

2025

Keys and Abbreviations

Drug Name column key:

- *lowercase italics* = Generic drugs
- ALL CAPS = Brand name drugs

Tier column key:

- **Tier 1** ACA Preventive Drugs
- **Tier 2** Preferred Generics
- **Tier 3** Preferred Brands/Non-Preferred Generics
- **Tier 4** Non-Preferred Brands/Non-Preferred Generics
- **Tier 5** Specialty drugs
- **EXC-** Drugs that are excluded from being covered

Key of abbreviations in the Special Code column:

- **PA** indicates prior authorization required for coverage.
- **ST** indicates step therapy required, meaning other drugs must be tried for coverage.
- **QL** indicates quantity limits apply, meaning that there are limits to the amount of drug covered per prescription.

Key of abbreviations in the Requirements/Limits column:

- **M** indicates medical benefit drug
- **\$0** indicates zero dollar cost share
- **NC** indicates drug is not covered

Drug Formulary

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN YOUR PLAN. PLEASE NOTE, HOWEVER, THAT CERTAIN DRUGS ON THIS LIST MAY BE EXCLUDED UNDER YOUR SPECIFIC PLAN DESIGN. PLEASE REFER TO YOUR COVERAGE DOCUMENTS TO DETERMINE SPECIFIC BENEFIT LEVELS.

PLEASE NOTE: This list is subject to change and is not all-inclusive. Please review this document and contact Customer Service with questions.

The coverage level for prescription drugs is generally higher when a member receives them at an in-network pharmacy, and, for some plans, members must use network pharmacies to receive prescription drug benefits. Plan terms vary and members should consult their benefit plan documents for specific coverage information. In the event of conflict between the terms of this document and your benefit plan document, the terms of your benefit plan document will govern.

Prior authorization may be required to obtain coverage for certain drugs on this list. Brand name drugs are listed in CAPITAL letters. Generic drugs are listed in *italicized* lower case letters. The coverage level of brand name drugs may change when a generic equivalent or interchangeable biosimilar becomes available.

If you have questions, please call the Customer Service number listed on the back of your ID card.

What is a Drug Formulary?

The Plan's Drug Formulary is comprised of drugs that meet the medical needs of our members and have proven safety and effectiveness. It includes both brand name and generic drugs. The drugs on this list have been approved by the Food and Drug Administration (FDA). A team of physicians and pharmacists meets regularly to review and update the list. Your doctor can use this list to select medications for your health care needs, while helping you maximize your prescription drug benefit.

Are both brand name and generic drugs on the list?

Yes. The Drug Formulary includes brand name and generic drugs from most therapeutic classifications.

The terms "generic" and "brand name" are used in the health care industry in different ways. To better understand your coverage, please review the following:

Generic: A drug: (1) that contains the same active ingredient as a brand name drug and is chemically equivalent to a brand name drug in strength, concentration, dosage form and route of administration; or (2) that The Plan identifies as a generic product. The Plan uses industry standard resources to determine a drug's classification as either brand name or generic. Not all products identified as "generic" by the manufacturer, pharmacy or your provider may be classified by the Plan as generic.

The Drug Formulary includes preferred generic prescription drugs and generic prescription drugs. These prescription drugs are your lower copayment or coinsurance options. Consider a preferred generic or generic covered prescription drug if you and your provider decide such a prescription drug is appropriate for your treatment.

Brand: A drug: (1) that is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that the Plan identifies as a brand name product. The Plan uses industry standard resources to determine a drug's classification as either brand name or generic. Not all products identified as "brand name" by the manufacturer, pharmacy or your provider may be classified by the Plan as brand name.

Preferred brand drugs on the Drug Formulary have a higher copayment or coinsurance. You may consider a preferred brand covered drug to treat your condition if you and your provider decide it is appropriate.

Non-preferred brand drugs have the highest copayment or coinsurance. The covered non-preferred brand drugs are usually more costly.

Preferred generic drugs are your lowest copayment or coinsurance option. For your lowest share of the cost, consider a preferred generic covered drug if you and your provider decide it is appropriate for your treatment.

Non-preferred generic drugs have a higher copayment or coinsurance than preferred generic drugs. Non-preferred generic drugs are covered at two benefit levels. If you have questions about which benefit level a specific non-preferred generic drug is covered at, see the Drug List at <https://www.deancare.com/Account-Login> page or call Member Services at the number on the back of your Dean Health Plan by Medica ID card.

If you have questions about the Plan's Drug Formulary or whether a specific drug is covered (and/or whether the drug is a preferred generic, non-preferred generic, preferred brand, or non-preferred brand), or if you would like to request a copy of the the Plan's Drug Formulary at no charge, call Customer Service at one of the telephone numbers listed inside the front cover of your benefit plan document.

Does the Drug Formulary ever change?

The Plan's Drug Formulary can change during the course of a calendar year. The Plan strives to limit these changes. Examples of when changes may occur include when a new generic drug or interchangeable biosimilar becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Certain drugs on the Drug Formulary may be excluded under your specific plan design. Please refer to your benefit plan document to determine specific benefit levels.

How do I use the Drug Formulary?

There are two ways to find your drug within the Drug Formulary:

Drug Category

The drugs in this Drug Formulary are grouped into categories depending on their clinical classification. For example, drugs that are considered “anti-infectives” will be listed under the “anti-infectives” category. If you know how your drug is classified, look for the category name in the list. Then look under the category name for your drug.

Alphabetical Listing

The Drug Formulary Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Preventive Drug and Supply Medications (\$0)

Medications displayed with the “\$0” indicator are defined as preventive health services under the Affordable Care Act (ACA) and are provided without member cost sharing, however, please note some limitations may apply. If your benefit includes mail order, please note that some preventive drugs and supplies may not be available through this service.

Please Note: Your benefit plan defines the level of coverage.

Remember, just because a drug that you take is listed on the Drug Formulary does not mean that your benefit plan covers that medication. If you have questions, please refer to your benefit plan document or call the Plan’s Customer Service phone number listed on the back of your ID card to determine what level of coverage you have.

Note: To Search the Drug Formulary, use ctrl + F on your keyboard and type in the search term.

Are there any restrictions on my coverage?

For some prescriptions there are special requirements that must be met in order to receive coverage. These include:

Prior authorization (PA)

Certain drugs require prior authorization (approval in advance) from the Plan in order to be covered. These medications are shown on the Drug Formulary with the abbreviation "PA." The Drug Formulary is available to providers, including pharmacies. Your network provider who prescribes the drug should initiate the prior authorization process. You will pay the entire cost of the drug received if you do not meet the Plan's authorization criteria.

Step therapy (ST)

Step therapy is a process that involves trying an alternative covered drug first (typically a generic drug) before moving to a preferred brand or non-preferred brand covered drug for treatment of the same medical condition. The medications subject to step therapy are shown on the Plan's Drug Formulary with the abbreviation "ST." You must meet applicable step therapy requirements before the Plan will cover these preferred brand or non-preferred brand drugs.

Quantity limits (QL)

Certain covered drugs have limits on the maximum quantity allowed per prescription over a specific time period. The medications subject to quantity limits are shown on the the Plan's Drug Formulary with the abbreviation "QL." Some quantity limits are based on the manufacturer's packaging, FDA labeling or clinical guidelines.

Medical Benefit Drugs (M)

Certain drugs fall under the medical benefits rather than pharmacy benefits. These drugs require administration by healthcare professionals in a physician's office, outpatient hospital or home infusion setting. You can find information on Medical Drug Policies on The Plan's website.

Pharmacy requirement (LMSP, MSP)

Certain self-administered and cancer treatment medications must be obtained from a designated specialty pharmacy in order to be covered.

Can I request an exception to the coverage restrictions?

Yes. In certain cases, it is possible to get an exception. Please note that exceptions will only be allowed when specific clinical criteria are satisfied. Your doctor can find the information needed to make a request on your behalf on The Plan's website. To facilitate a thorough review, The Plan asks that all information requested in the form be provided, including documentation of which medications have been tried and failed, including the dosages used, and the identified reason for failure (e.g. side effects, lack of efficacy).

Are new to market drugs covered?

New-to-market products that are recently approved by the FDA (including approval for a new indication) and introduced to the market will not be covered until they are reviewed and considered for placement on the Drug Formulary by the Plan.

Specialty Program (LMSP, MSP)

Certain drugs are available only through your Specialty Pharmacy benefit. Specialty medications are high-technology, high cost, oral or injectable drugs used for the treatment of certain diseases that require complex therapies. Many specialty medications require special handling and in most cases are prescribed by a specialist.

In order to receive a LMSP designated specialty medication, you must utilize Lumicera Specialty Pharmacy (The Plan's designated specialty pharmacy).

Limited Availability Drugs (LD)

In certain circumstances, select medications may only be available at certain pharmacies. Limited distribution (LD) drugs (LDD) are medications that may have special dosing or lab monitoring requirements that need to be followed very closely. Because of this, the manufacturer sometimes chooses to limit the distribution of its drug to only a few pharmacies, or as part of the drug approval process the FDA may recommend this type of distribution in order for the drug to be approved. This type of restricted distribution helps the manufacturer keep track of drug inventory, properly educate dispensing pharmacists about any necessary monitoring, and ensure that any risks that are associated with the LD drugs are minimized.

Your provider typically knows where to send prescriptions for limited availability drugs, but if you have any questions, reach out to Lumicera Specialty Pharmacy and they will assist you in which specialty pharmacies can dispense the drug you need.

Oral Oncology Medications

Oral drugs for the treatment of cancer are restricted to the Specialty Pharmacy Network (or LDD designated pharmacy), but are not subject to the specialty prescription drug copay. Oral oncology specialty medications are subject to the applicable outpatient prescription drug copay as outlined in your benefit plan document.

Weight Loss (Wt Loss):

Coverage exclusions may apply to these medications. You should refer to your benefit plan document for further information regarding weight loss and/or appetite suppressant coverage.

PLEASE NOTE: Reference the Specialty Drug Formulary on The Plan's website for further information.

Search Tip:

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

**Prime 4 Tier Formulary
Alphabetical Index
Last Updated 12/1/2025**

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv)	-	3	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	3	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	3	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	3	ANTIVIRALS
ABILIFY ASIMTUFII INJ 720MG/2.4ML (aripiprazole im er susp prefilled syringe equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY ASIMTUFII INJ 960MG/3.2ML (aripiprazole im er susp prefilled syringe equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA INJ	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRILADA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ABRYSVO INJ (QL= 1 dose/lifetime)	QL-VAC	1	VACCINES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB	-	NC	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	2	ANTIDIABETICS
ACCOLATE TAB	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCU-CHEK GUIDE CARE METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC	3	DIAGNOSTIC PRODUCTS
ACCUPRIL TAB	-	4	ANTIHYPERTENSIVES
ACCURETIC TAB	-	NC	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	2	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	2	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	3	DIURETICS
acetazolamide tab	-	2	DIURETICS
acetic acid otic soln (VOSOL equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	2	COUGH/COLD/ALLERGY
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
ACIPHEX TAB	-	4	ULCER DRUGS

ACA	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program
	generic = small letters				BRANDS = CAPITAL 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.

**Prime 4 Tier Formulary Cont.
Alphabetical Index
Last Updated 12/1/2025**

Drug Name	Special Code	Tier	Category
acitretin cap (SORIATANE equiv)	-	3	DERMATOLOGICALS
ACTEMRA ACTPEN INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA IV INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR GEL AUTO-INJECTOR	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHIB INJ, HIBERIX INJ	VAC	1	VACCINES
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIGALL CAP	-	4	GASTROINTESTINAL AGENTS - MISC.
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTIQ LOZENGE	-	NC	ANALGESICS - OPIOID
ACTIVELLA TAB	-	NC	ESTROGENS
ACTONEL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACTOS TAB	-	NC	ANTIDIABETICS
ACULAR (LS) OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	2	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	NC	DERMATOLOGICALS
acyclovir oint (ZOVIRAX equiv)	-	2	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	2	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	2	ANTIVIRALS
ACZONE GEL	-	NC	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	VAC	1	TOXOIDS
ADAGEN INJ	-	NC	BIOLOGICALS MISC
ADALAT CC TAB	-	4	CALCIUM CHANNEL BLOCKERS
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT (YUFLYMA equiv) (QL= 1 kit/fill; 1 fill/plan year)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ 10/0.1ML	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ PFS INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY

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

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Drug Name	Special Code	Tier	Category
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML (QL= 2 inj/2 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML (QL= 2 inj/2 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ (SIMLANDI equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADAPALENE SOLN	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
ADAPALENE LOTION	-	NC	DERMATOLOGICALS
ADAPALENE PAD	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	3	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	3	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADBRY INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5	DERMATOLOGICALS
ADBRY INJ (QL= 4 inj/28 days)	LMSP-PA-QL	5	DERMATOLOGICALS
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ADDERALL TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	-	3	ANTIVIRALS
ADEMPAS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ADLARITY PATCH	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADMELOG INJ, HUMALOG INJ	-	NC	ANTIDIABETICS
ADMELOG SOLOSTAR, HUMALOG TEMPO PEN	-	NC	ANTIDIABETICS
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADRENALIN NASAL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADVAIR DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVATE, KOVALTRY INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ADVICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
ADYNOVATE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ADZENYS ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ADZENYS XR TAB, AMPHETAMINE ER ODT TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
AEMCOLO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	OTC	3	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER SUPPLIES	-	3	MEDICAL DEVICES AND SUPPLIES
AEROSPAN INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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AFINITOR DISPERZ TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	1	VACCINES
AFSTYLA KIT	-	EXC	HEMATOLOGICAL AGENTS - MISC.
AGAMREE SUSP	-	NC	CORTICOSTEROIDS
AGRYLIN CAP	-	4	HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	3	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRSUPRA INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	3	MIGRAINE PRODUCTS
AKEEGA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AKLIEF CREAM	-	NC	DERMATOLOGICALS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3	ANTIEMETICS
ALA-SCALP LOTION	-	NC	DERMATOLOGICALS
albendazole tab (ALBENZA equiv)	-	3	ANTHELMINTICS
ALBENZA TAB	-	NC	ANTHELMINTICS
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALCAINE OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
alclometasone cream (ACLOVATE equiv)	-	2	DERMATOLOGICALS
ALCLOMETASONE OINT	-	2	DERMATOLOGICALS
alclometasone oint (ACLOVATE equiv)	-	2	DERMATOLOGICALS
ALCOHOL SWABS	OTC	2	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL	-	NC	DERMATOLOGICALS
ALDACTAZIDE TAB	-	4	DIURETICS
ALDACTAZIDE TAB 50-50MG	-	4	DIURETICS
ALDACTONE TAB	-	4	DIURETICS
ALDARA CREAM	-	4	DERMATOLOGICALS
ALDURAZYME INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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**Prime 4 Tier Formulary Cont.
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Drug Name	Special Code	Tier	Category
ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	NC	DERMATOLOGICALS
ALFERON-N INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ALHEMO INJ	LMSP-PA	5	HEMATOLOGICAL AGENTS - MISC.
ALINIA TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv)	-	3	ANTIHYPERTENSIVES
ALKERAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKERAN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKINDI SPRINKLE CAP	-	NC	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Only available through AnovoRx 844-288-5007; Prior Authorization required for members age 9 years and older)	LD-PA-QL	5	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Only available through AnovoRx 844-288-5007; Prior Authorization required for members age 9 years and older)	LD-PA-QL	5	CORTICOSTEROIDS
ALLEGRA ODT	OTC	EXC	ANTIHISTAMINES
allopurinol tab (ZYLOPRIM equiv)	-	2	GOUT AGENTS
allopurinol tab 200mg	-	NC	GOUT AGENTS
ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ALOGLIPTIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN TAB, NESINA TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN-METFORMIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN-PIOGILTAZONE TAB	-	NC	ANTIDIABETICS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	NC	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPTH SOLN 0.15% (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
ALPHANATE, HUMATE-P INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	3	ANTI-ANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	3	ANTI-ANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	2	ANTI-ANXIETY AGENTS
ALPROLIX INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ALREX OPTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS

