED TAB	eltrombopag olamine powder	eltrombopag olamine tab
Doi Martin Erviito	250.0.025 17.15	pack for susp	ouromoopag olamine tas
EMPAVELI INJ	ENBREL INJ	ENBREL INJ 25MG	ENBREL INJ 50MG
ENBREL MINI INJ	ENBREL SURECLICK INJ	ENTYVIO INJ	EPIDIOLEX SOLN
	50MG		
EPIVIR HBV SOLN	ERIVEDGE CAP	ERLEADA TAB	ERLEADA TAB 240MG
erlotinib tab 100mg	erlotinib tab 150mg	erlotinib tab 25mg	ERZOFRI INJ 117MG/0.75M
ERZOFRI INJ 156MG/ML	ERZOFRI INJ 234MG/1.5ML	ERZOFRI INJ 351MG/2.25M	ERZOFRI INJ 39MG/0.25ML
ERZOFRI INJ 78MG/0.5ML	everolimus tab	everolimus tab for oral susp	EXSERVAN FILM
fingolimod hcl cap	FULPHILA INJ	gefitinib tab	GENOTROPIN INJ 0.2MG
GENOTROPIN INJ 0.4MG	GENOTROPIN INJ 0.6MG	GENOTROPIN INJ 0.8MG	GENOTROPIN INJ 1.2MG
GENOTROPIN INJ 1.4MG	GENOTROPIN INJ 1.6MG	GENOTROPIN INJ 1.8MG	GENOTROPIN INJ 12MG
GENOTROPIN INJ 1MG	GENOTROPIN INJ 2MG	GENOTROPIN INJ 5MG	GILOTRIF TAB

glatiramer inj 20mg/ml glatiramer inj 40mg/ml HADLIMA INJ 40MG/0.4ML HADLIMA INJ 40MG/0.8ML HADLIMA PUSH INJ HADLIMA PUSH INJ HAEGARDA INJ 2000U HAEGARDA INJ 3000U 40MG/0.4ML 40MG/0.8ML **HEXALEN CAP** haloperidol decanoate inj HYCAMTIN CAP hydroxyprogesterone caproate inj imatinib tab 400mg **ICLUSIG TAB** icatibant inj imatinib tab 100mg IMBRUVICA CAP 140MG IMBRUVICA CAP 70MG IMBRUVICA SUSP IMBRUVICA TAB IMPAVIDO CAP **INCRELEX INJ INGREZZA CAP INGREZZA PACK 40-80MG INLYTA TAB 5MG** INGREZZA SPRINKLE CAP **INLYTA TAB** INTRON-A INJ INVEGA HAFYERA INJ INVEGA SUSTENNA INJ INVEGA TRINZA INJ JAKAFI TAB JAVYGTOR PAK 100MG JAVYGTOR POW 500MG JAVYGTOR TAB 100MG JUXTAPID CAP JYNARQUE PAK JYNARQUE TAB 15MG JYNARQUE TAB 30MG KALYDECO PAK KALYDECO TAB KESIMPTA INJ KISQALI PAK KISQALI TAB lamivudine tab 100mg lapatinib ditosvlate tab lenalidomide cap LENVIMA CAP I-glutamine powder packet **LONSURF TAB** LUPRON DEPOT INJ LEUPROLIDE INJ (3 MONTH) LUPRON DEPOT INJ PED **LUTRATE DEPO INJ** LUPRON DEPOT-PED INJ LUPRON DEPOT-PED INJ (1-MONTH) (3-MONTH) LYSODREN TAB LYNPARZA CAP LYNPARZA TAB MATULANE CAP MEKINIST SOLN MAVYRET PAK MAVYRET TAB MEKINIST TAB 0.5MG MEKINIST TAB 2MG MELPHALAN TAB mifepristone tab mesna tab miglustat cap MYLERAN TAB nilutamide tab NINLARO CAP NYVEPRIA INJ nitisinone cap NUBEQA TAB **NUCALA INJ** octreotide inj OCTREOTIDE INJ 100MCG ODOMZO CAP OFEV CAP OMNITROPE INJ 5.8MG olanzapine ini OLYSIO CAP OMNITROPE INJ **OPSUMIT TAB** ORENITRAM TAB ORKAMBI TAB ORKAMBI GRANULES **PACKET** ormalvi tab 50mg OTEZLA STARTER PACK OTEZLA TAB pazopanib hcl tab PEGASYS INJ PEG-INTRON INJ PERSERIS INJ pirfenidone cap PIRFENIDONE TAB 534MG POMALYST CAP pirfenidone tab 267mg pirfenidone tab 801mg PULMOZYME INH SOLN pyrimethamine tab RADICAVA ORS SUSP REBETOL SOLN REBIF INJ REBIF TITRTN INJ PACK RETACRIT INJ RIBAPAK TAB RIBAVIRIN CAP RIBAVIRIN TAB riluzole tab RINVOQ ER TAB RINVOQ ER TAB 45MG risperidone microspheres inj RINVOQ ORAL SOLN RUBRACA TAB RYKINDO INJ SIGNIFOR INJ sapropterin dihydrochloride sapropterin dihydrochloride powder packet soluble tab SIRTURO TAB SKYRIZI 180MG/1.2ML SKYRIZI INJ sildenafil susp CARTRIDGE SKYTROFA INJ SKYRIZI INJ 150MG/ML sodium phenylbutyrate sodium phenylbutyrate tab powder SOMAVERT INJ sorafenib tosylate tab STELARA INJ SOFOSBUVIR/VELPATASVI R TAB STIVARGA TAB STRENSIQ INJ SUBLOCADE INJ SUBLOCADE INJ 100MG/0.5ML 300MG/1.5ML SYMDEKO TAB sunitinib malate cap SYNAGIS INJ SYNRIBO INJ TABLOID TAB TAFINLAR CAP **TAFINLAR TAB** TAGRISSO TAB TAKHZYRO INJ TAKHZYRO INJ 150MG/ML tasimelteon capsule TECHNIVIE TAB temozolomide cap teriflunomide tab teriparatide (recombinant) TERIPARATIDE INJ

tiopronin tab delayed release tobramycin neb soln tolvaptan tab tolvaptan tab 15mg

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

THALOMID CAP

transaction processing.** Products listed may not be all inclusive and are subject to change.

tetrabenazine tab

soln pen-inj 560mcg/2.24ml

TIGLUTIK SUSP

620MCG/2.48ML

tiopronin tab

TRACLEER TAB 32MG	TREMFYA INJ	TREMFYA INJ CROHNS INDUCTION PACK	treprostinil inj 10mg/ml
treprostinil inj 1mg/ml TYENNE INJ	treprostinil inj 2.5mg/ml TYMLOS INJ	treprostinil inj 5mg/ml TYVASO DPI POWDER 16-32-48MCG	tretinoin cap TYVASO DPI POWDER 16-32MCG
TYVASO DPI POWDER 32-48MCG	TYVASO DPI POWDER	TYVASO INH SOLN	TYZEKA TAB
UPTRAVI TAB	UZEDY INJ	VALCHLOR GEL	VEMLIDY TAB
VENCLEXTA STARTER PACK	VENCLEXTA TAB	VENTAVIS INH SOLN	VERZENIO TAB
VIEKIRA PAK TAB	VIEKIRA XR TAB	vigabatrin powder pack	vigabatrin tab
VISTOGARD PAK	VIVITROL INJ	VOSEVI TAB	VOTRIENT TAB
VOYDEYA TAB	VOYDEYA TAB THERAPY PACK	VUMERITY CAP	XALKORI CAP
XALKORI SPRINKLE CAP	XDEMVY DROP	XELJANZ SOLN	XELJANZ TAB
XELJANZ XR TAB	XOLAIR INJ	XOLAIR INJ 150MG/ML	XOLAIR INJ 300MG/2ML
XOLAIR INJ 75MG/0.5ML	ZARXIO INJ	ZARXIO INJ 480/0.8	ZEJULA CAP
ZEJULA TAB	ZELBORAF TAB	ZEPATIER TAB	ziprasidone mesylate inj
ZOLINZA CAP	ZYDELIG TAB	ZYKADIA CAP	ZYKADIA TAB