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ALREX OPTH SUSP 0.2%	-	4	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTACE CAP	-	4	ANTIHYPERTENSIVES
ALTOPREV TAB	-	NC	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
ALTUVIIIIO INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVAIZ TAB	-	NC	HEMATOPOIETIC AGENTS
ALVESCO INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALYFTREK TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5	RESPIRATORY AGENTS - MISC.
ALYFTREK TAB 4-20-50MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5	RESPIRATORY AGENTS - MISC.
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	2	ANTIPARKINSON AGENTS
amantadine soln (AMANTADINE equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
amantadine tab	-	3	ANTIPARKINSON AGENTS
AMARYL TAB	-	NC	ANTIDIABETICS
AMBIEN CR TAB (QL= 1 tab/day)	QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
AMBIEN TAB (QL= 1 tab/day)	QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	4	DERMATOLOGICALS
AMCINONIDE OINTMENT	-	NC	DERMATOLOGICALS
AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
amethyst tab (LYBREL equiv)	ACA	1	CONTRACEPTIVES
AMICAR SOLN	-	4	HEMOSTATICS
AMICAR TAB	-	4	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	2	DIURETICS
AMILORIDE/HCTZ TAB	-	2	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	2	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	3	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	3	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	2	ANTIARRHYTHMICS
AMITIZA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	2	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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Drug Name	Special Code	Tier	Category
amlodipine tab (NORVASC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	3	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	3	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	2	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	2	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	3	DERMATOLOGICALS
amoxapine tab (AMOXAPINE equiv)	-	2	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	2	PENICILLINS
AMOXICILLIN CHEW TAB	-	2	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	2	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	2	PENICILLINS
AMOXICILLIN/CLAVULANATE CHEW TAB	-	3	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	4	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	2	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	2	PENICILLINS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AMPHOTERICIN B IV SOLN	-	NC	ANTIFUNGALS
ampicillin cap (AMPICILLIN equiv)	-	2	PENICILLINS
AMPYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMRIX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
ANADROL TAB	-	NC	ANDROGENS-ANABOLIC
ANAFRANIL CAP	-	NC	ANTIDEPRESSANTS
anagrelide cap (AGRYLIN equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	4	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	NC	ANORECTAL AND RELATED PRODUCTS
ANAPROX TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
ANASPAZ ODT	-	4	ULCER DRUGS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	ACA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANCOBON CAP	-	NC	ANTIFUNGALS

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Drug Name	Special Code	Tier	Category
ANDEMBRY INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ANDROGEL 1% 25MG	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1% 50MG, TESTIM GEL 1%	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM	-	NC	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62%	-	NC	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS
ANNOVERA RING (QL= 1 ring/year)	QL	1	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTABUSE TAB	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC	ANTIHYPERTENSIVES
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERTENSIVES
antipyrine/ benzocaine/ polycosanol otic soln (TREAGAN OTIC equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANTIVERT TAB, MECLIZINE TAB	-	NC	ANTIEMETICS
ANUSOL-HC CREAM	-	4	ANORECTAL AGENTS
ANUSOL-HC SUPP	-	NC	ANORECTAL AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	QL	4	ANTIEMETICS
ANZUPGO CREAM	-	NC	DERMATOLOGICALS
APADAZ TAB	-	NC	ANALGESICS - OPIOID
APAP/CODEINE SOLN	-	3	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APIDRA INJ	-	NC	ANTI-DIABETICS
APIDRA SOLOSTAR INJ	-	NC	ANTI-DIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
apomorphine inj (APOKYN equiv)	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
APRACLONIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
apraclonidine ophth soln (IOPIDINE equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	3	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	3	ANTIEMETICS
APRETUDE SUSP (QL= 7 inj/year)	PA-QL	1	ANTIVIRALS
APRISO CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC	DERMATOLOGICALS
APTiom TAB	-	NC	ANTICONSULSANTS
APTIVUS CAP	-	3	ANTIVIRALS
AQNEURSA PACKET FOR SUSPENSION (QL= 4 packets/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARAKODA TAB	-	4	ANTIMALARIALS
ARALAST/PROLASTIN/ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
ARANELLE TAB	ACA	1	CONTRACEPTIVES
aranelle tab (TRI-NORINYL equiv)	ACA	1	CONTRACEPTIVES
ARANESP INJ	-	NC	HEMATOPOIETIC AGENTS
ARAVA TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY

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	Step Therapy				

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ARAZLO LOTION	-	NC	DERMATOLOGICALS
ARBLI SUSP (QL= 330mL/30 days; Prior Authorization required for members age 9 years and older)	PA-QL	4	ANTIHYPERTENSIVES
ARCALYST INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ARCAPTA NEOHALER (Step Therapy requires trial of Foradil or Serevent)	ST	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AREXVY INJ (QL= 1 dose/lifetime)	QL-VAC	1	VACCINES
arformoterol tartrate neb soln (BROVANA equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARICEPT TAB (QL= 2 tabs/day)	QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB 23MG (QL= 1 tab/day)	QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	5	AMINOGLYCOSIDES
ARIMIDEX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA INJ	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARIXTRA INJ	-	4	ANTICOAGULANTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	2	THYROID AGENTS
ARNUIITY ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AROMASIN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARTHROTEC TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ASMANEX HFA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for female members only)	ACA-OTC	1	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for female members only)	ACA-OTC	1	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin/dipyridamole cap (AGGRENOX equiv)	-	3	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ASPRUZYO SPRINKLE GRANULES	-	NC	ANTIANGINAL AGENTS

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ASTAGRAF XL CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY (QL= 2 bottles/fill)	QL	4	NASAL AGENTS - SYSTEMIC AND TOPICAL
ATACAND HCT TAB	-	NC	ANTIHYPERTENSIVES
ATACAND TAB	-	4	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	3	ANTIVIRALS
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	2	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	2	ANTIHYPERTENSIVES
ATIVAN TAB	-	4	ANTIANKXIETY AGENTS
atomoxetine cap (STRATTERA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ATORVALIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv)	ACA	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	2	ANTIMALARIALS
ATRALIN GEL, RETIN-A GEL	PA	4	DERMATOLOGICALS
ATRIPLA TAB	-	NC	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS
atropine ophth oint (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ATROPINE SUL SOLN 1% OPHTH (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
ATROPINE SULFATE OPHTH OINT (QL= 2 tubes/fill)	QL	2	OPHTHALMIC AGENTS
ATROVENT HFA INHALER (QL= 2 inhalers/fill)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ATTRUBY PACK (QL= 4 tabs/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
AUBAGIO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN ES-600 SUSP	-	NC	PENICILLINS
AUGMENTIN SUSP	-	4	PENICILLINS
AUGMENTIN TAB	-	NC	PENICILLINS
AUGTYRO CAP (QL= 8 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AUGTYRO CAP 160MG (QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AURALGAN OTIC SOLN (QL= 2 bottles/fill)	QL	4	OTIC AGENTS
AURANOFIN CAP, RIDAURA CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AURYXIA TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB (QL= 1 tab/day)	LMSP-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)	LMSP-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program
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AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days)	LMSP-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVELITY TAB	-	NC	ANTIDEPRESSANTS
AUVI-Q INJ	-	NC	VASOPRESSORS
AVALIDE TAB	-	4	ANTIHYPERTENSIVES
avanafil tab (STENDRA equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
AVAPRO TAB	-	4	ANTIHYPERTENSIVES
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVAR-E LS CREAM 10-2%	-	NC	DERMATOLOGICALS
AVELOX TAB	-	NC	FLUOROQUINOLONES
AVERI TAB	-	1	CONTRACEPTIVES
aviane tab (ALESSE equiv)	ACA	1	CONTRACEPTIVES
AVMAPKI FAKZYNJA CO-PACK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVODART CAP	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
AVONEX INJ	LMSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB	-	NC	MIGRAINE PRODUCTS
AXID CAP	-	4	ULCER DRUGS
AYGESTIN TAB	-	NC	PROGESTINS
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	2	ASSORTED CLASSES
azathioprine tab 100mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv)	-	3	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	-	NC	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	NC	MULTIVITAMINS
AZESCO TAB	-	NC	MULTIVITAMINS
AZILECT TAB	-	4	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	2	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	2	MACROLIDES
AZOPT OPHTH SUSP (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
AZSTARYS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
AZULFIDINE EN TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
AZULFIDINE TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
BACITRACIN OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS

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ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen oral soln 10MG/5ML (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
baclofen oral soln 5mg/5ml (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SOLN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SUSP (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab 15mg	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTRIM DS TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	1	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	PA	4	ANTICONVULSANTS
BANZEL TAB	-	NC	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	3	ANTIDIABETICS
BARACLUDE SOLN (Prior Authorization required for members age 9 years and older)	PA	4	ANTIVIRALS
BARACLUDE TAB	-	NC	ANTIVIRALS
BASAGLAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC	ANTIDIABETICS
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	3	FLUOROQUINOLONES
BCG INJ	VAC	EXC	VACCINES
B-D INSULIN SYRINGE	--OTC	2	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	2	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BECONASE AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	3	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS
benazepril tab (LOTENSIN equiv)	-	2	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2	ANTIHYPERTENSIVES
BENEFIX INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
BENICAR HCT TAB	-	4	ANTIHYPERTENSIVES
BENICAR TAB	-	4	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES

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BENLYSTA INJ	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENTYL CAP	-	4	ULCER DRUGS
BENTYL SYRUP	-	4	ULCER DRUGS
BENZAACLIN GEL	-	4	DERMATOLOGICALS
BENZAMYCIN GEL	-	4	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTHELMINTICS
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC	DERMATOLOGICALS
benzonatate cap (TESSALON equiv)	-	2	COUGH/COLD/ALLERGY
BENZONATATE CAP 150MG	-	NC	COUGH/COLD/ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC	DERMATOLOGICALS
benzphetamine tab	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
benztropine tab	-	2	ANTIPARKINSON AGENTS
bepotastine ophth soln (BEPREVE equiv) (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
BEPREVE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	4	OPHTHALMIC AGENTS
BERINERT INJ (Only available through Accredo 800-803-2523)	LD-PA	5	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
BESREMI INJ (QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BETAGAN OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416)	LD	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
BETAMETH VALERATE LOTION	-	2	DERMATOLOGICALS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	2	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	3	DERMATOLOGICALS
betamethasone augmented gel	-	NC	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	3	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	2	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	2	DERMATOLOGICALS
betamethasone dipropionate lotion	-	2	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	3	DERMATOLOGICALS
betamethasone valerate cream	-	2	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	2	DERMATOLOGICALS
betamethasone valerate oint	-	2	DERMATOLOGICALS
BETAPACE AF TAB	-	4	BETA BLOCKERS
BETAPACE TAB	-	4	BETA BLOCKERS
BETASERON INJ	LMSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETAXOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
betaxolol ophth soln (BETOPTIC-S equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS

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QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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	Step Therapy	TS	Tablet Splitting
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betaxolol tab (KERLONE equiv)	-	2	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	2	URINARY ANTISPASMODICS
BETHKIS NEB SOLN, TOBI NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN 0.25% (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEXAGLIFLOZN TAB	-	NC	ANTIDIABETICS
bexarotene cap (TARGRETIN equiv)	LMSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv)	LMSP-PA	2	DERMATOLOGICALS
BEXSERO INJ	VAC	1	VACCINES
BEYAZ TAB	-	4	CONTRACEPTIVES
BEYFORTUS INJ	VAC	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
BIAXIN TAB	-	NC	MACROLIDES
bicalutamide tab (CASODEX equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP (QL= 1 cap/day)	QL	4	ESTROGENS
BIKTARVY TAB	-	3	ANTIVIRALS
BILTRICIDE TAB	-	NC	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
bimatoprost ophth soln	-	EXC	DERMATOLOGICALS
BIMZELX INJ	-	NC	DERMATOLOGICALS
BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bismuth/metro/tetra cap (PYLERA equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
BISOPROLOL FUMARATE TAB	-	NC	BETA BLOCKERS
bisoprolol tab (ZEBETA equiv)	-	2	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	2	ANTIHYPERTENSIVES
BLEPH-10 OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
BLEPHAMIDE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
BLUJEP A TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
BONIVA TAB 150MG (QL= 1 tab/30 days)	QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
BONSITY INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
BOSULIF CAP	MSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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BOSULIF TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX INJ	M-PA	6	NEUROMUSCULAR AGENTS
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREKIYA INJ	-	NC	MIGRAINE PRODUCTS
BREO ELLIPTA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB	-	NC	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2% (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	3	OPHTHALMIC AGENTS
BRINSUPRI TAB	-	NC	RESPIRATORY AGENTS - MISC.
brinzolamide ophth susp (AZOPT equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.07%	-	NC	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.075% (BROMSITE equiv)	-	NC	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	3	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	3	ANTIPARKINSON AGENTS
BROMSITE DROP 0.075%	-	NC	OPHTHALMIC AGENTS
BRONCHITOL CAP	-	NC	RESPIRATORY AGENTS - MISC.
BROVANA NEB SOLN	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BROVEX PEB LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRUKINSA TAB (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION	-	NC	DERMATOLOGICALS
BRYNOVIN SOLN	-	NC	ANTIDIABETICS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
BUCAPSOL CAP	-	NC	ANTIAXIETY AGENTS
budesonide ER tab (QL=1 tab/day)	PA-QL	3	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)	OTC-QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	3	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	3	CORTICOSTEROIDS

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Drug Name	Special Code	Tier	Category
budesonide/formoterol inhaler (SYMBICORT equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	2	DIURETICS
BUNAVAIL FILM	-	2	ANALGESICS - OPIOID
BUPHENYL POWDER	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPHENYL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	2	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	2	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	2	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	2	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	2	ANTIDEPRESSANTS
buspiron tab (BUSPAR equiv)	-	2	ANTIANKXIETY AGENTS
BUTALBITAL/ACETAMINOPHEN CAP	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	3	ANALGESICS - OPIOID
BUTRANS PATCH (QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	4	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ	-	NC	ANTIDIABETICS
BYDUREON INJ	-	NC	ANTIDIABETICS
BYDUREON PEN INJ	-	NC	ANTIDIABETICS
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
BYNFEZIA PEN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
CABENUVA IM SUSP (QL= 1 kit/30 days)	LMSP-QL	5	ANTIVIRALS
CABENUVA SUSP 600MG-900MG/3ML (QL= 1 kit/30 days)	LMSP-QL	5	ANTIVIRALS
cabergoline tab (DOSTINEX equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CABTREO GEL	-	NC	DERMATOLOGICALS

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LD	Affordable Care Act	EXC	Plan Exclusion
MSP	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
SF	Quantity Limit	RDX	Restricted to Diagnosis
ST	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Step Therapy	TS	Tablet Splitting
		INF	Infertility
		M	Medical Benefit
		PA	Prior Authorization
		RS	Restricted to Specialist
		SP	Available through Specialty Pharmacy Program
		VAC	Vaccine Program

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Drug Name	Special Code	Tier	Category
CADUET TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
CALAN SR TAB	-	4	CALCIUM CHANNEL BLOCKERS
calcipotriene cream (DOVONEX CREAM equiv)	-	3	DERMATOLOGICALS
calcipotriene cream (TRIONEX equiv)	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint	-	3	DERMATOLOGICALS
CALCIPOTRIENE SOLN	-	3	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	3	DERMATOLOGICALS
calcipotriene/betamethasone dipropionate susp	-	NC	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	4	DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	2	MEDICAL DEVICES AND SUPPLIES
CALQUENCE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALSODORE PAK	-	NC	DERMATOLOGICALS
CAMBIA POWDER	-	NC	MIGRAINE PRODUCTS
CAMZYOS CAP	-	NC	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	3	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
CAPASTAT INJ	-	NC	ANTIMYCOBACTERIAL AGENTS
capecitabine tab (XELODA equiv)	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	NC	DERMATOLOGICALS
CAPLYTA CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPRELSA TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	3	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	3	ANTIHYPERTENSIVES
CAPVAXIVE INJ	VAC	1	VACCINES
CARAC CREAM	-	NC	DERMATOLOGICALS

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QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program
	generic = small letters				BRANDS = CAPITAL LETTERS

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Drug Name	Special Code	Tier	Category
CARAFATE SUSP	-	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
CARAFATE TAB	-	4	ULCER DRUGS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	2	ANTICONVULSANTS
CARBAMAZEPINE CHEW TAB	-	NC	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	3	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	3	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	2	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	2	ANTICONVULSANTS
CARBATROL CAP	-	4	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	3	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA CAP, RYTARY CAP	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	2	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	3	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbinoxamine maleate tab 6mg	-	NC	ANTIHISTAMINES
CARBINOXAMINE SOLN	-	4	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	3	ANTIHISTAMINES
CARBZAH SOLN 4MG/5ML	-	NC	ANTIHISTAMINES
CARDIZEM CD CAP	-	4	CALCIUM CHANNEL BLOCKERS
CARDIZEM LA TAB	-	4	CALCIUM CHANNEL BLOCKERS
CARDIZEM TAB	-	4	CALCIUM CHANNEL BLOCKERS
CARDURA TAB	-	4	ANTIHYPERTENSIVES
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CARNITOR SOLN	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
CARNITOR TAB	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
CAROSPIR SUSP	PA	4	DIURETICS
CARTEOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	3	BETA BLOCKERS

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carvedilol tab (COREG equiv)	-	2	BETA BLOCKERS
CASODEX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CATAPRES-TTS PATCH	-	4	ANTIHYPERTENSIVES
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	5	ANTI-INFECTIVE AGENTS - MISC.
cefaclor cap (CECLOR equiv)	-	3	CEPHALOSPORINS
CEFACLOR CAP	-	4	CEPHALOSPORINS
CEFACLOR ER TAB	-	4	CEPHALOSPORINS
CEFACLOR SUSP	-	4	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	2	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	2	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	2	CEPHALOSPORINS
CEFADROXIL TAB	-	3	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	2	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	2	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	3	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	3	CEPHALOSPORINS
CEFPODOXIME PROXETIL SUSP	-	3	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	3	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	2	CEPHALOSPORINS
CELEBREX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
CELEXA TAB	-	4	ANTIDEPRESSANTS
CELLCEPT CAP	-	5	ASSORTED CLASSES
CELLCEPT SUSP	-	5	ASSORTED CLASSES
CELLCEPT TAB	-	5	ASSORTED CLASSES
CELONTIN CAP	-	4	ANTICONVULSANTS
CENTANY OINT	-	4	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	2	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	2	CEPHALOSPORINS
cephalexin tab	-	NC	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CEQUR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP (QL= 2 caps/day)	LMSP-PA-QL	5	HEMATOPOIETIC AGENTS
CERVICAL CAP	ACA	1	MEDICAL DEVICES AND SUPPLIES
cesia tab (CYCLESSA equiv)	ACA	1	CONTRACEPTIVES
cetrotirelix acetate for inj kit (CETROTIDE equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT (QL= 30 days supply/fill)	INF-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	3	MOUTH/THROAT/DENTAL AGENTS
CHANTIX STARTER PACK	SMKG	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	3	ANTIDOTES
CHENODAL TAB, CTEXLI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.

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chlordiazepoxide cap (LIBRIUM equiv)	-	2	ANTIANKXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
CHLOROQUINE TAB	-	2	ANTIMALARIALS
chloroquine tab (ARALEN equiv)	-	2	ANTIMALARIALS
CHLORPROMAZINE CONC	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	2	DIURETICS
chlorzoxazone tab	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	3	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	5	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol cap 50000 unit	-	NC	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	2	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	2	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	2	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	2	ANTIHYPERLIPIDEMICS
CIALIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	4	CARDIOVASCULAR AGENTS - MISC.
CIBINQO TAB (QL= 1 tab/day)	LMSP-PA-QL	5	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	2	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	2	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	2	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	3	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	2	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPTH OINT (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
CILOXAN OPTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
CIMDUO TAB	-	NC	ANTIVIRALS
cimetidine soln (CIMETIDINE equiv)	-	2	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	OTC	2	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
CIMZIA INJ 200MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv) (Restricted to Endocrinology or Nephrology Specialist)	RS	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP (QL= 2 bottles/fill)	QL	4	OTIC AGENTS
CIPRO SUSP	-	4	FLUOROQUINOLONES
CIPRO TAB	-	NC	FLUOROQUINOLONES
CIPRODEX OTIC SUSP (QL= 2 bottles/fill)	QL	4	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	4	FLUOROQUINOLONES
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	3	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS

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ciprofloxacin susp (CIPRO equiv)	-	3	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
CITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	2	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	2	ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CITRULLINE EASY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARIFOAM EF FOAM	-	4	DERMATOLOGICALS
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX TAB	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
clarithromycin ER tab (BIAXIN XL equiv)	-	3	MACROLIDES
CLARITHROMYCIN SUSP	-	3	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	2	MACROLIDES
CLARITIN CHEW TAB	OTC	EXC	ANTIHISTAMINES
CLEMASTINE SYRUP	-	NC	ANTIHISTAMINES
CLEMASTINE TAB (GENUS LIFESCIENCES)	-	NC	ANTIHISTAMINES
CLEMASTINE TAB, CLEMAZ TAB	-	4	ANTIHISTAMINES
CLEMSZA TAB 2.68MG	-	NC	ANTIHISTAMINES
CLENIA PLUS SUSP	-	NC	DERMATOLOGICALS
CLEMPIQ SOLN	-	NC	LAXATIVES
CLEOCIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN VAGINAL CREAM	-	4	VAGINAL PRODUCTS
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	4	VAGINAL PRODUCTS
CLEOCIN-T GEL	-	NC	DERMATOLOGICALS
CLEOCIN-T LOTION	-	4	DERMATOLOGICALS
CLEOCIN-T PAD	-	4	DERMATOLOGICALS
CLEOCIN-T SOLN	-	4	DERMATOLOGICALS
CLIMARA PATCH	-	NC	ESTROGENS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	2	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	2	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	2	DERMATOLOGICALS
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	2	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)	QL	2	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZAACLIN equiv)	-	3	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	3	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	3	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	3	VAGINAL AND RELATED PRODUCTS
CLINISTIX TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS

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

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Drug Name	Special Code	Tier	Category
clobazam susp (ONFI equiv) (Prior Authorization required for members age 9 years and older)	PA	3	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	2	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	3	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	3	DERMATOLOGICALS
CLOBETASOL OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
clobetasol propionate cream (TEMOVATE equiv)	-	2	DERMATOLOGICALS
CLOBETASOL PROPIONATE CREAM, IMPOYZ CREAM	-	NC	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	3	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	3	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	2	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	2	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	3	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	3	DERMATOLOGICALS
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOBEX LOTION	-	4	DERMATOLOGICALS
CLOBEX SHAMPOO	-	4	DERMATOLOGICALS
CLOBEX SPRAY	-	4	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	NC	DERMATOLOGICALS
clocortolone pivalate cream (QL= 90gm/30 days)	QL	3	DERMATOLOGICALS
CLODERM CREAM	-	NC	DERMATOLOGICALS
clomiphene citrate tab (CLOMID equiv) (QL= 30 days supply/fill)	INF-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE TAB (QL= 30 days supply/fill)	INF-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	3	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	3	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	2	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	3	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	2	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	3	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF equiv)	OTC	2	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	2	DERMATOLOGICALS
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	NC	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	NC	DERMATOLOGICALS
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZARIL TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COAGADEX INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
COARTEM TAB	-	NC	ANTIMALARIALS
COBENFY CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COBENFY CAP STARTER PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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MSP	Limited Distribution	OTC	Over-the-Counter	PA	Prior Authorization
QL	Mandatory Specialty Pharmacy Program	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Quantity Limit	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Limited to two 15 day fills per month for first 3 months	TS	Tablet Splitting	VAC	Vaccine Program
	Step Therapy				

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**Prime 4 Tier Formulary Cont.
Alphabetical Index
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Drug Name	Special Code	Tier	Category
COCAINE HCL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
codeine sulfate tab	-	2	ANALGESICS - OPIOID
COLAZAL CAP	-	4	GASTROINTESTINAL AGENTS - MISC.
COLCHICINE CAP	-	NC	GOUT AGENTS
colchicine cap (COLCHICINE equiv)	-	NC	GOUT AGENTS
colchicine tab (COLCRYS equiv)	-	2	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	2	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	3	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	3	ANTIHYPERLIPIDEMICS
COLESTID GRANULE	-	4	ANTIHYPERLIPIDEMICS
COLESTID POWDER PACK	-	4	ANTIHYPERLIPIDEMICS
COLESTID TAB	-	4	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol powder (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	2	ANTIHYPERLIPIDEMICS
COLLANEX EXTERNAL POWDER	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	4	OPHTHALMIC AGENTS
COMBIPATCH	-	3	ESTROGENS
COMBIVENT RESPIMAT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB	-	NC	ANTIVIRALS
COMBOGESIC TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	1	VACCINES
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	1	VACCINES
COMPLERA TAB	-	NC	ANTIVIRALS
COMTAN TAB	-	4	ANTIPARKINSON AGENTS
CONCEPT DHA CAP	-	2	MULTIVITAMINS
CONCERTA TAB, RITALIN SR TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
CONDYLOX GEL	-	4	DERMATOLOGICALS
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FILM	ACA-OTC	1	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	ACA-OTC	1	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	ACA-OTC	1	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	ACA-OTC	1	VAGINAL PRODUCTS
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
COPAXONE INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDARONE TAB	-	4	ANTIARRHYTHMICS
CORDRAN CREAM	-	NC	DERMATOLOGICALS
CORDRAN CREAM 0.025%	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
CORDRAN LOTION	-	NC	DERMATOLOGICALS
CORDRAN OINTMENT	-	NC	DERMATOLOGICALS
CORDRAN TAPE	-	NC	DERMATOLOGICALS
COREG CR CAP	-	NC	BETA BLOCKERS
COREG TAB	-	4	BETA BLOCKERS
CORGARD TAB	-	4	BETA BLOCKERS
CORIFACT KIT	-	EXC	HEMATOLOGICAL AGENTS - MISC.
CORLANOR SOLN (Prior Authorization required for members age 9 years and older)	PA	4	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B OTIC SOLN (QL= 2 bottles/fill)	QL	4	OTIC AGENTS
CORTEF TAB	-	NC	CORTICOSTEROIDS
CORTENEMA	-	4	ANORECTAL AGENTS
CORTIC-ND DROPS (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
CORTIFOAM	-	4	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	3	CORTICOSTEROIDS
CORTROPHIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORVITE TAB	-	NC	HEMATOPOIETIC AGENTS
COSENTYX INJ (1-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ (2-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML	-	NC	DERMATOLOGICALS
COSENTYX UNO INJ	-	NC	DERMATOLOGICALS
COSOPT (PF) OPTH SOLN (QL= 60 units/30 days)	QL	4	OPHTHALMIC AGENTS
COTELLIC TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
COUMADIN TAB	-	4	ANTICOAGULANTS
COVID-19 TEST	OTC	EXC	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	1	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	1	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	1	VACCINES
COZAAR TAB	-	4	ANTIHYPERTENSIVES
CRENESSITY CAP (QL= 2 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
CRENESSITY SOLN (QL= 2ml/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
CREON CAP	-	3	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB	-	NC	ANTHYPERLIPIDEMICS
CREXONT CAP	-	NC	ANTIPARKINSON AGENTS
CRINONE GEL	PA	3	VAGINAL PRODUCTS
CRIXIVAN CAP	-	NC	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier	Category
cromolyn ophth soln (CROLOM equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
CROTAN LOTION	-	NC	DERMATOLOGICALS
crystelle tab	ACA	1	CONTRACEPTIVES
CUE COVID-19 TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR	OTC	EXC	DIAGNOSTIC PRODUCTS
CUPRIMINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVITRU INJ	-	NC	PASSIVE IMMUNIZING AGENTS
CUVPOSA SOLN	-	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
CUVRIOR TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
cyanocobalamin inj	-	2	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	4	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
cyclophosphamide cap	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSERINE CAP	PA	3	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	4	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	5	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	5	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	5	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2	OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYKLOKAPRON INJ	-	NC	HEMOSTATICS
CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYMBALTA CAP	-	4	ANTIDEPRESSANTS
cyproheptadine syrup	-	2	ANTIHISTAMINES
cyproheptadine tab	-	2	ANTIHISTAMINES
CYSTADANE POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	5	OPHTHALMIC AGENTS
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	5	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	5	OPHTHALMIC AGENTS
CYTOMEL TAB	-	4	THYROID AGENTS
CYTOTEC TAB	-	4	ULCER DRUGS
CYTRA K CRYSTALS	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ	-	NC	MIGRAINE PRODUCTS
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	3	ANTICOAGULANTS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	LMSP-QL-RS	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	3	ANDROGENS-ANABOLIC
DANTRIUM CAP	-	4	MUSCULOSKELETAL THERAPY AGENTS
dantrolene cap (DANTRIUM equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
DANZITEN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG	-	NC	ANTIDIABETICS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
dapsone tab	-	2	ANTI-INFECTIVE AGENTS - MISC.
DAPTACEL INJ, INFANRIX INJ	VAC	1	TOXOIDS
DARAPRIM TAB	-	NC	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	3	URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
darunavir tab (PREZISTA equiv)	-	3	ANTIVIRALS
dasatinib tab (SPRYCEL equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAWNZERA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	5	NEUROMUSCULAR AGENTS
DAYPRO TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
DAYTRANA PATCH	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DAYVIGO TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DAZOMON GEL	-	NC	DERMATOLOGICALS