ZYPREXA RELPREVV INJ

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
acitretin cap	Step Therapy requires trial of calcipotriene (cream/oint/soln), tazarotene 0.1 cream, ctacro oint
ADMELOG INJ, HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
AFREZZA INH POWDER	QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
aliskiren tab	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)
allopurinol tab 200mg	QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs
almotriptan tab	QL= 12 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
amcinonide oint	Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol halobetasol)
amlodipine/atorvastatin tab	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eq atorvastatin, simvastatin)
amlodipine/valsartan/hydrochlorothiazide ta	QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ
amphetamine tab	QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
APIDRA INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
APIDRA SOLOSTAR INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
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
arformoterol tartrate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
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
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
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 oral soln 5mg/5ml	QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush)
baclofen susp	QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open o crushed)
baclofen tab 15mg	QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine
bepotastine besilate ophth soln	QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
betamethasone augmented gel	QL= 200 gm/30 days; ST req trial of 2 high potency steroids: betameth- (oint, crm, lot), clobet-, halobet-, or fluocin-
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
BREYNA INHALER	QL= 10.3g/30 days; Step therapy requires trial of two: fluticasone/salmeterol, WIXELA, DULERA
brimonidine ophth soln 0.15%	Step Therapy requires trial of brimonidine ophth soln 0.2%
brimonidine tartrate gel	QL= 60 grams/30 days; ST req trial of azelaic acid gel and metronidazole topical
brimonidine tartrate ophth soln 0.1%	Step Therapy requires trial of brimonidine ophth soln 0.2%
brimonidine tartrate-timolol maleate ophth soln	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
brinzolamide ophth susp	Step Therapy requires trial of dorzolamide 2% ophth soln
bromfenac ophth soln	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
bromfenac sodium ophth soln 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema
buprenorphine hcl buccal film	Step therapy requires trial of buprenorphine patch
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: losartan or losartan/hctz and irbesartan or irbesartan/hctz
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 750mg	QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap
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

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
clindamycin foam	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
clindamycin/tretinoin gel	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin
clocortolone pivalate cream	QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid
colesevelam pack	Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol
CREXONT CAP 35-140MG	QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 52.5-210MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 70-280MG	QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 87.5-350MG	QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
cyanocobalamin nasal spray 500mcg/0.1ml	
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
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
dapsone gel	QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
darifenacin SR tab	Step therapy requires trial of 2: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER solifenacin
DAYVIGO TAB	QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem er, eszopiclone, zaleplon, ramelteon
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 2.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate
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 sulfate tab 7.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate
diclofenac potassium (migraine) packet	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
diclofenac potassium cap	QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
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 of diclofenac 1.5% soln
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
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; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER/SL tab, doxepin 10mg, trazodone tab
doxycycline (rosacea) cap delayed release	QL= 1 cap/day; Step Therapy requires trial of 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 req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps
dutasteride/tamsulosin cap	Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap
E.E.S. TAB	ST req trial of erythromycin ethinylsuccinate susp
eletriptan tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitripta tab, or sumatriptan tab
ELMIRON CAP	QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine
enalapril maleate oral soln	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
ENVARSUS XR TAB	Step therapy requires trial of tacrolimus IR capsules
EOHILIA SUS 2MG/10ML	Step therapy requires trial of budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0)
epinastine ophth soln	QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
erythromycin ethylsuccinate tab	ST req trial of erythromycin ethinylsuccinate susp
estradiol gel 0.06%	QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol td gel	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol td gel 1.25mg/1.25gm	QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
febuxostat tab	QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg
fenoprofen calcium cap	QL= 8 tabs/day; 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 oxybutynin IR/ER AND solifenacin
flavoxate tab	QL= 8 tabs/day; Step therapy requires trial of oxybutynin AND solifenacin
FLURBIPROFEN OPHTH SOLN	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
FLUTICASONE LOTION	ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%)
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
formoterol fumarate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
frovatriptan tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitripta tab, or sumatriptan tab
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
halcinonide cream	Step Therapy requires trial of 2 High potency corticosteroids
halobetasol propionate foam	QL= 50g/30 days; ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol cream/oint)
HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
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

• 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
indomethacin suppository	QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxer diclofenac, meloxicam, etc)
indomethacin susp	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
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
IYUZEH OPHTH DROPS	QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost opht soln
KESIMPTA INJ	QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide or glatiramer
lactulose oral crystal packet	ST req trial of lactulose
lamotrigine odt	QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew
lanthanum carbonate chew tab	QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lanthanum carbonate chew tab 500mg	QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
levorphanol tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone)
I-glutamine powder packet	QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone
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= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth susp 0.2%	QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth solu 0.1%, or fluorometh susp 0.1%
LYUMJEV INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV KWIKPEN	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
meloxicam	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
memantine hcl-donepezil hcl 24hr er cap	QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
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
methazolamide tab	Step Therapy requires trial of acetazolamide
methocarbamol tab 1000mg	QL= 8 tabs/day; ST req 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	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 10mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 15mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 20mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 30mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 40mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 50mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 60mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER tab 72mg	QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta)
methylphenidate td patch	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
mirabegron tab er	ST req trial 2: oxybutynin tab/syrup, oxybutynin ER tab, tolterodine tab/SR cap, trospium tab/SR cap
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
naftifine cream	QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products
naftifine hcl gel 2%	QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
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
nitazoxanide tab	QL= 6 tabs/3 days; ST req trial of metronidazole AND tinidazole
NUEDEXTA 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
oxazepam cap	Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
paroxetine oral susp	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
penciclovir cream	QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
PENTASA CAP 500MG	QL= 8 caps/day; Diagnosis Restricted - Crohn's Disease (K50.9), UC (K51.9); For UC, ST req trial of generic APRISO or generic LIALDA
pimecrolimus cream	Step Therapy requires trial of tacrolimus oint
pioglitazone/glimepiride tab	Step Therapy requires trial of metformin or metformin ER
pitavastatin calcium tab	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs
podofilox gel	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
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
prednisolone ODT	Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln
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 of pregabalin soln
PROZAC WEEKLY CAP	QL= 4 caps/28 days; Step Therapy requires trial of fluoxetine IR
prucalopride succinate tab	QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
QTERN TAB	QL= 30 tabs/30 days; Step Therapy requires trial of metformin or metformin ER
REBIF INJ	QL= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
REBIF TITRTN INJ PACK	QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
REXULTI TAB	QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone olanzapine, risperidone, or lurasidone
RIBAPAK TAB	Step Therapy requires trial of ribavirin
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
ropinirole ER tab	QL= 1 tab/day; Step Therapy requires trial of ropinirole
rufinamide susp	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
rufinamide tab	QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate pregabalin, levetiracetam
RYTARY CAP 23.75-95MG	QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 36.25-145MG	QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 48.75-195MG	QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 61.25-245MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
saxagliptin hcl tab	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
saxagliptin-metformin hcl tab er 24hr	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
spironolactone susp	QL= 600ml/30 days; ST req trial of furosemide oral soln
sumatriptan nasal spray	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sumatriptan vial inj	QL= 4 mL/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sumatriptan/naproxen tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitripta tab, or sumatriptan tab
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 ta
tazarotene cream 0.05%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
tazarotene gel	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
tazarotene gel 0.1%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
telmisartan/amlodipine tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab 40-12.5MG	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab 80-25MG	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
timolol maleate ophth gel	Step Therapy requires trial of timolol maleate ophth soln; Covered for members age years or younger
timolol maleate ophth soln 0.5%	Step Therapy requires trial of timolol maleate ophth soln
topiramate cap er 200mg	QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle (generic Qudexy XR)
topiramate er cap	QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle (generic Qudexy XR)
toremifene tab	Step Therapy requires trial of tamoxifen
travoprost ophth soln	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln
tretinoin gel	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
triamcinolone acetonide oint	Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%
TRIAMCINOLONE SPRAY	QL= 450gm/30 days; Req trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint
triamterene cap	Step Therapy requires trial of amiloride or spironolactone
trientine cap 250mg	ST req trial of generic penicillamine tab
TRIENTINE CAP 500MG	ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap
trimipramine cap	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TYRVAYA SOLN	QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)
UBRELVY TAB	QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab
VARUBI TAB	QL= 2 tabs/day; Step Therapy requires trial of ondansetron
verapamil SR cap	Step Therapy requires trial of verapamil ER tab (generic Calan)
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
VRAYLAR CAP	QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone olanzapine, risperidone, or lurasidone
VRAYLAR PACK	QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
zolmitriptan nasal spray	QL= 6 sprays/30 days; ST req trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab FOLLOWED BY suma nasal
zolmitriptan ODT	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitripta tab, or sumatriptan tab
zolpidem tartrate SL tab	QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem er, eszopiclone, zaleplon, ramelteon