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DDAVP INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEBACTEROL SOLN	-	NC	MOUTH/THROAT/DENTAL AGENTS
deferasirox granules packet (JADENU equiv)	LMSP	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (JADENU equiv)	LMSP	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab for oral susp (EXJADE equiv)	LMSP	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
deflazacort susp (EMFLAZA equiv)	-	NC	CORTICOSTEROIDS
deflazacort tab (EMFLAZA equiv)	-	NC	CORTICOSTEROIDS
DEGLUDEC FLEXTOUCH INJ	-	NC	ANTIDIABETICS
DEGLUDEC INJ	-	NC	ANTIDIABETICS
DELESTROGEN INJ	-	NC	ESTROGENS
DELSTRIGO TAB	-	NC	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	3	TETRACYCLINES
DEMEROL TAB	-	NC	ANALGESICS - OPIOID
DEMSEER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	4	DERMATOLOGICALS
DENGVAXIA SUSP	VAC	1	VACCINES
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPAKENE CAP	-	4	ANTICONVULSANTS
DEPAKENE SYRUP	-	4	ANTICONVULSANTS
DEPAKOTE ER TAB	-	4	ANTICONVULSANTS
DEPAKOTE SPRINKLE CAP	-	4	ANTICONVULSANTS
DEPAKOTE TAB	-	4	ANTICONVULSANTS
DEPEN TITRATAB	-	4	MISCELLANEOUS THERAPEUTIC CLASSES
DEPLIN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-MEDROL INJ	-	NC	CORTICOSTEROIDS
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	4	CORTICOSTEROIDS
DEPO-PROVERA INJ	-	NC	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	ACA-QL	1	CONTRACEPTIVES
DERMACINRX CREAM	-	NC	DERMATOLOGICALS
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
DERMA-SMOOTH/FS OIL	-	3	DERMATOLOGICALS
DERMOTIC OIL (QL= 2 bottles/fill)	QL	4	OTIC AGENTS
DESCOVY TAB	ACA-PA	1	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	3	ANTIDEPRESSANTS
DESLORATADINE ODT	-	EXC	ANTIHISTAMINES
DESLORATADINE SOLN	-	EXC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	EXC	ANTIHISTAMINES
desmopressin acetate nasal spray (DDAVP equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program
			generic = small letters		BRANDS = CAPITAL LETTERS

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desmopressin acetate tab (DDAVP equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESMOPRESSIN NASAL SPRAY	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESOGEN TAB	-	NC	CONTRACEPTIVES
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	3	DERMATOLOGICALS
desonide gel	-	NC	DERMATOLOGICALS
desonide lotion	-	NC	DERMATOLOGICALS
desonide oint	-	3	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	3	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
DESOXIMETASONE GEL	-	NC	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
DESOXYN TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
desvenlafaxine ER tab (PRISTIQ equiv)	-	2	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
DETROL LA CAP	-	4	URINARY ANTISPASMODICS
DETROL TAB	-	4	URINARY ANTISPASMODICS
DEXAMETHASONE CONC	-	2	CORTICOSTEROIDS
dexamethasone elixir	-	2	CORTICOSTEROIDS
DEXAMETHASONE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
DEXAMETHASONE PHOSPHATE INJ	-	2	CORTICOSTEROIDS
DEXAMETHASONE SODIUM PHOSPHATE INJ	-	2	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	2	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	2	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	NC	CORTICOSTEROIDS
DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (15-DAY) (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES

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ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSD Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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DEXEDRINE CAP	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXILANT DR CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexlansoprazole DR cap (DEXILANT equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DHIVY TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	5	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	5	ANTICONVULSANTS
DIALYVITE TAB	-	2	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	NC	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	2	MULTIVITAMINS
DIAPHRAGM	ACA	1	MEDICAL DEVICES AND SUPPLIES
DIASTAT ACDL GEL (QL= 4 doses/fill)	QL	4	ANTICONVULSANTS
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	3	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	2	ANTIAXIETY AGENTS
DIAZEPAM GEL (QL= 4 doses/fill)	QL	3	ANTICONVULSANTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	2	ANTIAXIETY AGENTS
diazepam rectal gel (QL= 4 doses/fill)	QL	3	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	2	ANTIAXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	3	ANTI-DIABETICS
DIBENZYLIN CAP	-	4	ANTI-HYPERTENSIVES
dichlorphenamide tab (KEVEYIS equiv)	-	NC	DIURETICS

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LD	Affordable Care Act	LMS	Plan Exclusion	INF	Infertility
MSP	Limited Distribution	LMS	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
SF	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
ST	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program

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Drug Name	Special Code	Tier	Category
DICLEGIS TAB	-	NC	ANTIEMETICS
DICLOFENAC CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	3	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv)	-	NC	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH	-	NC	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC	MIGRAINE PRODUCTS
diclofenac potassium cap (ZIPSOR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	3	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	NC	DERMATOLOGICALS
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	2	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	3	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	2	ULCER DRUGS
DICYCLOMINE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
DIETHYLPROPION ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIFFERIN CREAM	PA	4	DERMATOLOGICALS
DIFFERIN GEL	PA	4	DERMATOLOGICALS
DIFFERIN LOTION	-	NC	DERMATOLOGICALS
DIFFERIN OTC GEL 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	OTC-PA	2	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	3	MACROLIDES
DIFICID TAB	-	NC	MACROLIDES
DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
DIFLORASONE CREAM, PSORCON CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
DIFLUCAN SUSP	-	NC	ANTIFUNGALS
DIFLUCAN TAB	-	NC	ANTIFUNGALS
diflunisal tab (DOLOBID equiv)	-	2	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
digoxin soln (LANOXIN equiv)	-	2	CARDIOTONICS
DIGOXIN SOLN 0.05MG/ML	-	2	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	2	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC	MIGRAINE PRODUCTS

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
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Drug Name	Special Code	Tier	Category
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8 sprays/fill)	QL	4	MIGRAINE PRODUCTS
DILACOR XR CAP	-	4	CALCIUM CHANNEL BLOCKERS
DILANTIN CAP 100MG	-	4	ANTICONVULSANTS
DILANTIN CAP 30MG	-	3	ANTICONVULSANTS
DILANTIN INFATABS	-	4	ANTICONVULSANTS
DILANTIN SUSP	-	4	ANTICONVULSANTS
DILAUDID TAB	-	4	ANALGESICS - OPIOID
diltiazem ER cap (CARDIZEM CD equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	3	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	3	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	2	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv)	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIOVAN HCT TAB	-	4	ANTIHYPERTENSIVES
DIOVAN TAB	-	4	ANTIHYPERTENSIVES
DIPENTUM CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine inj (BENADRYL equiv)	-	2	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	4	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	2	ANTIDIARRHEALS
DIPROLENE AF CREAM	-	4	DERMATOLOGICALS
DIPROLENE OINT	-	4	DERMATOLOGICALS
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	1	TOXOIDS
dipyridamole tab (PERSANTINE equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	2	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
disulfiram tab 500mg	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DITROPAN XL TAB	-	4	URINARY ANTISPASMODICS
DIURIL SUSP	-	3	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	2	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	2	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	2	ANTICONVULSANTS
DIVIGEL GEL	-	NC	ESTROGENS
DIVIGEL GEL, ELESTRIN GEL	-	NC	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	3	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID	-	NC	NUTRIENTS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
DOLOBID TAB	-	NC	ANALGESICS - NONNARCOTIC
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTELET SPRINKLE CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	HEMATOPOIETIC AGENTS
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	HEMATOPOIETIC AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
DORYX TAB	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv) (QL= 60 units/30 days)	QL	2	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN (QL= 60 units/30 days)	QL	3	OPHTHALMIC AGENTS
DOVATO TAB	-	3	ANTIVIRALS
DOVONEX CREAM	-	4	DERMATOLOGICALS
doxazosin tab (CARDURA equiv)	-	2	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	2	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	2	ANTIDEPRESSANTS
DOXEPIN HCL CREAM	PA	4	DERMATOLOGICALS
doxepin tab (SILENOR equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DOXERCALCIFEROL CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxercalciferol cap (HECTOROL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	2	TETRACYCLINES
doxycycline hyclate tab (TARGADOX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv)	-	2	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	2	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	3	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC	ANTIEMETICS
D-PENAMINE TAB	-	3	ASSORTED CLASSES
DRISDOL CAP	-	4	VITAMINS
DRITHO-SCALP CREAM	-	4	DERMATOLOGICALS
DRIZALMA DR CAP	-	NC	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv)	PA	3	ANTIEMETICS
drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	ACA	1	CONTRACEPTIVES
DROXIA CAP	-	3	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	-	NC	VASOPRESSORS
DRYSOL SOLN	-	2	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAC GEL	-	4	DERMATOLOGICALS

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DUAKLIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUETACT TAB	-	NC	ANTIDIABETICS
DUEXIS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	2	ANTIDEPRESSANTS
DULOXICAINE PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DUOBRII LOTION	-	NC	DERMATOLOGICALS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUOVISC KIT	-	NC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5	DERMATOLOGICALS
DUREZOL OPTH EMULSION (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUVYZAT ORAL SUSP	-	NC	NEUROMUSCULAR AGENTS
DUZALLO TAB	-	NC	GOUT AGENTS
DXEVO 11-DAY PAK	-	NC	CORTICOSTEROIDS
DYANAVEL XR CHEW	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DYMISTA SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIN TAB	-	NC	TETRACYCLINES
DYRENIUM CAP	-	4	DIURETICS
E.E.S. TAB	-	3	MACROLIDES
EBGLYSS INJ (QL= 1 inj/28 days)	LMSP-PA-QL	5	DERMATOLOGICALS
EBGLYSS PEN INJ (QL= 1 inj/28 days)	LMSP-PA-QL	5	DERMATOLOGICALS
EB-N3 DR CAP	-	NC	MULTIVITAMINS
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	2	DERMATOLOGICALS
ECONAZOLE NITRATE FOAM, ECOZA FOAM	-	NC	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB (Step therapy requires trial of losartan (hctz))	ST	4	ANTIHYPERTENSIVES
EDARBYCLOR TAB (Step Therapy requires trial of losartan (hctz))	ST	4	ANTIHYPERTENSIVES
EDECRIIN TAB	-	4	DIURETICS
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
EDURANT PED TAB	-	3	ANTIVIRALS
EDURANT TAB	-	3	ANTIVIRALS
EFAVIRENZ CAP	-	3	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	3	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	NC	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	NC	ANTIVIRALS
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	-	NC	ANTIVIRALS

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program
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Drug Name	Special Code	Tier	Category
EFFEXOR XR CAP	-	NC	ANTIDEPRESSANTS
EFFIENT TAB	-	4	HEMATOLOGICAL AGENTS - MISC.
EFUDEX CREAM	-	4	DERMATOLOGICALS
EGATEN TAB	-	3	ANTHELMINTICS
EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
EGRIFTA WR KIT	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
EKTERLY TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELDEPYRL CAP	-	4	ANTIPARKINSON AGENTS
ELEPSIA XR TAB	-	NC	ANTICONVULSANTS
ELESTAT OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ELIDEL CREAM (Covered for members age 2 years and older)	-	4	DERMATOLOGICALS
ELIGEN B12 TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIMITE CREAM	-	3	DERMATOLOGICALS
ELIPHOS TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
ELIQUIS SPRINKLE CAP	-	3	ANTICOAGULANTS
ELIQUIS TAB FOR ORAL SUSP	-	3	ANTICOAGULANTS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	3	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	ACA	1	CONTRACEPTIVES
ELMIRON CAP	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCON CREAM	-	4	DERMATOLOGICALS
ELOCON OINT	-	4	DERMATOLOGICALS
ELOCTATE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 1 packet/day)	LMSP-PA-QL	2	HEMATOPOIETIC AGENTS
eltrombopag olamine tab (PROMACTA equiv) (QL= 1 tab/day)	LMSP-PA-QL	2	HEMATOPOIETIC AGENTS
eltrombopag olamine tab 50mg (PROMACTA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	2	HEMATOPOIETIC AGENTS
eltrombopag olamine tab 75mg (PROMACTA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	2	HEMATOPOIETIC AGENTS
eluryng vaginal ring (NUVARING equiv)	-	1	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS
EMBECTA INSULIN SYRINGE	--OTC	2	MEDICAL DEVICES AND SUPPLIES
EMBECTA PEN NEEDLE	OTC	2	MEDICAL DEVICES AND SUPPLIES
EMCYT CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ	-	NC	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML	-	NC	MIGRAINE PRODUCTS
EMPAVELI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
EMROSI CAP	-	NC	DERMATOLOGICALS
EMSAM PATCH	-	4	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	-	5	ANTIVIRALS

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QL	Mandatory Specialty Pharmacy Program	OTC	Prior Authorization
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	Step Therapy	TS	Vaccine Program

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emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	ACA	1	ANTIVIRALS
emtricitabine- rilpivirine-tenofovir df tab (COMPLERA equiv)	-	3	ANTIVIRALS
EMTRIVA CAP	-	4	ANTIVIRALS
EMTRIVA SOLN	-	3	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
ENABLEX TAB	-	4	URINARY ANTISPASMODICS
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and older)	PA	3	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	2	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	2	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	5	ANALGESICS - ANTI-INFLAMMATORY
ENBUMYST SOLN	-	NC	DIURETICS
ENDARI POWDER PACKET	-	NC	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	3	VAGINAL PRODUCTS
ENDOMETRIN SUPP	-	NC	VAGINAL AND RELATED PRODUCTS
ENFLONIA INJ	VAC	1	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	1	VACCINES
enoxaparin inj (LOVENOX equiv)	-	3	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	ACA	1	CONTRACEPTIVES
ENSACOVE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENSPRYNG INJ	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	3	ANTIPARKINSON AGENTS
ENTADFI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	MSP-QL	5	ANTIVIRALS
ENTEREG CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENTRESTO CAP	-	NC	CARDIOVASCULAR AGENTS - MISC.
ENTRESTO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
ENVARUS XR TAB	-	NC	ASSORTED CLASSES
EOHILIA SUSP	-	NC	CORTICOSTEROIDS
EPANED SOLN (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERTENSIVES
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	NC	ANTIVIRALS
EPICERAM EMULSION	-	NC	DERMATOLOGICALS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	5	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5%	-	NC	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	4	DERMATOLOGICALS

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EPIFOAM AEROSOL	-	3	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIPEN (JR) INJ	-	NC	VASOPRESSORS
EPIVIR HBV SOLN	-	5	ANTIVIRALS
EPIVIR SOLN	-	NC	ANTIVIRALS
EPIVIR TAB	-	NC	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	2	ANTIHYPERTENSIVES
EPRONTIA SOLN	-	NC	ANTICONVULSANTS
EPSOLAY CREAM	-	NC	DERMATOLOGICALS
EPZICOM TAB	-	NC	ANTIVIRALS
EQUETRO CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB (QL= 20 tablets/28 days)	PA-QL	4	MIGRAINE PRODUCTS
ergotamine tartrate/cafeine tab (CAFERGOT equiv)	-	3	MIGRAINE PRODUCTS
ERGOTAMINE/CAFFEINE TAB	-	3	MIGRAINE PRODUCTS
ERIVEDGE CAP (QL= 1 cap/day)	LMSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	LMSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERMEZA SOLN 150 MCG/5ML	-	NC	THYROID AGENTS
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ERY PAD	-	3	DERMATOLOGICALS
ERYPED SUSP	-	NC	MACROLIDES
ERYTHROMYCIN CAP DR	-	3	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	3	MACROLIDES
ERYTHROMYCIN EC CAP	-	3	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	3	MACROLIDES
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	3	MACROLIDES
erythromycin gel	-	2	DERMATOLOGICALS
erythromycin ophth oint (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ERYTHROMYCIN OPHTH OINT	-	NC	OPHTHALMIC AGENTS
erythromycin pad	-	2	DERMATOLOGICALS
erythromycin soln	-	2	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	3	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	3	MACROLIDES
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	3	DERMATOLOGICALS
ERZOFRI INJ 117MG/0.75ML	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 156MG/ML	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 234MG/1.5ML	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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ERZOFRI INJ 351MG/2.25ML	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 39MG/0.25ML	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 78MG/0.5ML	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ESBRIET CAP	-	NC	RESPIRATORY AGENTS - MISC.
ESBRIET TAB	-	NC	RESPIRATORY AGENTS - MISC.
ESCAVITE CHEW TAB	-	NC	MULTIVITAMINS
ESCITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
escitalopram soln (LEXAPRO equiv)	-	3	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
eslicarbazepine acetate tab (APTiom equiv)	-	NC	ANTICONVULSANTS
esomeprazole cap (NEXIUM equiv)	OTC	2	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ESPEROCT INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
estazolam tab (PROSOM equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
ESTRACE TAB	-	NC	ESTROGENS
ESTRACE VAGINAL CREAM	-	NC	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	2	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	2	ESTROGENS
estradiol patch (VIVELLE-DOT, MINIVELLE equiv)	-	2	ESTROGENS
estradiol tab (ESTRACE equiv)	-	2	ESTROGENS
estradiol td gel (DIVIGEL equiv)	-	NC	ESTROGENS
estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3	VAGINAL PRODUCTS
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	3	ESTROGENS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	2	ESTROGENS
ESTRATEST TAB	-	NC	ESTROGENS
ESTRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
estrogens, conjugated tab (PREMARIN equiv)	-	3	ESTROGENS
ESTROSTEP FE TAB	-	NC	CONTRACEPTIVES
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ethacrynic tab (EDECIN equiv)	-	3	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	3	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	2	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	2	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	LMSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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etravirine tab (INTELENCE equiv)	-	3	ANTIVIRALS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EULEXIN CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVAMIST SPRAY	-	NC	ESTROGENS
EVEKEO ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
EVEKEO TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv)	PA	5	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVISTA TAB	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	3	ANTIVIRALS
EVOXAC CAP	-	4	MOUTH/THROAT/DENTAL AGENTS
EVRYSDI SOLN	-	NC	NEUROMUSCULAR AGENTS
EVRYSDI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	NEUROMUSCULAR AGENTS
EVZIO INJ	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	2	ANTIDOTES
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN	-	4	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS
EXELON PATCH	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	ACA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXENATIDE INJ (BYETTA INJ EQUIV)	-	NC	ANTIDIABETICS
EXFORGE TAB	-	4	ANTIHYPERTENSIVES
EXJADE TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EXSERVAN FILM	-	NC	NEUROMUSCULAR AGENTS
EXTAVIA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXXUA TAB/EXXUA TITRATION PACK	-	NC	ANTIDEPRESSANTS
EYSUVIS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	2	ANTIHYPERLIPIDEMICS
EZETIMIBE/ATORVASTATIN TAB	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC	ANTIHYPERLIPIDEMICS
FABHALTA CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS

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FABRAZYME INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	3	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	3	ULCER DRUGS
famotidine tab (PEPCID equiv)	OTC	2	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK 1MG/2MG/6MG/8MG (QL= 1 pack/plan year)	PA-QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARESTON TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	3	ANTIDIABETICS
FASENRA PEN INJ	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	2	GOUT AGENTS
FEIBA INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
felbamate susp (FELBATOL equiv)	-	3	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	3	ANTICONVULSANTS
FELBATOL SUSP	-	4	ANTICONVULSANTS
FELBATOL TAB	-	4	ANTICONVULSANTS
FELDENE CAP	-	4	ANALGESICS - ANTI-INFLAMMATORY
felodipine ER tab (PLENDIL equiv)	-	2	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	4	VAGINAL PRODUCTS
FEMALE CONDOMS (QL= 12 condoms/fill)	ACA-OTC-QL	1	MEDICAL DEVICES AND SUPPLIES
FEMARA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FEMCON FE CHEW TAB	-	NC	CONTRACEPTIVES
FEMHRT TAB	-	NC	ESTROGENS
FEMLYV TAB	-	1	CONTRACEPTIVES
FEMRING (3 copays per Rx)	-	4	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	2	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP	-	NC	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	2	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	2	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB	-	4	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	4	ANTIHYPERLIPIDEMICS
FENOGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
fenopropfen calcium cap (NALFON equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP, NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
FENOPRON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENTANYL BUCCAL TAB	-	NC	ANALGESICS - OPIOID

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program
	generic = small letters				BRANDS = CAPITAL LETTERS

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FENTANYL CITRATE LOLLIPOP	-	NC	ANALGESICS - OPIOID
fantanyl citrate lollipop (ACTIQ equiv)	-	NC	ANALGESICS - OPIOID
fantanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	3	ANALGESICS - OPIOID
fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB	-	NC	ANALGESICS - OPIOID
FEONYX TAB	-	NC	HEMATOPOIETIC AGENTS
FERIVA 21/7 TAB	-	NC	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	2	HEMATOPOIETIC AGENTS
FERREX 28 TAB	-	4	HEMATOPOIETIC AGENTS
FERRIC CITRATE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	5	ANTIDOTES
FERRO-PLEX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir	ACA-OTC	NC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	NC	HEMATOPOIETIC AGENTS
ferrous sulfate soln	ACA-OTC	NC	HEMATOPOIETIC AGENTS
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2	URINARY ANTISPASMODICS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS
FIASP FLEXTOUCH INJ	-	3	ANTIDIABETICS
FIASP INJ	-	3	ANTIDIABETICS
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	-	3	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FIBRYGA, RIASTAP INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	3	MACROLIDES
FILSPARI TAB (QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	5	GENITOURINARY AGENTS - MISCELLANEOUS
FILSUVEZ GEL	-	NC	DERMATOLOGICALS
FINACEA FOAM	-	3	DERMATOLOGICALS
FINACEA GEL	-	4	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
fingolimod hcl cap 0.5mg (GILENYA equiv)	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	5	ANTICONVULSANTS
FIORICET CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORICET/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIORINAL CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIRAZYR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	5	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRST METRONIDAZOLE SUSP	-	4	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	4	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	NC	ULCER DRUGS

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LD	Affordable Care Act	EXC	Plan Exclusion
MSP	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
SF	Quantity Limit	RDX	Restricted to Diagnosis
ST	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Step Therapy	TS	Tablet Splitting
		INF	Infertility
		M	Medical Benefit
		PA	Prior Authorization
		RS	Restricted to Specialist
		SP	Available through Specialty Pharmacy Program
		VAC	Vaccine Program

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Drug Name	Special Code	Tier	Category
FIRST PANTOPRAZOLE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
FIRVANQ SOLN 25MG/ML	-	2	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML	-	2	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	4	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	2	ANTIARRHYTHMICS
FLEQSUVY SUSP (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERTENSIVES
FLOMAX CAP	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
FLONASE SENSIMIST NASAL SPRAY	OTC	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	NC	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	1	VACCINES
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	1	VACCINES
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	1	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	2	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	2	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	3	ANTIFUNGALS
FLUDARABINE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fludrocortisone tab (FLORINEF equiv)	-	2	CORTICOSTEROIDS
FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days)	QL-VAC	1	VACCINES
FLUMADINE TAB	-	NC	ANTIVIRALS
FLUMIST NASAL (QL= 1 dose/28 days)	QL-VAC	1	VACCINES
flunisolide nasal soln (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	2	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA SMOOTH/FS equiv)	-	2	DERMATOLOGICALS
fluocinolone acetonide oint	-	2	DERMATOLOGICALS
fluocinolone acetonide soln	-	2	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv) (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	2	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	2	DERMATOLOGICALS
fluocinonide emollient cream	-	2	DERMATOLOGICALS
fluocinonide gel	-	2	DERMATOLOGICALS
fluocinonide oint	-	2	DERMATOLOGICALS
fluocinonide soln	-	2	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS

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ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
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Drug Name	Special Code	Tier	Category
FLUORABON SOLN (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	ACA	1	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUORIDEX SENSITIVITY PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	2	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	4	DERMATOLOGICALS
FLUOROURACIL SOLN	-	3	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	3	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	2	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	2	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	2	ANTIDEPRESSANTS
FLUOXETINE TAB	-	4	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine decanoate inj	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
fluphenazine tab (PROLIXIN equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLURANDRENOL LOTION	-	NC	DERMATOLOGICALS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS
FLURAZEPAM CAP	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
FLURBIPROFEN OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	4	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE DISKUS INHALER	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100MCG/AC	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200MCG/AC	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE LOTION	-	NC	DERMATOLOGICALS
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	2	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	2	DERMATOLOGICALS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
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FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	3	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	3	ANTIHYPERLIPIDEMICS
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	2	ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	1	VACCINES
FML FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
FML LIQUIFLIM OPHTH SUSP (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
FOCALIN TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
FOCALIN XR CAP	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
FOLBEE PLUS CZ TAB	-	2	MULTIVITAMINS
folbee tab (FOLGARD RX equiv)	-	NC	HEMATOPOIETIC AGENTS
FOLGARD RX TAB	-	NC	HEMATOPOIETIC AGENTS
folic acid tab 1mg (\$0 copay for female members only; All other members covered at generic copay)	ACA	1	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for female members only)	ACA-OTC	1	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for female members only)	ACA-OTC	1	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLITE TAB	-	NC	HEMATOPOIETIC AGENTS
FOLLISTIM AQ INJ (QL= 30 days supply/fill)	INF-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOLTANX TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
FOLVITE-FE TAB	-	NC	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	-	3	ANTICOAGULANTS
FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
formoterol fumarate neb soln (PERFOROMIST equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC	ANTIDIABETICS
FORTEO INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL 2%	-	NC	ANDROGENS-ANABOLIC

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FORZINITY INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX TAB	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	NC	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	2	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	2	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	3	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ	-	4	ANTICOAGULANTS
FRAICHE 5000 SENSITIVE GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
FREESTLY LITE METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE FREEDOM LITE METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	3	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	3	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	3	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	3	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FULPHILA INJ	LMSP	5	HEMATOPOIETIC AGENTS
FULVICIN P/G TAB	-	NC	ANTIFUNGALS
FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB	-	NC	ANTIFUNGALS
FUROSCIX KIT (QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633)	LD-QL	5	DIURETICS

ACA	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program
	generic = small letters				BRANDS = CAPITAL LETTERS

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Prime 4 Tier Formulary Cont.
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Drug Name	Special Code	Tier	Category
FUROSEMIDE SOLN	-	2	DIURETICS
furosemide soln (LASIX equiv)	-	2	DIURETICS
furosemide tab (LASIX equiv)	-	2	DIURETICS
FUZEON INJ	-	NC	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONVULSANTS
FYCOMPA SUSP	-	NC	ANTICONVULSANTS
FYLNETRA INJ	-	NC	HEMATOPOIETIC AGENTS
gabapentin (once-daily) tab (GRALISE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	2	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	3	ANTICONVULSANTS
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	2	ANTICONVULSANTS
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	2	ANTICONVULSANTS
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
GABARONE TAB	-	NC	ANTICONVULSANTS
GABITRIL TAB	-	4	ANTICONVULSANTS
GALAFOLD CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	NC	MINERALS & ELECTROLYTES
ganirelix ac inj (GANIRELIX equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
GARDASIL 9 INJ	VAC	1	VACCINES
GASTROCROM CONC	-	4	GASTROINTESTINAL AGENTS - MISC.
gatifloxacin ophth soln (ZYMADID equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (\$0 copay for members age 45-75 years; all other members covered at preferred brand copay; Limited to 2 fills/calendar year)	ACA-QL	1	LAXATIVES
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	NC	DERMATOLOGICALS
gefitinib tab (IRESSA equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	3	MOUTH/THROAT/DENTAL AGENTS
gemfibrozil tab (LOPID equiv)	-	2	ANTIHYPERLIPIDEMICS
GEMTESA TAB	-	NC	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PAD 3.5%	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN INJ	LMSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 5MG	LMSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT (QL= 2 tubes/fill)	QL	2	OPHTHALMIC AGENTS

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ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program