UMP Preferred Drug List Smoking Cessation Agents Last Updated* 6/1/2025

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

• 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
abiraterone acetate tab 500mg	QL= 2 tabs/day
abiraterone tab 250mg	QL= 4 tabs/day
ABRYSVO INJ	QL= 1 inj/fill, 1 fill/lifetime; Covered for ages 60 and over or weeks 32-36 of pregnancy
ACETAMINOPHEN/CAFFEINE/DIHYDROC	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21
ODEINE TAB	older; Day supply limit of 42 days in 90 days
acetaminophen/codeine tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21
	older; Day supply limit of 42 days in 90 days
ACTINEL LIQUID	QL= 1200ml/30 days
ADALIMU-ADAZ INJ 80/0.8ML	QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ	QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ 10MG/0.1ML	QL= 0.2ml/28 days
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	QL= 2 inj/28 days
adapalene cream	QL= 360g/30 days
adapalene gel 0.3%	QL= 360g/30 days
adefovir dipivoxil tab	QL= 1 tab/day
ADMELOG INJ, HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
ADMELOG SOLOSTAR INJ, INSULIN	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c
LISPRO KWIKPEN INJ (JUNIOR)	FIASP
ADVIL COLD/ TAB SINUS	QL= 240 tabs/30 days
AEROCHAMBER	QL= 1 device/365 days
AFLURIA INJ	QL= 0.5ml/fill
AFREZZA INH POWDER	QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG, INSULIN
	ASPART, or FIASP
AIMOVIG INJ	QL= 1 pack/28 days
AJOVY INJ	QL= 1 inj/28 days
albuterol HFA inhaler	QL= 2 inhalers/30 days
ALECENSA CAP	QL= 8 caps/day
alendronate sodium oral soln	QL= 300ml/28 days
allopurinol tab 200mg	QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs
almotriptan tab	QL= 12 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitripta
•	tab, or sumatriptan tab
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ambrisentan tab	QL= 1 tab/day
amlodipine/atorvastatin tab	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg.
•	atorvastatin, simvastatin)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
amlodipine/valsartan/hydrochlorothiazide ta	QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ
amoxapine tab	QL= 4 tabs/day
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	•
amphetamine/dextroamphetamine tab 30mg	
amphetamine/dextroamphetamine tab 5mg	•
amphetamine/dextroamphetamine tab 7.5mg	QL= 240 tabs/30 days
amphetamine-dextroamphetamine 3-bead	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM)
cap er 24hr 12.5mg	dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM)
cap er 24hr 25mg	dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM)
cap er 24hr 37.5mg	dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM)
cap er 24hr 50mg	dexmethylphen ER, or dextroamph ER
ANORO ELLIPTA INHALER	QL= 60 gm/30 days
APAP/CODEINE SOLN	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or
APIDRA INJ	older; Day supply limit of 42 days in 90 days
	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
APIDRA SOLOSTAR INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
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
APTIVUS CAP	QL= 4 caps/day
APTIVUS SOLN	QL= 380ml/30 days
ARANESP INJ	QL= 4 vials/30 days
AREXVY INJ	QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older
arformoterol tartrate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol
	neb soln
aripiprazole ODT	QL= 2 tabs/day
aripiprazole soln	QL= 30 ml/day
armodafinil tab 150mg	QL= 1 tab/day
armodafinil tab 200mg	QL= 1 tab/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
armodafinil tab 250mg	QL= 60 tabs/30 days
armodafinil tab 50mg	QL= 3 tabs/day
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapin quetiapine XR, risperidone, or risperidone ODT
ASMANEX HFA INHALER	QL= 1 inhaler/30 days
ASMANEX INHALER	QL= 1 inhaler/30 days
aspirin/codeine tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21
30p, 00 000 100	older; Day supply limit of 42 days in 90 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= 120 caps/30 days
atomoxetine cap 18mg	QL= 2 caps/day
atomoxetine cap 25mg	QL= 2 caps/day
atomoxetine cap 40mg	QL= 2 caps/day
atomoxetine cap 60mg	QL= 1 cap/day
atomoxetine cap 80mg	QL= 1 cap/day
atorvastatin tab	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
atorvastatin tab 10mg	QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other member
	covered at generic copay
atorvastatin tab 20mg	QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other member covered at generic copay
atorvastatin tab 40mg	QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other member
g	covered at generic copay
atropine ophth soln	QL= 1 bottle/30 days
ATROVENT HFA INHALER	QL= 25.8gm/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	QL= 30 tabs/30 days
AUSTEDO XR TAB 18MG	QL= 2 tabs/day
AUSTEDO XR TAB 24MG	QL= 60 tabs/30 days
AUSTEDO XR TAB 6MG	QL= 8 tabs/day
AUSTEDO XR TAB TITRATION KIT	QL= 42 tabs/28 days
AUSTEDO XR TAB TITRATION PACK	QL= 28 tabs/28 days
AUVI-Q INJ	QL= 2 inj/fill
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod,
	teriflunomide, or glatiramer
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
azelaic acid gel	QL= 300g/30 days
baclofen oral soln 5mg/5ml	QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush)
baclofen susp	QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)
baclofen tab 15mg	QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb chlorzoxazone, orphenadrine
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill, 2 fills/month
BARACLUDE SOLN	QL= 630ml/30 days
BASAGLAR KWIKPEN INJ	QL= 60 units/30 days
b-donna tab	QL= 8 tabs/day
BENZONATATE CAP	QL= 3 caps/day
bepotastine besilate ophth soln	QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
betaine powder for oral solution	QL= 540 grams/30 days; Only available through Walgreens 888-347-3416
betamethasone augmented gel	QL= 200 gm/30 days; ST req trial of 2 high potency steroids: betameth- (oint, crm, lot) clobet-, halobet-, or fluocin-
bexarotene gel	QL= 60g/30 days
BIKTARVY TAB	QL= 1 tab/day
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
bismuth/metro/tetra cap	QL= 120 tabs/10 days
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
BOSULIF CAP	QL= 5 caps/day; Only available through Walgreens 888-347-3416
BREYNA INHALER	QL= 10.3g/30 days; Step therapy requires trial of two: fluticasone/salmeterol, WIXELA DULERA
BRILINTA TAB	QL= 2 tabs/day
brimonidine tartrate gel	QL= 60 grams/30 days; ST req trial of azelaic acid gel and metronidazole topical
brimonidine tartrate-timolol maleate ophth	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%,
soln	dorzolamide/timolol, carteolol, levobunolol, timolol maleate
bromfenac sodium ophth soln 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
budesonide inh susp	QL= 120 units/30 days
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema
bupropion SR tab	Limited to 180 days/plan year
butalbital/acetaminophen tab	QL= 6 tabs/day
butalbital/acetaminophen/caffeine/codeine cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
butalbital/aspirin/caffeine/codeine cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
butorphanol nasal spray	QL= 5ml/30 days
CABOMETYX TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CALQUENCE TAB	QL= 2 tabs/day
CAPMIST DM TAB	QL= 4 tabs/day
CAPRELSA TAB 100MG	QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
CAPVAXIVE INJ	QL= 0.5 mL/fill; Covered for ages 19 years and older
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 SOLN	QL= 40ml/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 750mg	QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexi 500mg tab/cap
CEQUR SIMPLICITY 2U	QL= 10 patches/30 days
CEQUR SIMPLICITY INSERTER	QL= 1 device/lifetime
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
chlorzoxazone tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
chlorzoxazone tab 375mg	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
cinacalcet tab 30mg	QL= 2 tabs/day
cinacalcet tab 60mg	QL= 2 tabs/day
cinacalcet tab 90mg	QL= 4 tabs/day
clindamycin foam	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
clindamycin vaginal cream	QĹ= 1 tube/fill
clindamycin/tretinoin gel	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin
clobazam susp	QL= 480ml/30 days
clocortolone pivalate cream	QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid
clonidine ER tab	QL= 4 tabs/day
clopidogrel tab 300mg	QL= 4 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CLOZAPINE ODT	QL= 3 tabs/day
clozapine ODT 25mg, 100mg	QL= 3 tabs/day
clozapine tab	QL= 3 tabs/day
codeine sulfate tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21
	older; Day supply limit of 42 days in 90 days
CODITUSSIN LIQUID DAC	QL= 1200ml/30 days
colchicine cap	QL= 4 caps/day
colchicine tab	QL= 4 tabs/day
cold/allergy elx children	QL= 2400ml/30 days
COMBIVENT RESPIMAT INHALER	QL= 2 inhalers/30days
COMPLERA TAB	QL= 1 tab/day
CONTOUR BLOOD GLUCOSE TEST STR	QL= 300 strips/30 days
CONTOUR TEST STRIP	QL= 300 test strips/30 days
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/56 days
COSENTYX INJ 300MG/2ML	QL= 2ml/28 days
COTELLIC TAB	QL= 3 tabs/day
COVID-19 TEST	QL= 2 tests/30 days
COVID-19 VACCINE BIVALENT BOOSTEF	QL=1 inj/fill
INJ (MODERNA)	·
COVID-19 VACCINE BIVALENT BOOSTEF	QL= 1 inj/fill
INJ (PFIZER)	
COVID-19 VACCINE BIVALENT BOOSTEF	QL= 1 inj/fill
INJ 5-11Y (PFIZER)	
COVID-19 VACCINE BIVALENT BOOSTEF	QL= 1 inj/fill
INJ 6M-4Y (PFIZER)	
COVID-19 VACCINE BIVALENT BOOSTEF	QL= 1 inj/fill
INJ 6M-5Y (MODERNA)	
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days
CREXONT CAP 35-140MG	QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 52.5-210MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 70-280MG	QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 87.5-350MG	QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CUE HEALTH MIS MONITOR	QL= 1 kit/year
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
CYSTADANE POWDER	QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CYSTAGON CAP 50MG	QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04)
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416
dabigatran etexilate mesylate cap	QL= 2 caps/day
danazol cap	QL= 4 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= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
darunavir tab 600mg	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
darunavir tab 800mg	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
DAYVIGO TAB	QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem el eszopiclone, zaleplon, ramelteon
DEPO-PROVERA INJ	QL= 1 inj/84 days
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/84 days
dermawerx pak	QL= 1 kit/30 days
DESCOVY TAB	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PrEP
desvenlafaxine ER tab	QL= 1 tab/day
DEXAMETHASONE TAB 20MG	QL= 8 tabs/30 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 3 sensors/30 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER	QL= 1 receiver/year
DEXCOM G7 SENSOR	QL= 3 sensors/30 days
dexmethylphenidate ER 10mg caps	QL= 60 caps/30 days
dexmethylphenidate ER 15mg caps	QL= 60 caps/30 days
dexmethylphenidate ER 20mg caps	QL= 60 caps/30 days
dexmethylphenidate ER 5mg caps	QL= 60 caps/30 days
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
dextroamphetamine sulfate tab 2.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate,
	amphetamine/dextroamphetamine, dexmethylphenidate
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 sulfate tab 7.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate,
	amphetamine/dextroamphetamine, dexmethylphenidate
dextroamphetamine tab 10mg	QL= 6 tabs/day
DIAZEPAM GEL	QL= 4 doses/fill
diazepam oral soln 5mg/5ml	QL= 360ml/30 days
diazepam rectal gel	QL= 4 doses/fill
dichlorphenamide tab	QL= 4 tabs/day
diclofenac gel	QL= 100gm/fill, 2 fills/month
diclofenac potassium (migraine) packet	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
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= 2 caps/day
DIFICID SUSP	QL= 126 mL/10 days
DIFICID TAB	QL= 20 tabs/10 days
difluprednate ophth emulsion	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp
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= 60 tabs/30 days
donepezil tab 23mg	QL= 1 tab/day
donepezil tab 5mg	QL= 60 tabs/30 days
DOPTELET TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
DOVATO TAB	QL= 1 tab/day
doxepin cap	QL= 2 tabs/day
doxepin tab	QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER/SL tab, doxepin 10mg, trazodone tab
doxycycline (rosacea) cap delayed release	QL= 1 cap/day; Step Therapy requires trial of 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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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 100mg	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 req trial of doxycycline monohydrate 50mg tabs, 100mg
	tabs, 50mg caps, or 100mg caps
doxylamine/pyridoxine dr tab	QL= 120 tabs/30 days
dronabinol cap	QL= 2 caps/day
DULERA INHALER	QL= 1 inhaler/30 days
duloxetine cap 40mg	QL= 2 caps/day
duloxetine EC cap 20mg	QL= 6 caps/day
duloxetine EC cap 30mg	QL= 4 caps/day
duloxetine EC cap 60mg	QL= 2 caps/day
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
EDURANT PED TAB	QL= 6 tabs/day
EDURANT TAB	QL= 1 tab/day
efavirenz/emtricitabine/tenofovir df tab	QL= 1 tab/day
eletriptan tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
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
ELMIRON CAP	QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine
eltrombopag olamine powder pack for susp	
eltrombopag olamine tab	QL= 2 tabs/day
EMGALITY INJ	QL= 1 inj/28 days
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479
emtricitabine cap	QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP /
	PrEP
emtricitabine/tenofovir disoproxil fumarate tab	QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg	QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
EMTRIVA SOLN	QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEF / PrEP