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gentamicin ophth soln (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	2	DERMATOLOGICALS
gentamicin sulfate oint	-	2	DERMATOLOGICALS
GENVOYA TAB	-	3	ANTIVIRALS
GEODON CAP	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	ACA	1	CONTRACEPTIVES
GILENYA CAP 0.25MG	LMSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILENYA CAP 0.5MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY	-	NC	GASTROINTESTINAL AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEOSTINE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gliimepiride tab (AMARYL equiv)	-	2	ANTIDIABETICS
GLIMEPIRIDE TAB	-	NC	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	2	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	2	ANTIDIABETICS
GLIPIZIDE TAB	-	NC	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	2	ANTIDIABETICS
GLOPERBA SOLN (Prior Authorization required for members age 9 years and older)	PA	4	GOUT AGENTS
GLUCAGEN INJ	-	3	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GLUCOPHAGE TAB	-	NC	ANTIDIABETICS
GLUCOPHAGE XR TAB	-	NC	ANTIDIABETICS
GLUCOTROL TAB	-	NC	ANTIDIABETICS
GLUCOTROL XL TAB	-	NC	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
GLYBURID MCR TAB	-	2	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	2	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	2	ANTIDIABETICS
GLYCATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS
glycerol phenylbutyrate liquid (RAVICTI equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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NC/3P = Not Covered, Third Party Reviewer		
ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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glycopyrrolate oral soln (CUVPOSA equiv)	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
glycopyrrolate tab (ROBINUL equiv)	-	3	ULCER DRUGS
GLYGEST PAK	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYNASE TAB	-	NC	ANTIDIABETICS
GLYXAMBI TAB (QL= 1 tab/day)	QL	3	ANTIDIABETICS
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS
GOLYTELY SOLN (\$0 copay for members age 45-75 years; all other members covered at preferred brand copay; Limited to 2 fills/calendar year)	ACA-QL	1	LAXATIVES
GOMEKLI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GOMEKLI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GONAL-F RFF INJ (QL= 30 days supply/fill)	INF-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
GONAL-F RFF INJ, GONAL-F INJ (QL= 30 days supply/fill)	INF-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GORDON'S UREA OINT 40%	-	NC	DERMATOLOGICALS
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	2	ANTIEMETICS
GRANIX INJ	-	NC	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	3	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	3	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	3	ANTIFUNGALS
GRIS-PEG TAB	-	NC	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	2	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	2	ANTIHYPERTENSIVES
GUANIDINE TAB	-	4	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GVOKE INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GYNAZOLE CREAM	-	4	VAGINAL PRODUCTS
HADLIMA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
HALCINONIDE SOLN	-	NC	DERMATOLOGICALS
halcinonide soln (HALOG equiv)	-	NC	DERMATOLOGICALS
HALCION TAB	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS

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

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HALOBETASOL AER	-	NC	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv)	-	3	DERMATOLOGICALS
halobetasol propionate foam (LEXETTE equiv)	-	NC	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	3	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS
HALOG OINT	-	NC	DERMATOLOGICALS
HALOG SOLN	-	NC	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol decanoate inj	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol lactate conc (HALDOL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARLIKU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HARVONI PELLETT PAK	-	NC	ANTIVIRALS
HARVONI TAB	-	NC	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	1	VACCINES
HC BUTYRATE CREAM	-	NC	DERMATOLOGICALS
HC BUTYRATE SOLN	-	NC	DERMATOLOGICALS
HC PRAMOXINE CREAM 1-2.5%	-	NC	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	NC	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HECTOROL CAP	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
HELIDAC PACK	-	NC	ULCER DRUGS
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ	LMSP-PA	5	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M, KOATE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	-	NC	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	1	VACCINES
HERNEXEOS TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HETLIOZ SUSP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HIPREX TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
HIXDEFRIMA SOLN	-	NC	DERMATOLOGICALS
HIZENTRA INJ	MSP-PA	5	PASSIVE IMMUNIZING AGENTS
HOMATROPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HULIO INJ (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HULIO KIT (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMALOG JR KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG MIX INJ	-	NC	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG PEN INJ	-	NC	ANTIDIABETICS
HUMALOG TEMPO PEN	-	NC	ANTIDIABETICS

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HUMATIN CAP	-	NC	AMINOGLYCOSIDES
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4	ANTIDIABETICS
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4	ANTIDIABETICS
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4	ANTIDIABETICS
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4	ANTIDIABETICS
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4	ANTIDIABETICS
HUMULIN R INJ U-500	-	3	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	3	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYCAMTIN CAP	LMSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCODAN SYRUP	-	4	COUGH/COLD/ALLERGY
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	2	ANTIHYPERTENSIVES
HYDREA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydrochlorothiazide cap (MICROZIDE equiv)	-	2	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	2	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3	ANALGESICS - OPIOID
HYDROCODONE BITARTRATE ER TAB (QL= 1 tab/day; Step Therapy require step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	2	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3	ANALGESICS - OPIOID

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HYDROCODONE/IBUPROFEN TAB	-	4	ANALGESICS - OPIOID
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	4	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE LIPO CREAM	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE OINT	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE CREAM	-	2	ANORECTAL AND RELATED PRODUCTS
hydrocortisone cream (PROCTOCORT equiv)	-	2	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	3	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	2	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE LOTION 2.5%	-	2	DERMATOLOGICALS
hydrocortisone oint	-	2	DERMATOLOGICALS
HYDROCORTISONE PAK	-	NC	DERMATOLOGICALS
hydrocortisone succinate inj 1000mg (SOLU-CORTEF equiv) (QL= 2 vials/fill)	QL	3	CORTICOSTEROIDS
hydrocortisone supp (ANUSOL HC equiv)	-	NC	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	2	CORTICOSTEROIDS
hydrocortisone valerate cream	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab (EXALGO equiv) (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	4	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	NC	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	2	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	EXC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	2	ANTIMALARIALS
HYDROXYM GEL	-	NC	DERMATOLOGICALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	2	ANTIANKXIETY AGENTS
HYDROXYZINE PAMOATE CAP 100MG	-	2	ANTIANKXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	2	ANTIANKXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	2	ANTIANKXIETY AGENTS
HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	5	DERMATOLOGICALS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYMPAVZI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
hyophen tab (PROSED DS equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
HYOPHEN TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
HYOSCYAMINE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS

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

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Prime 4 Tier Formulary Cont.
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Drug Name	Special Code	Tier	Category
hyoscyamine sulfate CR tab (LEVBID equiv)	-	2	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	2	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	2	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	2	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	2	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	2	ULCER DRUGS
HYPER-SAL NEB SOLN	-	4	COUGH/COLD/ALLERGY
HYQVIA INJ	-	NC	PASSIVE IMMUNIZING AGENTS
HYRIMOZ INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYZAAR TAB	-	4	ANTIHYPERTENSIVES
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
IBTROZI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBU 600-EZS KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	2	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (Rx covered Only)	-	2	ANALGESICS - ANTI-INFLAMMATORY
IBUPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ICAR-C PLUS TAB 100-250-0.025-1 MG	-	4	HEMATOPOIETIC AGENTS
icatibant inj (FIRAZYR equiv)	PA-SP	3	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day)	QL	3	ANTIHYPERLIPIDEMICS
IDACIO INJ (adalimumab-aacf)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
IDELVION INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IHEEZO GEL	-	NC	OPHTHALMIC AGENTS
ILEVRO OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 140MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 280MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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MSP	Limited Distribution	LMSP	Medical Benefit
QL	Mandatory Specialty Pharmacy Program	OTC	Prior Authorization
SF	Quantity Limit	RDX	Restricted to Specialist
ST	Limited to two 15 day fills per month for first 3 months	SMKG	Available through Specialty Pharmacy Program
	Step Therapy	TS	Vaccine Program

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IMBRUVICA TAB 420MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
imipramine pamoate cap (TOFRANIL PM equiv)	-	3	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	2	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	2	DERMATOLOGICALS
IMIQUIMOD CREAM 3.75%	-	NC	DERMATOLOGICALS
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC	DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
IMITREX INJ 4MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
IMITREX VIAL INJ (QL= 5 inj/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
IMKELDI SOLUTION	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMOVAX INJ	VAC	EXC	VACCINES
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	NC	DERMATOLOGICALS
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMULDOSA SYRINGE	-	NC	DERMATOLOGICALS
IMURAN TAB	-	4	ASSORTED CLASSES
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	4	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	2	DIURETICS
INDERAL LA CAP	-	4	BETA BLOCKERS
INDERAL XL CAP, INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INDOCIN SUPP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INFLAMMA-K KIT	-	NC	DERMATOLOGICALS
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA SPRINKLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLURIYO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLYTA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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Drug Name	Special Code	Tier	Category
INLYTA TAB 1MG (QL= 8 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEFA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	NC	MEDICAL DEVICES
INQOVI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSPIRA TAB	-	4	ANTIHYPERTENSIVES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN GLARGINE INJ	-	NC	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ	-	3	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC	ANTIDIABETICS
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML	-	NC	ANTIDIABETICS
INSULIN LISPRO INJ (HUMALOG equiv)	-	NC	ANTIDIABETICS
INSULIN LISPRO JR KWIKPEN INJ	-	NC	ANTIDIABETICS
INSULIN LISPRO KWIKPEN INJ	-	NC	ANTIDIABETICS
INSULIN LISPRO PROTAMINE PEN INJ (HUMALOG equiv)	-	NC	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	3	ANTIVIRALS
INTELENCE TAB	-	NC	ANTIVIRALS
INTENSE COUGH LIQUID	-	NC	COUGH/COLD/ALLERGY
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ	MSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTUNIV TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
INVEGA HAFYERA INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA INJ	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
INVIRASE TAB	-	NC	ANTIVIRALS
INVOKAMET TAB	-	NC	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB	-	NC	ANTIDIABETICS
INZIRQO SUSP (Prior Authorization required for members age 9 years and older)	PA	4	DIURETICS
IODOFLEX PAD	-	3	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONA equiv)	-	3	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
IOPIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
IPOL INJ	VAC	1	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
IQIRVO TAB (QL= 1 tab/day; Only available through Caremark/CVS Specialty 800-378-0695 or Walgreens 888-347-3416)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
irbesartan tab (AVAPRO equiv)	-	2	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	2	ANTIHYPERTENSIVES
IRESSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	2	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	3	ANTIVIRALS
ISENTRESS CHEW TAB	-	3	ANTIVIRALS
ISENTRESS POWDER PACK	-	3	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	ACA	1	CONTRACEPTIVES
isoniazid syrup (ISONIAZID equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	2	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
ISORDIL TITRADOSE TAB	-	4	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	2	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	3	ANTIANGINAL AGENTS
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	2	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	2	ANTIANGINAL AGENTS
ISOSORBIDE MONONITRATE TAB	-	4	ANTIANGINAL AGENTS
isotretinoin cap 25mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isotretinoin cap 35mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isoxsuprine tab	-	3	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ISTURISA TAB (QL= 12 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
ITOVEBI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
itraconazole cap (SPORANOX equiv)	-	3	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	3	ANTIFUNGALS
ivabradine hcl tab (CORLANOR equiv)	-	2	CARDIOVASCULAR AGENTS - MISC.
ivermectin cream (SOOLANTRA equiv) (QL= 45 grams/30 days)	QL	3	DERMATOLOGICALS
IVERMECTIN CREAM	-	NC	DERMATOLOGICALS
IVERMECTIN LOTION	-	NC	DERMATOLOGICALS
ivermectin tab (STROMECTOL equiv)	-	3	ANTHELMINTICS
IVERMECTIN TAB	-	NC	ANTHELMINTICS
IWILFIN TAB (QL= 8 tabs/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXCHIQ INJ	VAC	EXC	VACCINES
IXIARO INJ	VAC	EXC	VACCINES
IXINITY INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
IYUZEH OPHTH DROPS	-	NC	OPHTHALMIC AGENTS
JADENU SPRINKLE	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS

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JADENU TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JALYN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL-TS	3	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	3	ANTIDIABETICS
JASCAYD TAB	-	NC	RESPIRATORY AGENTS - MISC.
JAYPIRCA TAB (QL= 2 tabs/day)	LMSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB	-	NC	ANTIDIABETICS
JENTADUETO XR TAB	-	NC	ANTIDIABETICS
JESDUVROQ TAB	-	NC	HEMATOPOIETIC AGENTS
jinteli tab (FEMHRT equiv)	-	2	ESTROGENS
JIVI INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	ACA	1	CONTRACEPTIVES
JOURNAVX TAB	-	NC	ANALGESICS - NONNARCOTIC
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	-	3	ANTIVIRALS
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older)	PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JYNARQUE PAK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNNEOS INJ	VAC	1	VACCINES
KADIAN CAP	-	NC	ANALGESICS - OPIOID
KALETRA SOLN	-	NC	ANTIVIRALS
KALETRA TAB	-	NC	ANTIVIRALS
KALYDECO PAK	-	NC	RESPIRATORY AGENTS - MISC.
KALYDECO TAB	-	NC	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KAPVAY TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
KATERZIA SUSP (Prior Authorization required for members age 9 years and older)	PA	4	CALCIUM CHANNEL BLOCKERS
KEFLEX CAP	-	4	CEPHALOSPORINS
KEFLEX CAP 750MG	-	NC	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	ACA	1	CONTRACEPTIVES
KENALOG INJ	-	NC	CORTICOSTEROIDS
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	NC	CORTICOSTEROIDS
KENALOG SPRAY	-	NC	DERMATOLOGICALS
KEPPRA SOLN	-	4	ANTICONVULSANTS
KEPPRA TAB	-	4	ANTICONVULSANTS

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KEPPRA XR TAB	-	4	ANTICONVULSANTS
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERAMATRIX	-	NC	DERMATOLOGICALS
KERASTAT CREAM	-	NC	DERMATOLOGICALS
KERASTAT GEL	-	NC	DERMATOLOGICALS
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERLONE TAB	-	4	BETA BLOCKERS
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KESIMPTA INJ	LMSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL TROCHES	-	NC	GENERAL ANESTHETICS
ketoconazole cream (NIZORAL CREAM equiv)	-	2	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	2	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	2	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	4	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv) (QL= 10ml/fill)	QL	2	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	2	DIAGNOSTIC PRODUCTS
KEVEYIS TAB	-	NC	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
KHINDIVI SOLN (QL= 90ml/30 days; Only available through AnovoRx 844-288-5007; Prior Authorization required for members age 9 years and older)	LD-PA-QL	5	CORTICOSTEROIDS
KINERET INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	1	TOXOIDS
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	1	TOXOIDS
KIRSTY INJ	-	NC	ANTIDIABETICS
KISQALI PAK (QL= 91 tabs/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLARON LOTION	-	4	DERMATOLOGICALS
KLISYRI OINT	-	NC	DERMATOLOGICALS
KLONOPIN TAB	-	4	ANTICONVULSANTS
KLOXXADO NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOGENATE FS INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS

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

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**Prime 4 Tier Formulary Cont.
Alphabetical Index
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Drug Name	Special Code	Tier	Category
KOMZIFTI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KONVOMEF SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
KORLYM TAB	-	NC	ANTIDIABETICS
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO SPRINKLE CAP (QL= 12 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO SPRINKLE CAP 5MG (QL= 20 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS NEUTRAL TAB	-	4	MINERALS & ELECTROLYTES
K-PHOS TAB	-	4	MINERALS & ELECTROLYTES
KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB	-	3	ANTIMALARIALS
K-TAB	-	2	MINERALS & ELECTROLYTES
KUVAN POWDER PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERLIPIDEMICS
KYNMOBI FILM	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYTRIL TAB	-	4	ANTIEMETICS
KYZATREX CAP	-	NC	ANDROGENS-ANABOLIC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC	ANDROGENS-ANABOLIC
L.E.T. GEL	-	NC	DERMATOLOGICALS
labetalol tab (NORMODYNE equiv)	-	2	BETA BLOCKERS
LABETALOL TAB	-	NC	BETA BLOCKERS
lacosamide oral solution (VIMPAT equiv)	-	2	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv)	-	2	ANTICONVULSANTS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
lactulose oral crystal packet	-	NC	LAXATIVES
lactulose soln	-	2	GASTROINTESTINAL AGENTS - MISC.
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	1	ANTIVIRALS
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	3	ANTIVIRALS
LAMICTAL CHEW TAB	-	4	ANTICONVULSANTS
LAMICTAL ODT	-	NC	ANTICONVULSANTS
LAMICTAL ODT KIT	-	NC	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	4	ANTICONVULSANTS
LAMICTAL STARTER KIT	-	4	ANTICONVULSANTS
LAMICTAL TAB	-	4	ANTICONVULSANTS
LAMICTAL XR TAB	-	4	ANTICONVULSANTS

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LAMISIL TAB	-	NC	ANTIFUNGALS
lamivudine soln (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	NC	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	2	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	3	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	NC	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL equiv)	-	NC	ANTICONVULSANTS
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	3	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	2	ANTICONVULSANTS
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.
LANCET DEVICE	OTC	2	MEDICAL DEVICES AND SUPPLIES
LANCET KIT	OTC	2	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	2	MEDICAL DEVICES AND SUPPLIES
LANOXIN TAB	-	4	CARDIOTONICS
LANOXIN TAB 62.5MCG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	2	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv) (Prior Authorization required for members age 9 years and older)	PA	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE SUSP	-	NC	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ	-	3	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	3	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	LMSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASIX ONYU INJ 80MG/2.67ML	-	NC	DIURETICS
LASIX TAB	-	4	DIURETICS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LATUDA TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LAZANDA NASAL SPRAY	-	NC	ANALGESICS - OPIOID
LAZCLUZE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	3	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Onco360 877-662-6633)	LD-QL-RS	2	MISCELLANEOUS THERAPEUTIC CLASSES
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEQEMBI IQLK INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQSELVI TAB	-	NC	DERMATOLOGICALS
LESCOL XL TAB	-	4	ANTHYPERLIPIDEMICS

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Drug Name	Special Code	Tier	Category
LETAIRIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	-	NC	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product)	QL-ST	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVAQUIN TAB	-	NC	FLUOROQUINOLONES
LEVBID TAB	-	4	ULCER DRUGS
LEVEMIR FLEXTOUCH INJ	-	3	ANTIDIABETICS
LEVEMIR INJ	-	3	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	3	ANTICONVULSANTS
LEVETIRACETAM ODT, SPRITAM ODT	-	NC	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	2	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	2	ANTICONVULSANTS
LEVITRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
LEVOBUNOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	NC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	NC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN 0.5% (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	2	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	2	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	ACA-OTC	1	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	1	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
LEVOTHYROXINE INJ 100MCG/ML	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	2	THYROID AGENTS
LEVSIN INJ	-	NC	ULCER DRUGS
LEVSIN SL TAB	-	4	ULCER DRUGS
LEVSIN TAB	-	4	ULCER DRUGS
LEXAPRO TAB	-	NC	ANTIDEPRESSANTS
LEXIVA SUSP	-	3	ANTIVIRALS
LEXIVA TAB	-	NC	ANTIVIRALS

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	Step Therapy				

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l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	LMSP-PA-QL	2	HEMATOPOIETIC AGENTS
LIALDA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIBERVANT FILM	-	NC	ANTICONVULSANTS
LIBRAX CAP	-	NC	ULCER DRUGS
LICART PATCH	-	NC	DERMATOLOGICALS
LIDAMANTLE LOTION	-	NC	DERMATOLOGICALS
LIDO/MENTHOL SPRAY	-	NC	DERMATOLOGICALS
LIDO/RAC/TET GEL	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	2	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	2	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	NC	DERMATOLOGICALS
lidocaine hcl cream 4.12%	-	NC	DERMATOLOGICALS
lidocaine lotion (LIDAMANTLE equiv)	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	2	DERMATOLOGICALS
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN	-	NC	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3	DERMATOLOGICALS
lidocaine patch 3.5% (GEN7T equiv)	OTC	NC	DERMATOLOGICALS
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	3	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	2	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	3	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	2	DERMATOLOGICALS
LIDOCAINE/TETRACAINE CREAM	-	NC	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDODERM PATCH (QL= 3 patches/day)	QL	4	DERMATOLOGICALS
LIDO-EP-TETR SOLN	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTIN PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTRAL CREAM	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LIDOVEX CREAM	-	NC	DERMATOLOGICALS
LIKMEZ SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTI-INFECTIVE AGENTS - MISC.
LINDANE SHAMPOO	-	3	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 1 cap/day)	PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	2	THYROID AGENTS
LIPITOR TAB	-	4	ANTIHYPERTENSIVES
LIQREV SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
liraglutide (weight mngmt) soln pen-inj (SAXENDA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	3	ANTIDIABETICS
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	2	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	2	ANTIHYPERTENSIVES
LITFULO CAP (QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	5	DERMATOLOGICALS
LITHIUM CARBONATE CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate cap (ESKALITH ER equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium oral solution (LITHIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOBID TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	NC	ANTIHYPERLIPIDEMICS
LIVDELZI CAP (QL= 1 cap/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN 19MG/ML (QL= 60mL/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI TAB (QL= 2 tabs/day; Only available through Eversana 866-849-4481)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI TAB 30MG (QL= 1 tab/day; Only available through Eversana 866-849-4481)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB	-	NC	ANTIVIRALS
L-METHYLFOLATE TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LMR PLUS KIT	-	NC	DERMATOLOGICALS
LO LOESTRIN TAB	-	1	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID LOTION	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LODOCO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
LODOSYN TAB	-	4	ANTIPARKINSON AGENTS
loestrin 21 tab	-	1	CONTRACEPTIVES
loestrin tab	-	1	CONTRACEPTIVES
lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days)	PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
lohist liquid (DECON-A equiv)	OTC	EXC	COUGH/COLD/ALLERGY
LOKELMA PAK (QL= 1 packet/day)	PA-QL	3	MISCELLANEOUS THERAPEUTIC CLASSE
LOKELMA PAK 10GM	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE

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**Prime 4 Tier Formulary Cont.
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Drug Name	Special Code	Tier	Category
LOKELMA PAK 5GM	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LOMOTIL TAB	-	4	ANTI-DIARRHEALS
lomustine cap (GLEOSTINE equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LONSURF TAB	MSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTI-DIARRHEALS
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC	ANTI-DIARRHEAL/PROBIOTIC AGENTS
LOPID TAB	-	4	ANTI-HYPERLIPIDEMICS
lopinavir/ritonavir soln (KALETRA equiv)	-	3	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	3	ANTIVIRALS
LOPRESSOR SOLN (QL= 45ml/day; Prior Authorization required for members age 9 years and older)	PA-QL	4	BETA BLOCKERS
LOPRESSOR TAB	-	4	BETA BLOCKERS
LOPROX CREAM	-	4	DERMATOLOGICALS
LOPROX SHAMPOO	-	4	DERMATOLOGICALS
loratadine cap (CLARITIN equiv)	OTC	EXC	ANTI-HISTAMINES
lorazepam conc (ATIVAN equiv)	-	2	ANTI-ANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	2	ANTI-ANXIETY AGENTS
LORBRENA TAB 100MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTI-ANXIETY AGENTS
LORTAB	-	4	ANALGESICS - OPIOID
LORTAB ELIXIR	-	4	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	2	ANTI-HYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	2	ANTI-HYPERTENSIVES
LOTEMAX GEL (QL= 2 bottle/fill)	QL	4	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT (QL= 2 tubes/fill)	QL	3	OPHTHALMIC AGENTS
LOTEMAX OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	NC	OPHTHALMIC AGENTS
LOTENSIN HCT TAB	-	4	ANTI-HYPERTENSIVES
LOTENSIN TAB	-	4	ANTI-HYPERTENSIVES
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX, ALREX equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
LOTREL CAP	-	4	ANTI-HYPERTENSIVES
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
LOTRISONE CREAM	-	4	DERMATOLOGICALS
LOTRONEX TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
lovastatin tab (MEVACOR equiv)	-	1	ANTI-HYPERLIPIDEMICS
LOVAZA CAP	-	4	ANTI-HYPERLIPIDEMICS
LOVENOX INJ	-	4	ANTICOAGULANTS
loxapine cap (LOXITANE equiv)	-	2	ANTI-PSYCHOTICS/ANTI-MANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	QL	2	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS

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NC/3P = Not Covered, Third Party Reviewer		
ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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Drug Name	Special Code	Tier	Category
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 240MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ STARTER PACK (QL= 1 packet/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUNESTA TAB (QL= 1 tab/day)	QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
LUPANETA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
LUPRON DEPOT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PED INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA TAB equiv) (QL= 1 tab/day)	QL-TS	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LURBIRO TAB 100MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
LUVIRA CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYBALVI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNKUET CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP (QL= 3 caps/day)	QL	4	ANTICONVULSANTS
LYRICA CAP 225MG (QL= 2 caps/day)	QL	4	ANTICONVULSANTS
LYRICA CAP 300MG (QL= 2 caps/day)	QL	4	ANTICONVULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	QL	4	ANTICONVULSANTS
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSTEDA TAB	-	4	HEMOSTATICS
LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	NC	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	NC	ANTIDIABETICS
LYUMJEV TEMPO PEN	-	NC	ANTIDIABETICS
LYVISPAH GRANULE PACKET (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MACROBID CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.

ACA	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSF	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program
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Drug Name	Special Code	Tier	Category
MACRODANTIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MACRODANTIN CAP 25MG	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MAFENIDE ACETATE SOLN PACK	-	NC	DERMATOLOGICALS
MAGNESIUM SULF INJ	-	NC	MINERALS & ELECTROLYTES
magnesium sulfate inj	-	NC	MINERALS & ELECTROLYTES
MALARONE TAB	-	NC	ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3	DERMATOLOGICALS
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	1	MEDICAL DEVICES AND SUPPLIES
mannitol soln (OSMITROL equiv)	-	NC	DIURETICS
maraviroc tab (SELZENTRY equiv)	-	3	ANTIVIRALS
MARINOL CAP	PA	4	ANTIEMETICS
MARPLAN TAB	-	3	ANTIDEPRESSANTS
MATERVIA CAP	-	NC	MULTIVITAMINS
MATULANE CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVENCLAD THERAPY PAK	LMSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVIK TAB	-	4	ANTIHYPERTENSIVES
MAVYRET PAK (QL= 5 packs/day)	LMSP-PA-QL	3	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	3	ANTIVIRALS
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	4	MIGRAINE PRODUCTS
MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	4	MIGRAINE PRODUCTS
MAXIDEX OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
MAXITROL OPHTH OINT (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
MAXITROL OPHTH SUSP (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
MAXZIDE TAB	-	4	DIURETICS
MAYZENT TAB	LMSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	LMSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv)	OTC	2	ANTIEMETICS
meclizine hcl tab (ANTIVERT equiv)	-	NC	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	2	ANTIEMETICS
MECLIZINE TAB	-	NC	ANTIEMETICS
MECLOFENAMATE CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
MEDROL DOSE PACK	-	NC	CORTICOSTEROIDS
MEDROL TAB	-	3	CORTICOSTEROIDS
MEDROL TAB	-	NC	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	ACA-QL	1	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	2	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	3	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	3	PROGESTINS
megestrol susp (MEGACE equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEGESTROL SUSP	-	3	PROGESTINS
megestrol tab (MEGACE equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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MEKINIST SOLN	LMSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam cap (VIVLODEX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
melphalan inj (ALKERAN equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELPHALAN TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine sol (NAMENDA equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MEMANTINE TITRATION PAK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	1	VACCINES
MENEST TAB	-	4	ESTROGENS
MENOPUR INJ (QL= 30 days supply/fill)	INF-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
MENOSTAR PATCH	-	NC	ESTROGENS
MENQUADFI INJ	VAC	1	VACCINES
MENTAX CREAM	-	4	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS
MENVEO INJ	VAC	1	VACCINES
meperidine tab (DEMEROL equiv)	-	NC	ANALGESICS - OPIOID
MEPHYTON TAB	-	4	VITAMINS
meprobamate tab (MILTOWN equiv)	-	4	ANTI-ANXIETY AGENTS
MEPRON SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
mercaptopurine susp (PURIXAN equiv) (Prior Authorization required for members age 9 years and older)	PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mercaptopurine tab (PURINETHOL equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MERILOG INJ	-	NC	ANTIDIABETICS
MERILOG SOLOSTAR INJ	-	NC	ANTIDIABETICS
meropenem inj (MERREM equiv)	-	4	ANTI-INFECTIVE AGENTS - MISC.
mesalamine DR cap (DELZICOL equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.