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
entecavir tab	QL= 1 tab/day
ENTRESTO CAP	QL= 8 caps/day
ENTRESTO TAB	QL= 2 tabs/day
ENTYVIO INJ	QL= 1.36ml/28 days
epinastine ophth soln	QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
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
ergotamine/caffeine tab	QL= 40 tabs/28 days
ERIVEDGE CAP	QL= 1 cap/day
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab 100mg	QL= 3 tabs/day
erlotinib tab 150mg	QL= 3 tabs/day
erlotinib tab 25mg	QL= 3 tabs/day
eslicarbazepine acetate tab	QL= 60 tabs/30 days
estradiol gel 0.06%	QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab,
	Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol patch	QL= 8 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
estradiol td gel 1.25mg/1.25gm	QL= 37.5gm/30 days; 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
everolimus tab	QL= 2 tabs/day
everolimus tab for oral susp	QL= 1 tab/day
EVOTAZ TAB	QL= 1 tab/day
EXSERVAN FILM	QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479
ezetimibe tab	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day
famciclovir tab 125mg	QL= 2 tabs/day
famciclovir tab 250mg	QL= 2 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
famciclovir tab 500mg	QL= 42 tabs/fill, 2 fills/month
FARXIGA TAB	QL= 1 tab/day
febuxostat tab	QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg
felbamate susp	QL= 30ml/day
felbamate tab 400mg	QL= 9 tabs/day
felbamate tab 600mg	QL= 6 tabs/day
FEMLYV TAB	QL= 28 tabs/24 days
fenoprofen calcium cap	QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac,
	etodolac ER, or ibuprofen
fentanyl patch	QL=15 patches/30 days
fesoterodine fumarate er tab	QL= 1 tab/day; Step therapy requires trial of oxybutynin IR/ER AND solifenacin
FIASP FLEXTOUCH INJ	QL= 60 units/30 days
FIASP INJ	QL= 60 units/30 days
FIASP PENFILL INJ	QL= 60 units/30 days
FIASP PUMP CARTRIDGE	QL= 60 units/30 days
fingolimod hcl cap	QL= 30 caps/30 days
flavoxate tab	QL= 8 tabs/day; Step therapy requires trial of oxybutynin AND solifenacin
FLUBLOK INJ	QL= 0.5ml/fill
FLUCELVAX INJ	QL= 0.5ml/fill
FLUMIST NASAL	QL= 1 dose/fill; Limited to members aged 2 to 49 years old
FLUTICASONE/SALMETEROL INHALER	QL= 1 inhaler/30 days
fluticasone/salmeterol inhaler, wixela inhale	•
FLUTICASONE-SALMETEROL INHALER	QL= 1 inhaler/30 days
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
fluvoxamine ER cap	QL= 2 caps/day
formoterol fumarate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
fosamprenavir tab	QL= 4 tabs/day
FREE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days
FREESTYLE INSULINX TEST STRIP	QL= 300 test strips/30 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days
FREESTYLE LIBRE 2-PLUS SENSOR	QL= 2 sensors/30 days
FREESTYLE LIBRE 3 READER	QL= 1 receiver/1 year
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days
FREESTYLE LITE TEST STRIP	QL= 300 test strips/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan
•	tab, or sumatriptan tab
FULPHILA INJ	QL= 2 syringes/28 days
gabapentin (once-daily) tab	QL= 2 tabs/day
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
gefitinib tab	QL= 1 tab/day
GENOTROPIN INJ 0.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 12MG	QL= 4 cartridges/28 days
GENOTROPIN INJ 1MG	QL= 35 syringes/28 days
GENOTROPIN INJ 2MG	QL= 21 syringes/28 days
GENOTROPIN INJ 5MG	QL= 9 cartridges/28 days
GENVOYA TAB	QL= 1 tab/day
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
glatiramer inj 20mg/ml	QL= 30 syringes/30 days
glatiramer inj 40mg/ml	QL= 12 syringes/28 days
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill, 2 fills/month
glucagon (rdna) for inj kit	QL= 2 inj/fill, 2 fills/month
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
glycopyrrolate oral soln	QL= 9ml/day
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
granisetron tab	QL= 8 tabs/30 days
GRASTEK SL TAB	QL= 30 tabs/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
GVOKE INJ	QL= 2 inj/fill, 2 fills/month
GVOKE INJ KIT	QL= 2 vials/fill, 2 fills/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
GVOKE PFS INJ	QL= 2 inj/fill, 2 fills/month
HADLIMA INJ 40MG/0.4ML	QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.4ML	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML	QL= 2 inj/28 days
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
halobetasol propionate foam	QL= 50g/30 days; ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol cream/oint)
HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
HUMALOG KWIKPEN INJ	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
HUMALOG MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
HUMALOG PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
HUMALOG TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
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
HYD POL/CPM SUSP	QL= 10ml/day
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 cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen soln	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen soln 10-325 mg/15ml	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 10mg-300mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
hydrocodone/acetaminophen tab 5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21
5mg-300mg	older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21
7.5mg-300mg	older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21
7.5mg-325mg	older; Day supply limit of 42 days in 90 days
HYDROCODONE/IBUPROFEN TAB	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
hydromorphone ER tab 12mg	QL= 1 tab/day
hydromorphone ER tab 16mg	QL= 1 tab/day
hydromorphone ER tab 32mg	QL= 2 tabs/day
hydromorphone ER tab 8mg	QL= 1 tab/day
hydromorphone liquid	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or
	older; Day supply limit of 42 days in 90 days
HYDROMORPHONE SUPP	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or
	older; Day supply limit of 42 days in 90 days
hydromorphone tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21
	older; Day supply limit of 42 days in 90 days
hydroxyprogesterone caproate inj	QL= 4 vials/28 days
ibuprofen tab cold/sinus	QL= 240 tabs/30 days
icatibant inj	QL= 36ml/30 days; Only available through Accredo 888-773-7376
icosapent ethyl cap 0.5gm	QL= 2 caps/day
icosapent ethyl cap 1gm	QL= 4 caps/day
imatinib tab 100mg	QL= 3 tabs/day
imatinib tab 400mg	QL= 2 tabs/day
IMBRUVICA CAP 140MG IMBRUVICA CAP 70MG	QL= 3 caps/day; Only available through Optum 877-445-6874
IMBRUVICA CAP 70MG IMBRUVICA SUSP	QL= 1 cap/day; Only available through Optum 877-445-6874
IMBRUVICA 303F	QL= 2 bottles/30 days; Only available through Optum 877-445-6874 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,
imquimod cream 3.73%	podophyllum resin, fluorouracil cream or topical solution
imiquimod cream 5%	QL= 24gm/30 days
IMPAVIDO CAP	QL= 3 caps/day
INCRUSE ELLIPTA INHALER	QL= 30 units/30 days
indomethacin suppository	QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen,
	diclofenac, meloxicam, etc)
indomethacin susp	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INGREZZA PACK 40-80MG	QL= 1 pack/28 days; Only available through PantherRx Pharmacy 855-726-8479
INGREZZA SPRINKLE CAP	QL= 30 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479
INLYTA TAB	QL= 8 tabs/day; Only available through Walgreens 888-347-3416

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
INLYTA TAB 5MG	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
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 GLARGINE SOLN PEN-INJ 300	QL= 18ml/30 days
UNIT/ML (1 UNIT DIAL)	
INSULIN GLARGINE SOLN PEN-INJ 300	QL= 18ml/30 days
UNIT/ML (2 UNIT DIAL)	
INSULIN LISP INJ 100/ML	QL= 60 units/30 days
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
ISENTRESS (HD) TAB	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
ISENTRESS CHEW TAB	QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
ISENTRESS POWDER PACK	QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP PrEP
isosorbide dinitrate-hydralazine hcl tab	QL= 6 tabs/day
ISOXSUPRINE TAB	QL= 120 tabs/30 days
ivabradine hcl tab	QL= 60 tabs/30 days
ivermectin cream	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
IYUZEH OPHTH DROPS	QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln
JAKAFI TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JARDIANCE TAB	QL= 1 tab/day
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
KALETRA TAB 100-25MG	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
KALETRA TAB 200-50MG	QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
KESIMPTA INJ	QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod,
	teriflunomide or glatiramer
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
KRINTAFEL TAB	QL= 2 tabs/365 days
lacosamide oral solution	QL= 1200ml/30 days
lacosamide tab	QL= 2 tabs/day
LAGEVRIO CAP 200MG	QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older
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; No deductible, coinsurance or other UM edits when used for PEP / PrEP
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	QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew
LAMPIT TAB 120MG	QL= 225 tabs/30 days
LAMPIT TAB 30MG	QL= 360 tabs/30 days
lanthanum carbonate chew tab	QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lanthanum carbonate chew tab 500mg	QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lapatinib ditosylate tab	QL= 5 tabs/day
lenalidomide cap	QL= 1 cap/day; Only available through Onco360 877-662-6633
LENVIMA CAP	QL= 3 caps/day; Only available through Optum 877-445-6874
LEUPROLIDE INJ (3 MONTH)	QL= 1 kit/90 days
levorphanol tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone)
l-glutamine powder packet	QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps
lidocaine oint	QL= 8gm/day
LIKMEZ SUSP	QL= 210ml/14 days
LINZESS CAP	QL= 30 caps/30 days
liraglutide soln pen-injector	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
lisdexamfetamine dimesylate cap	QL= 1 cap/day
lisdexamfetamine dimesylate chew tab	QL= 1 tab/day
lofexidine hcl tab	QL= 224 tabs/fill, 1 fill/month
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
lopinavir/ritonavir soln	QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEF / PrEP
lopinavir-ritonavir tab 100-25mg	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
lopinavir-ritonavir tab 200-50mg	QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
LORTUSS EX LIQUID	QL= 1200ml/30 days
LORTUSS LIQUID	QL= 1200ml/30 days
loteprednol etabonate ophth gel	QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth susp 0.2%	QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 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
LUPRON DEPOT INJ	QL= 1 syringe kit/30 days
LUPRON DEPOT INJ PED	QL= 1 syringe kit/180 days
LUPRON DEPOT-PED INJ (1-MONTH)	QL= 1 syringe kit/30 days
LUPRON DEPOT-PED INJ (3-MONTH)	QL= 1 syringe kit/90 days
lurasidone hcl tab	QL= 1 tab/day
LUTRATE DEPO INJ	QL= 1 kit/90 days
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
LYUMJEV INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
LYUMJEV KWIKPEN	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
LYUMJEV KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
LYUMJEV TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
maraviroc tab 150mg	QL= 2 tabs/day
maraviroc tab 300mg	QL= 4 tabs/day
MAR-COF CG LIQUID	QL= 473ml/month
MAVYRET PAK	QL= 5 packets/day
MAVYRET TAB	QL= 3 tabs/day
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
meloxicam	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
memantine hcl-donepezil hcl 24hr er cap	QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR
memantine soln	QL= 300 ml/30 days
memantine titrapak	QL= 49 tabs/28 days
M-END DMX LIQUID	QL= 1800ml/30 days
MEPERIDINE SOLN	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or
	older; Day supply limit of 42 days in 90 days
meperidine tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21
·	older; Day supply limit of 42 days in 90 days
mesalamine DR cap	QL= 6 caps/day
mesalamine DR tab	QL= 4 tabs/day
mesalamine enema	QL= 60mL/day
mesalamine ER cap	QL= 8 caps/day
mesalamine supp	QL= 1 supp/day
mesalamine tab	QL= 9 tabs/1 day
methadone soln	QL= 4 ml/day
methadone soln 10mg/5ml	QL= 20ml/day
methadone soln 5mg/5ml	QL= 40ml/day
methadone tab 10mg	QL= 4 tabs/day
methadone tab 5mg	QL= 8 tabs/day
methadose tab	QL= 1 tab/day
methamphetamine hcl tab	QL= 5 tabs/day
methocarbamol tab 1000mg	QL= 8 tabs/day; ST req 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 10mg ER caps	QL= 60 caps/30 days
methylphenidate 20mg ER caps	QL= 60 caps/30 days
methylphenidate 30mg ER caps	QL= 60 caps/30 days
methylphenidate CD cap	QL= 1 cap/day
methylphenidate chew tab	QL= 3 tabs/day
methylphenidate ER 18mg tabs	QL= 60 tabs/30 days
methylphenidate ER 27mg tabs	QL= 60 tabs/30 days
methylphenidate ER 36mg tabs	QL= 60 tabs/30 days
methylphenidate ER cap	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylp
	ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 10mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER,
	dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 15mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER,
	dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 20mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER,
	dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 30mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER,
	dexmethylph ER, methylphen ER 27/36/54 (non-OSM)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
methylphenidate er cap 40mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 50mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 60mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
METHYLPHENIDATE ER TAB	QL= 1 tab/day
methylphenidate ER tab 10mg	QL= 3 tabs/day
methylphenidate ER tab 20mg	QL= 3 tabs/day
methylphenidate ER tab 72mg	QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta)
METHYLPHENIDATE HCL TAB ER 24HR 18MG	QL= 60 tabs/30 days
METHYLPHENIDATE HCL TAB ER 24HR 27MG	QL= 60 tabs/30 days
METHYLPHENIDATE HCL TAB ER 24HR 36MG	QL= 60 tabs/30 days
methylphenidate tab 10mg	QL= 180 tabs/30 days
methylphenidate tab 20mg	QL= 90 tabs/30 days
methylphenidate tab 5mg	QL= 360 tabs/30 days
methylphenidate td patch	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM)
methyltestosterone cap	QL= 150 tablets/30 days
metyrosine cap	QL= 448 caps/28 days
mifepristone tab	QL= 4 tabs/day
MIGERGOT SUPP	QL= 20 supp/28 days
miglustat cap	QL= 3 caps/day; Only available through Accredo 800-803-2523
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
modafinil tab	QL= 2 tabs/day
MOLNUPIRAVIR CAP	QL= 40 caps/fill
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
morphine sulfate oral soln 100mg/5ml	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
morphine sulfate oral soln 10mg/5ml	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
morphine sulfate oral soln 20mg/5ml	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
MORPHINE SULFATE SUPP	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
MORPHINE SULFATE TAB	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
MOVANTIK TAB	QL= 30 tabs/30 days
MRESVIA INJ	QL= 0.5 mL/fill; Covered for ages 60 years and older
naftifine cream	QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products
naftifine hcl gel 2%	QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NALOXONE HCL SOLN 0.4MG/ML	QL= 2ml/fill, 2 fills/30 days
NALOXONE PREFILLED INJ	QL= 2 inj/fill, 2 fills/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, memantin or memantin er
naratriptan tab	QL= 9 tabs/30 days
NATACYN OPHTH SUSP	QL= 45ml/30 days
NAYZILAM SPRAY	QL= 4 units/fill, 5 fills/month
nebivolol hcl tab	QL= 1 tab/day
NEFFY SPRAY	QL= 2 doses/fill
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
NEXTSTELLIS TAB	QL= 28 tabs/24 days
niacin ER tab	QL= 2 tabs/day
NICODERM PATCH	Limited to 180 days/plan year
NICORETTE GUM	Limited to 180 days/plan year
NICORETTE LOZENGE	Limited to 180 days/plan year
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	Limited to 180 days/plan year
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/3 days; ST req trial of metronidazole AND tinidazole
NORVIR CAP	QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
NORVIR POWDER PACK	QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEI / PrEP

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NORVIR SOLN	QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEF / PrEP
NOVOLIN 70/30 FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN 70/30 INJ	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
NOVOLIN R FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN R INJ	QL= 60 units/30 days
NOVOLIN R INJ 100 UNIT	QL= 60ml/30 days
NOVOLIN RELION INJ 70/30	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 INJ FLEX REL	QL= 60ml/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
NOVOPEN ECHO	QL= 1 pen device/365 days
NUBEQA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
NUCALA INJ	QL= 1 inj/28 days
NUEDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUVESSA VAGINAL GEL, VANDAZOLE	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or
GEL	clindamycin cap/oral soln
NYVEPRIA INJ	QL= 2 inj/28 days
ODACTRA SL TAB	QL= 30 tabs/30 days
ODEFSEY TAB	QL= 1 tab/day
ODOMZO CAP	QL= 1 cap/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/fluoxetine cap	QL= 1 cap/day
olmesartan/amlodipine/hydrochlorothiazide	QL= 30 tabs/30 days
tab	
olopatadine nasal spray	QL= 30.5ml/30 days
OMECLAMOX	QL= 80 tabs/10 days
omega-3-acid ethyl esters cap	QL= 4 caps/day
OMNIPOD 5 G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 G6 KIT	QL= 1 kit/year
OMNIPOD 5 G6 MIS PODS	QL= 15 pods/30 days
OMNIPOD 5 G6 PODS MISC	QL= 15 pods/30 days
OMNIPOD 5 G7 KIT INTRO	QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS	QL= 15 pods/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OMNIPOD 5 PACK PODS	QL= 15 pods/30 days
OMNIPOD DASH KIT	QL= 1 kit/year
OMNIPOD DASH PDM KIT (GEN 4)	QL= 10 pods/30 days
OMNIPOD DASH PODS	QL= 15 pods/30 days
OMNIPOD GO KIT 10 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 15 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 20 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 25 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 30 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 35 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 40 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD STARTER KIT	QL= 1 kit/year
OMNITROPE INJ	QL= 13.5 mL/28 days
OMNITROPE INJ 5.8MG	QL= 8 vials/28 days
ondansetron inj	QL= 24ml/fill, 1 fill/15 days
ondansetron soln	QL= 50ml/fill, 1 fill/15 days
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
OPZELURA CREAM	QL= 120 grams/28 days
ORALAIR SL TAB	QL= 30 tabs/30 days
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
ormalvi tab 50mg	QL= 4 tabs/day; Only available through LeMed 347-913-4656 or Vanscoy 855-826-72
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
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
oxcarbazepine er tab 150mg	QL= 1 tab/day
oxcarbazepine er tab 300mg	QL= 1 tab/day
oxcarbazepine er tab 600mg	QL= 4 tabs/day
oxycodone cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21
	or older; Day supply limit of 42 days in 90 days
oxycodone conc	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or
	older; Day supply limit of 42 days in 90 days
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
oxycodone soln	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
oxycodone tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
oxycodone/acetaminophen cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
oxycodone/acetaminophen tab 10-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
oxycodone/acetaminophen tab 2.5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
oxycodone/acetaminophen tab 5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
oxycodone/acetaminophen tab 7.5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
OXYCODONE/ASPIRIN TAB	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
oxycodone/ibuprofen tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
OXYCONTIN ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 40MG	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
oxymorphone tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
OZEMPIC INJ	QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
paliperidone ER tab	QL= 1 tab/day
paroxetine cap	QL= 1 cap/day
paroxetine oral susp	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
PAXLOVID PAK	QL= 11 tabs/5 days
PAXLOVID TAB 150-100	QL= 20 tabs/5 days; Covered for members age 12 years or older
PAXLOVID TAB 300-100	QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older
pazopanib hcl tab	QL= 120 tabs/30 days
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
penciclovir cream	QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
penicillamine tab	QL= 480 tabs/30 days
PENTASA CAP 500MG	QL= 8 caps/day; Diagnosis Restricted - Crohn's Disease (K50.9), UC (K51.9); For UC
	ST req trial of generic APRISO or generic LIALDA
pentazocine/acetaminophen tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21
	older; Day supply limit of 42 days in 90 days
pentazocine/naloxone tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
PHENELZINE SULFATE TAB	QL= 4 tabs/day
PHEXXI GEL	QL= 180gm/30 days
phospha 250 neutral tab	QL= 8 tabs/day
pioglitazone tab	QL= 1 tab/day
pirfenidone cap	QL= 3 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
PIRFENIDONE TAB 534MG	QL= 4 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day
pitavastatin calcium tab	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Pra
	OR Simvastatin tabs
podofilox gel	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
PODOFILOX SOLN	QL= 0.5ml/day
POMALYST CAP	QL= 21 caps/28 days; Only available through Walgreens 888-347-3416
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
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 ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or
pregabalin Erviab	pregabalin soln
pregabalin soln	QL= 30ml/day
PREZCOBIX TAB	QL= 1 tab/day
PREZISTA SUSP	QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEF / PrEP
PREZISTA TAB	QL= 1 tab/day
PREZISTA TAB 150MG	QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP /
TREZION IND TOOMS	PrEP
PREZISTA TAB 600MG	QL= 2 tabs/day
PREZISTA TAB 75MG	QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
PRIMIDONE TAB	QL= 4 tabs/day
PROMETHAZINE VC SYRUP	QL= 30ml/day
PROZAC WEEKLY CAP	QL= 4 caps/28 days; Step Therapy requires trial of fluoxetine IR

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
prucalopride succinate tab	QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone
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
PULMOZYME INH SOLN	QL= 30 ampules/30 days
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
QTERN TAB	QL= 30 tabs/30 days; Step Therapy requires trial of metformin or metformin ER
quetiapine tab	QL= 3 tabs/day
quetiapine XR tab	QL= 1 tab/day
quinidine sulfate tab	QL= 8 tabs/day
QUINIDINE SULFATE TAB 200MG	QL= 8 tabs/day
QUINIDINE SULFATE TAB 300MG	QL= 5 tabs/day
QVAR REDIHALER	QL= 21.2gm/30 days
RADICAVA ORS SUSP	QL= 70ml/28 days; Only available through Accredo 800-803-2523
RAGWITEK SL TAB	QL= 30 tabs/30 days
raloxifene tab	QL= 1 tab/day
ramelteon tab	QL= 1 tab/day
ranolazine tab	QL= 120 tabs/30 days
rasagiline tab	QL= 1 tab/day
REBIF INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod,
	teriflunomide or glatiramer
REBIF TITRTN INJ PACK	QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod,
	teriflunomide, or glatiramer
RELENZA DISKHALER	QL= 1 inhaler/fill, 1 fill/month
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RETACRIT INJ	QL= 4 vials/30 days
REXULTI TAB	QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone,
	olanzapine, risperidone, or lurasidone
REYATAZ POWDER PACK	QL= 5 packets/day
RINVOQ ER TAB	QL= 1 tab/day
RINVOQ ER TAB 45MG	QL= 1 tab/day, 3 fills/year
RINVOQ ORAL SOLN	QL= 360ml/30 days
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
risedronate tab 150mg	• • • • • • • • • • • • • • • • • • • •
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	•
ritonavir tab	•
	PrEP
rivastigmine patch	QL= 1 patch/day
rizatriptan ODT	QL= 12 tabs/30 days
risedronate tab 150mg risedronate tab 30mg risedronate tab 35mg risedronate tab 5mg ritonavir tab rivastigmine patch	QL= 1 tab/30 days; Step Therapy requires trial of alendronate QL= 1 tab/day QL= 4 tabs/28 days QL= 1 tab/day QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP QL= 1 patch/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
rufinamide susp	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate,
	pregabalin, levetiracetam
rufinamide tab	QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate,
	pregabalin, levetiracetam
RYBELSUS TAB	QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
RYTARY CAP 23.75-95MG	QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa
	IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 36.25-145MG	QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa
	IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 48.75-195MG	QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa
	IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 61.25-245MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa
	IR/ER/ODT OR carbidopa-levodopa-entacapone
SANTYL OINT	QL= 90gm/30 days
saxagliptin hcl tab	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
saxagliptin-metformin hcl tab er 24hr	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
scopolamine patch	QL= 10 patches/30 days
selegiline tab	QL= 2 tabs/day
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
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
sildenafil susp	QL= 224ml/30 days
sildenafil tab 20mg	QL= 3 tabs/day
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
SIVEXTRO TAB	QL= 6 tabs/fill
SKYRIZI 180MG/1.2ML CARTRIDGE	QL= 1 cartridge/56 days
SKYRIZI INJ	QL= 1 cartridge/56 days
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYTROFA INJ	QL= 4 inj/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
sodium/potassium/magnesium soln	QL= 2 fills/year
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
solifenacin tab	QL= 1 tab/day
sorafenib tosylate tab	QL= 4 tabs/day
SPIKEVAX INJ	QL= 1 dose/24 days
SPINOSAD SUSP	QL= 1 bottle/fill, 1 fill/month
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	QL= 1 inhaler/30 days
spironolactone susp	QL= 600ml/30 days; ST req trial of furosemide oral soln
STAHIST AD TAB 25-60MG	QL= 4 tabs/day
stavudine cap	QL= 2 caps/day
STELARA INJ	QL= 1 inj/84 days
STIOLTO INHALER	QL= 1 inhaler/30 days
STIVARGA TAB	QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUBOXONE SL FILM 12-3MG	QL= 2 films/day
SUBOXONE SL FILM 8-2MG	QL= 3 films/day
SUFLAVE SOLN	QL= 2 fills/year
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 tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sumatriptan tab	QL= 9 tabs/30 days
sumatriptan vial inj	QL= 4 mL/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sumatriptan/naproxen tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sunitinib malate cap	QL= 28 caps/42 days
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SYMJEPI INJ	QL= 2 inj/fill
SYMPROIC TAB	QL= 30 tabs/30 days
SYNAGIS INJ	QL= 2 inj/28 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
tadalafil tab	QL= 1 tab/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
tadalafil tab (PAH)	QL= 2 tabs/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
TAGRISSO TAB	QL= 1 tab/day
TAKHZYRO INJ	QL= 2 prefilled syringes/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
tazarotene cream 0.05%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
tazarotene cream 0.1%	QL= 360g/30 days
tazarotene gel	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
tazarotene gel 0.1%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
TECHNIVIE TAB	QL= 1 pack/28 days; Only available through Walgreens 888-347-3416
tenofovir disoproxil fumarate tab	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
teriflunomide tab	QL= 30 tabs/30 days
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml	QL= 2.24 mL/28 days
TERIPÄRATIDE INJ 620MCG/2.48ML	QL= 2.48 units/28 days
testosterone cypionate inj	QL= 4 vials/28 days
testosterone cypionate inj 200mg/ml	QL= 4 vials/28 days
TESTOSTERONE ENANTHATE INJ	QL= 5 mL/28 days
testosterone gel 1% 25mg	QL= 150gm/30 days
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 10MG/ACT	QL= 2 bottles/30 days
testosterone gel 2%	QL= 2 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 150gm/30 days
TESTOSTERONE INJ	QL= 4 vials/28 days
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ	QL= 1 vial/28 days
testosterone soln	QL= 2 bottles/30 days
THALOMID CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
THEOPHYLLINE TAB ER	QL= 1 tab/day
thioridazine hcl tab	QL= 8 tabs/day
tiagabine tab 12mg	QL= 4 tabs/day
tiagabine tab 16mg	QL= 3 tabs/day
tiagabine tab 2mg	QL= 4 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
tiagabine tab 4mg	QL= 4 tabs/day
ticagrelor tab	QL= 2 tabs/day
timolol maleate (pf) ophth soln 0.5%	QL= 2ml/day
timolol maleate preservative free ophth soln	QL= 2ml/day
timolol ophth soln	QL= 10ml/30 days
tiopronin tab	QL= 8 tabs/day; Only available through Eversana 636-519-2400
tiopronin tab delayed release	QL= 8 tabs/day
tiotropium bromide cap inhaler	QL= 1 cap/day; For use with Handihaler device
TIVICAY PD TAB	QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
TIVICAY TAB	QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
tolcapone tab	QL= 3 caps/day
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; ST requires trial of topiramate IR followed by topiramate ER sprinkle (generic Qudexy XR)
topiramate er cap	QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR)
TRACLEER TAB 32MG	QL= 4 tabs/day; Only available through Accredo 800-803-2523
TRADJENTA TAB	QL= 1 tab/day
tramadol hcl tab 100mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
tramadol tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
tramadol/acetaminophen tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
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= 2ml/28 days
TREMFYA INJ CROHNS INDUCTION PAC	•
tretinoin gel	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TRIAMCINOLONE SPRAY	QL= 450gm/30 days; Req trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint
TRIHEXYPHENIDYL SOLN	QL= 946ml/28 days
trilyte soln	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other
his all the decrease to the first of the Control	members covered at generic copay
triprolidine/pseudoephedrine tab 2.5-60 mg	QL= 4 tabs/day
trispec pse liquid	QL= 1200ml/30 days
TRIUMEQ PD TAB	QL= 6 tabs/day
TRIUMEQ TAB	QL= 1 tab/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TRULANCE TAB	QL= 30 tabs/30 days
TRULICITY INJ	QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
tussin cf liquid	QL= 1200ml/30 days
TYENNE INJ	QL= 1.8ml/28 days
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	QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan
	ODT, sumatriptan tab
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 800-803-2523
VALSARTAN SOLN	QL= 2400ml/30 days
VALTOCO NASAL SPRAY	QL= 4 doses/fill, 5 fills/month
vancomycin cap 125mg	QL= 56 caps/30 days
vancomycin cap 250mg	QL= 112 caps/30 days
vancomycin hcl for oral soln 25mg/ml	QL= 300ml/30 days
vancomycin hcl for oral soln 50mg/ml	QL= 300ml/30 days
varenicline tartrate tab	Limited to 180 days/plan year
varenicline tartrate tab start pack	Limited to 180 days/plan year
VARUBI TAB	QL= 2 tabs/day; Step Therapy requires trial of ondansetron
VEMLIDY TAB	QL= 1 tab/day
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VERZENIO TAB	QL= 2 tabs/day
VIDEX SOLN	QL= 600ml/30 days
VIEKIRA PAK TAB	QL= 4 tabs/day; Only available through Lumicera 855-847-3553
VIEKIRA XR TAB	QL= 3 tabs/day; Only available through Lumicera 855-847-3553
vigabatrin powder pack	QL= 6 packs/day; Only available through Lumicera 855-847-3553
vigabatrin tab	QL= 6 tabs/day; Only available through Lumicera 855-847-3553
vilazodone hcl tab	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr,
That sacrife from tab	desven ER, venlfx IR/ER, dulox
VIREAD TAB	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP /
	PrEP
VOSEVI TAB	QL= 1 tab/day
VOTRIENT TAB	QL= 120 tabs/30 days
VOYDEYA TAB	QL= 180 tabs/30 days; Only available through Onco360 877-662-6633
VOYDEYA TAB THERAPY PACK	QL= 180 tabs/30 days; Only available through Onco360 877-662-6633
VRAYLAR CAP	QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone,
The state of the	olanzapine, risperidone, or lurasidone
	olanzapino, nopendone, or idrasidone

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VRAYLAR PACK	QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine,
	ziprasidone, olanzapine, risperidone, or lurasidone
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod,
	teriflunomide, or glatiramer
XALKORI CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
XALKORI SPRINKLE CAP	QL= 6 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	QL= 60 tabs/30 days
XARELTO TAB 10MG	QL= 30 tabs/30 days
XARELTO TAB 15MG	QL= 60 tabs/30 days
XARELTO TAB 20MG	QL= 30 tabs/30 days
XDEMVY DROP	QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or
	Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or
	unspecified blepharitis)
XELJANZ SOLN	QL= 10ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XIGDUO XR TAB	QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG,	QL= 1 tab/day
10-1000MG	
XOLAIR INJ	QL= 1 syringe/28 days
XOLAIR INJ 150MG/ML	QL= 1ml/28 days
XOLAIR INJ 300MG/2ML	QL= 2ml/28 days
XOLAIR INJ 75MG/0.5ML	QL= 0.5ml/28 days
zaleplon cap	QL= 1 cap/day
zaleplon cap 10mg	QL= 2 caps/day
ZARXIO INJ	QL= 15 syringes/30 days
ZARXIO INJ 480/0.8	QL= 15 syringes/30 days
ZEJULA CAP	QL= 30 caps/30 days; Only available through Optum 877-445-6874
ZEJULA TAB	QL= 1 tab/day; Only available through Optum 877-445-6874
ZELBORAF TAB	QL= 8 tabs/day
ZEPATIER TAB	QL= 1 tab/day
zephrex-d tab 30mg	QL= 240 tabs/30 days
ZERVIATE OPHTH SOLN	QL= 30 single use containers/30 days
zidovudine cap	QL= 6 caps/day
zidovudine syrup	QL= 1920ml/30 days
zidovudine tab	QL= 2 tabs/day
zileuton ER tab	QL= 2 tabs/day
ziprasidone cap	QL= 2 caps/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
zolmitriptan nasal spray	QL= 6 sprays/30 days; ST req trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab FOLLOWED BY suma nasal
zolmitriptan ODT	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
zolmitriptan tab	QL= 9 tabs/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem er tab 6.25mg	QL= 2 tabs/day
zolpidem tab	QL= 1 tab/day
zolpidem tab 5mg	QL= 2 tabs/day
zolpidem tartrate SL tab	QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem ei eszopiclone, zaleplon, ramelteon
ZYBAN TAB	Limited to 180 days/plan year
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day



Nondiscrimination notice

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

We provide free services to people with disabilities so 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 ArrayRx Customer Service at:

1-888-361-1611 (TRS: 711)

If you think we did not offer these services, or discriminated against you, you can file a written complaint. Please mail or fax it to:

ArrayRx Attn: Appeals Unit PO Box 40168 Portland, OR 97240-0168 Fax: 1-866-923-0412

Scott White coordinates our nondiscrimination work:

Scott White, Compliance Officer 601 SW Second Ave. Portland, OR 97204 855-232-9111 compliance@modahealth.com

You can also file a civil rights complaint with:

The U.S. Department of Health and Human Services, Office for Civil Rights

- Online complaint portal ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Mail U.S. Department of Health and Human Services 200 Independence Ave S.W. HHH Building, Room 509F Washington, D.C. 20201
- Phone 1-800-368-1019 1-800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

The Washington State Office of the Insurance Commissioner

- Online complaint portal https://www.insurance.wa.gov/filecomplaintor-check-your-complaint-status
- Phone 800-562-6900 360-586-0241 (TDD)

Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx



ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-888-361-1611 (TRS: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hổ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-888-361-1611 (TRS: 711)

注意:如果您說中文,可得到免費語言幫助服務。 請致電 1-888-361-1611 (聾啞人專用 TRS: 711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-888-361-1611 (TRS: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-888-361-1611 (TRS: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم 1611-162-888 (الهاتف النصي 17RS: 711)

بولتے ہیں تول نی (URDU) توجہ دیں:اگرآپ اردو اعانت آپ کے لیے ہلامعاوض دستیاب ہے۔ یرکال کریں (TRS: 711) 1-888-361-1611

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-888-361-1611 (текстовый телефон TRS: 711).

ATTENTION: si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-888-361-1611 (TRS: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با TRS: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-888-361-1611 पर कॉल करें (TRS: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzdienste zur Verfügung. Rufen sie 1-888-361-1611 (TRS: 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。 1-888-361-1611(TRS:、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 દશાર્વો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-888-361-1611 (TRS: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອ ດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-888-361-1611 (TRS: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-888-361-1611 (TRS: 711)

ATENŢIE: Dacă vorbiţi limba română, vă punem la dispoziţie serviciul de asistenţă lingvistică în mod gratuit. Sunaţi la 1-888-361-1611 (TRS: 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-888-361-1611 (TRS: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយ ត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយ ឥតគិតថ្លៃ គឺមានផ្ដល់ជូនលោកអ្នក។ សូមទូរស័ព្ទ ទៅកាន់លេខ 1-888-361-1611 (TRS: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-888-361-1611 (TRS: 711) tiin bilbilaa.

โปรดหราบ: หากคุณพูดภาษาไหย คุณ สามารถใช้บริการช่วยเหลือด้านภาษา ได้ฟรี โหร 1-888-361-1611 (TRS: 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 1-888-361-1611 (TRS: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-888-361-1611 (TRS: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-888-361-1611 (obsługa TRS: 711)