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	Step Therapy				

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mesalamine ER cap (PENTASA CR equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesna tab (MESNEX equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESNEX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESTINON TAB	-	4	ANTIMYASTHENIC/CHOLINERGIC AGENTS
MESTINON TIMESPAN TAB	-	4	ANTIMYASTHENIC/CHOLINERGIC AGENTS
METANX CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
metaxalone tab (SKELAXIN equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	NC	DERMATOLOGICALS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	2	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	3	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	2	ANTIDIABETICS
METFORMIN TAB	-	NC	ANTIDIABETICS
METHADONE SOLN (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
METHADOSE CONC (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
methadose tab (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
methamphetamine hcl tab (METHAMPHETAMINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	3	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	2	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	2	THYROID AGENTS
METHITEST TAB	PA	4	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
METHOCARBAMOL TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
methocarbamol tab 1000mg (ROBAXIN equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
METHOTREXATE INJ	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE IV SOLN	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOXSALEN CAP	-	3	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	3	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	3	ULCER DRUGS
methsuximide cap (CELONTIN equiv)	-	3	ANTICONVULSANTS
methyldopa tab (ALDOMET equiv)	-	2	ANTIHYPERTENSIVES
METHYLDOPA TAB	-	4	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	3	OXYTOCICS

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Drug Name	Special Code	Tier	Category
METHYLIN SOLN	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate CD cap (METADATE CD equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (APTENSIO XR equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 72mg	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate td patch (DAYTRANA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	2	CORTICOSTEROIDS
methylprednisolone dose pack (MEDROL equiv)	-	2	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	2	CORTICOSTEROIDS
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	2	CORTICOSTEROIDS
methyltestosterone cap	-	NC	ANDROGENS-ANABOLIC
metoclopramide soln (REGLAN equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	2	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	2	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	2	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	3	ANTIHYPERTENSIVES
METOSOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
METROCREAM	-	4	DERMATOLOGICALS
METROGEL 1%	-	4	DERMATOLOGICALS
METROGEL VAGINAL GEL	-	4	VAGINAL PRODUCTS
METROLOTION	-	4	DERMATOLOGICALS
metronidazole cap (FLAGYL equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	2	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	3	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv)	-	2	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	3	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
METRONIDAZOLE TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	2	VAGINAL PRODUCTS
metirosine cap (DEMSEER equiv)	-	NC	ANTIHYPERTENSIVES
mexiletine hcl cap	-	3	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
MIACALCIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICARDIS TAB	-	4	ANTIHYPERTENSIVES
MICLARA LIQUID	OTC	NC	ANTIHISTAMINES
MICONAZOLE 3 SUPP 200MG	-	4	VAGINAL PRODUCTS
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
midazolam syrup	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
midodrine tab (PROAMATINE equiv)	-	2	VASOPRESSORS
MIDUELLA, PARAGARD IUD	ACA	1	CONTRACEPTIVES
MIEBO OPHTH SOLN (QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3	OPHTHALMIC AGENTS
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	LMSP-PA-QL	2	ANTIDIABETICS
mifepristone tab 200mg (MIFIPREX equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIFIPREX TAB	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP	-	NC	MIGRAINE PRODUCTS
miglitol tab (MIGLITOL equiv)	-	3	ANTIDIABETICS
MIGLITOL TAB	-	4	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY (QL= 8 sprays/fill)	QL	4	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS
MINASTRIN CHEW TAB	-	NC	CONTRACEPTIVES
MINIPRESS CAP	-	4	ANTIHYPERTENSIVES
MINOCIN CAP	-	NC	TETRACYCLINES
minocycline cap (MINOCIN equiv)	-	2	TETRACYCLINES
MINOCYCLINE ER CAP	-	NC	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	3	TETRACYCLINES
MINOLIRA TAB	-	NC	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	2	ANTIHYPERTENSIVES
MIPLYFFA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
mirabegron tab er (MYRBETRIQ equiv)	-	3	URINARY ANTISPASMODICS
MIRALAX PACKET	OTC	4	LAXATIVES
MIRALAX POWDER	OTC	4	LAXATIVES
MIRAPEX ER TAB	-	4	ANTIPARKINSON AGENTS
MIRAPEX TAB	-	4	ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRCETTE TAB	-	NC	CONTRACEPTIVES
MIRENA IUD	ACA	1	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	2	ANTIDEPRESSANTS

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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program
	generic = small letters				BRANDS = CAPITAL LETTERS

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mirtazapine tab (REMERON equiv)	-	2	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	2	ULCER DRUGS
M-M-R II INJ	VAC	1	VACCINES
MNEXSPIKE INJ 10MCG/0.2ML (QL= 1 dose/24 days)	QL-VAC	1	VACCINES
MOBIC TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MODEYSO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
moexipril tab (UNIVASC equiv)	-	2	ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
mometasone cream (ELOCON equiv)	-	2	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	2	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	2	DERMATOLOGICALS
MONODOX CAP	-	NC	TETRACYCLINES
montelukast chew tab (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	-	2	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	2	ANALGESICS - OPIOID
morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv)	-	2	ANALGESICS - OPIOID
morphine sulfate soln	-	2	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN 20MG/5ML	-	2	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	3	ANALGESICS - OPIOID
morphine sulfate tab	-	2	ANALGESICS - OPIOID
MOTTEGRITY TAB (QL= 1 tab/day)	PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
MOTOFEN TAB	-	4	ANTIDIARRHEALS
MOTPOLY XR CAP	-	NC	ANTICONVULSANTS
MOTRIN SUSP	-	4	ANALGESICS - ANTI-INFLAMMATORY
MOUNJARO INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	3	ANTIDIABETICS
MOVANTIK TAB (QL= 1 tab/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	NC	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS

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LD	Affordable Care Act	EXC	Plan Exclusion
MSP	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
SF	Quantity Limit	RDX	Restricted to Diagnosis
ST	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Step Therapy	TS	Tablet Splitting
		INF	Infertility
		M	Medical Benefit
		PA	Prior Authorization
		RS	Restricted to Specialist
		SP	Available through Specialty Pharmacy Program
		VAC	Vaccine Program

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Drug Name	Special Code	Tier	Category
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	3	FLUOROQUINOLONES
MOZOBIL INJ	-	NC	HEMATOPOIETIC AGENTS
MPM PAK	-	EXC	OXYTOCICS
MRESVIA INJ (QL= 1 dose/lifetime)	QL-VAC	1	VACCINES
MS CONTIN TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4	ANALGESICS - OPIOID
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULTAQ TAB (Restricted to Cardiology Specialist)	RS	3	ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	2	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	2	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	2	HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	NC	MULTIVITAMINS
MULTIPLE-VITAMIN/FL-FE DROPS	-	NC	MULTIVITAMINS
MULTIVITAMIN CHEW TAB	-	NC	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	NC	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	2	DERMATOLOGICALS
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYAMBUTOL TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
MYCAPSSA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCOBUTIN CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
mycophenolate DR tab (MYFORTIC equiv)	-	5	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	5	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	5	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	5	ASSORTED CLASSES
MYDAYIS CAP 12.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 25MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 37.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 50MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDCOMBI OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
MYDRIACYL OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	3	ESTROGENS
MYFORTIC TAB	-	5	ASSORTED CLASSES
MYHIBBIN SUSP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
MYLERAN TAB	LMSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	4	MULTIVITAMINS
MYRBETRIQ SUSP	-	NC	URINARY ANTISPASMODICS
MYRBETRIQ TAB	-	NC	URINARY ANTISPASMODICS
MYSOLINE TAB	-	4	ANTICONVULSANTS
MYTESI TAB	-	NC	ANTIDIARRHEALS

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NC/3P = Not Covered, Third Party Reviewer		
ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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Drug Name	Special Code	Tier	Category
nabumetone tab (RELAFEN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	3	BETA BLOCKERS
NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naftifine cream (NAFTIN equiv)	-	3	DERMATOLOGICALS
NAFTIFINE CREAM	-	4	DERMATOLOGICALS
naftifine hcl gel 2% (NAFTIN equiv)	-	NC	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
nalbuphine inj	-	NC	ANALGESICS - OPIOID
naloxone hcl nasal spray (NARCAN equiv)	OTC	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	2	ANTIDOTES
NALOXONE PREFILLED INJ	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIEWIA equiv)	-	2	ANTIDOTES
NAMENDA TAB	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB 500MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	OTC	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB 15MG	-	4	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	4	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL SPRAY	-	4	HEMATOPOIETIC AGENTS
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	3	OPHTHALMIC AGENTS
NATAZIA TAB	-	1	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	3	ANTIDIABETICS
NATESTO GEL	-	NC	ANDROGENS-ANABOLIC
NATESTO NASAL GEL	-	NC	ANDROGENS-ANABOLIC
NATROBA SUSP (QL= 1 bottle/fill)	QL	4	DERMATOLOGICALS
NAYZILAM SPRAY (QL= 4 doses/fill)	QL	4	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv)	-	2	BETA BLOCKERS

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NEBUPENT NEB SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	3	COUGH/COLD/ALLERGY
NEFAZODONE TAB	-	4	ANTIDEPRESSANTS
NEFFY SPRAY (QL= 2 doses/fill)	QL	3	VASOPRESSORS
NEMLUVIO INJ (QL= 1 inj/56 days)	LMSP-PA-QL	5	DERMATOLOGICALS
NENDRUX GEL	-	NC	DERMATOLOGICALS
neomycin tab	-	2	AMINOGLYCOSIDES
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN (QL= 2 bottles/	-	3	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	4	MULTIVITAMINS
NEONATAL FE TAB	-	4	MULTIVITAMINS
NEORAL CAP	-	5	ASSORTED CLASSES
NEORAL SOLN	-	5	ASSORTED CLASSES
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSALUS LOTION	-	NC	DERMATOLOGICALS
NEOSPORIN OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEPHRON FA TAB	-	3	HEMATOPOIETIC AGENTS
NEPTAZANE TAB	-	4	DIURETICS
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	4	ANTIPARKINSON AGENTS
NEURONTIN CAP (QL= 9 caps/day)	QL	4	ANTICONVULSANTS
NEURONTIN SOLN (QL= 72 mls/day)	QL	4	ANTICONVULSANTS
NEURONTIN TAB 600MG (QL= 6 tabs/day)	QL	4	ANTICONVULSANTS
NEURONTIN TAB 800MG (QL= 4.5 tabs/day)	QL	4	ANTICONVULSANTS
NEVANAC OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB	-	3	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv)	-	3	ANTIVIRALS
NEVIRAPINE SUSP	-	3	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	2	ANTIVIRALS
NEXAVAR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR TAB	-	NC	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	OTC	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS

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NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3	ANTIHYPERLIPIDEMICS
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3	ANTIHYPERLIPIDEMICS
NEXPLANON IMPLANT	ACA	1	CONTRACEPTIVES
NEXTSTELLIS TAB	-	1	CONTRACEPTIVES
NGENLA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
niacin ER tab (NIASPAN equiv)	-	NC	ANTIHYPERLIPIDEMICS
NIACOR TAB	-	NC	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	NC	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NILOTINB TAR CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilotinib hcl cap (TASIGNA equiv)	LMSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilutamide tab (NILANDRON equiv)	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NIRAVAM ODT	-	4	ANTIANKXIETY AGENTS
nisoldipine ER tab (SULAR equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	3	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 25.5MG	-	4	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	LMSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	3	ANTIANGINAL AGENTS
NITRO-DUR PATCH	-	4	ANTIANGINAL AGENTS

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

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NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	4	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization required for members age 9 years and older)	PA	3	ANTI-INFECTIVE AGENTS - MISC.
NITROFURANTOIN SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	2	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3	ANTIANGINAL AGENTS
nitroglycerin oint (RECTIV equiv)	-	4	ANORECTAL AND RELATED PRODUCTS
nitroglycerin patch (NITRO-DUR equiv)	-	2	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	2	ANTIANGINAL AGENTS
NITROLINGUAL PUMP SPRAY	-	4	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	4	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	4	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	LMSP	5	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizatidine cap (AXID equiv)	-	2	ULCER DRUGS
NIZORAL SHAMPOO	-	4	DERMATOLOGICALS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	1	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	1	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	ACA	1	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	ACA	1	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	2	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	ACA	1	CONTRACEPTIVES
NORGESIC TAB FORTE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
NORGESIC TAB, ORPHENADRINE/ASPIRIN/CAFFEINE TAB 25-385-30MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NORLIQVA ORAL SOLN (Prior Authorization required for members age 9 years and older)	PA	4	CALCIUM CHANNEL BLOCKERS
NORPACE CAP	-	4	ANTIARRHYTHMICS
NORPACE CR CAP	-	3	ANTIARRHYTHMICS
NORPRAMIN TAB	-	4	ANTIDEPRESSANTS
NOR-QD TAB	-	NC	CONTRACEPTIVES
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	ACA	1	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	2	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	2	ANTIDEPRESSANTS
NORVASC TAB	-	4	CALCIUM CHANNEL BLOCKERS

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NORVIR CAP	-	3	ANTIVIRALS
NORVIR POWDER PACK	-	3	ANTIVIRALS
NORVIR SOLN	-	3	ANTIVIRALS
NORVIR TAB	-	NC	ANTIVIRALS
NOURIANZ TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVAVAX INJ (QL= 1 dose/24 days)	QL-VAC	1	VACCINES
NOVOEIGHT INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
NOVOFINE PEN NEEDLE	OTC	2	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ	OTC	3	ANTIDIABETICS
NOVOLIN 70/30 FLEXPEN RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	3	ANTIDIABETICS
NOVOLIN 70/30 RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	3	ANTIDIABETICS
NOVOLIN N INJ	OTC	3	ANTIDIABETICS
NOVOLIN N RELION 100UNIT/ML	OTC	NC	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	3	ANTIDIABETICS
NOVOLIN R INJ	OTC	3	ANTIDIABETICS
NOVOLIN R RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	3	ANTIDIABETICS
NOVOLOG FLEXPEN RELION INJ	-	3	ANTIDIABETICS
NOVOLOG INJ	-	3	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	3	ANTIDIABETICS
NOVOLOG MIX INJ	-	3	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	3	ANTIDIABETICS
NOVOSEVEN RT INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
NOVOTWIST PEN NEEDLE	OTC	2	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	2	MEDICAL DEVICES AND SUPPLIES
NOXAFIL PAK	-	4	ANTIFUNGALS
NOXAFIL SUSP	-	NC	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	2	THYROID AGENTS
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	NC	DERMATOLOGICALS
NUCORT LOTION	-	4	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3	ANALGESICS - OPIOID
NUCYNTA TAB	-	4	ANALGESICS - OPIOID
NUDERMRXPAK PAK	-	NC	DERMATOLOGICALS
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nulido pad (NULIDO equiv)	-	NC	DERMATOLOGICALS
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUVARING	-	NC	CONTRACEPTIVES
NUVIGIL TAB (QL= 1 tab/day)	QL	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
NUWIQ INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
NUWIQ KIT	-	EXC	HEMATOLOGICAL AGENTS - MISC.
NUZYRA TAB	-	NC	TETRACYCLINES
NYATA KIT	-	NC	DERMATOLOGICALS
NYMALIZE SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
NYPOZI INJ	-	NC	HEMATOPOIETIC AGENTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	2	DERMATOLOGICALS
nystatin oint	-	2	DERMATOLOGICALS
nystatin susp	-	2	MOUTH/THROAT/DENTAL AGENTS
NYSTATIN SUSP	-	NC	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	2	ANTIFUNGALS
nystatin topical powder	-	2	DERMATOLOGICALS
nystatin/triamcinolone cream	-	2	DERMATOLOGICALS
nystatin/triamcinolone oint	-	2	DERMATOLOGICALS
NYVEPRIA INJ	LMSP	5	HEMATOPOIETIC AGENTS
OBIZUR INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
OCALIVA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	LMSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	LMSP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUFLOX OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
ODACTRA SL TAB (QL= 1 tab/day)	QL	3	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB	-	3	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	LMSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP	-	NC	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
OFLOXACIN TAB	-	2	FLUOROQUINOLONES
OGSIVEO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OGSIVEO TAB 50MG (QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OHTUVAYRE SUSP (QL= 60 ampules/30 days; Only available through CVS Specialty 800-238-7828 or AcariaHealth 800-511-5144)	LD-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OJEMDA SUSP (QL= 96ml/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJEMDA TAB (QL= 24 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
olanzapine ODT (ZYPREXA equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
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ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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olanzapine/fluoxetine cap (SYMBYAX equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLLIZAC POWDER	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	2	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	2	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln (PATANOL equiv)	-	NC	OPHTHALMIC AGENTS
OLPRUVA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLUX FOAM	-	4	DERMATOLOGICALS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	2	ULCER DRUGS
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole tab	OTC	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNICEF SUSP	-	NC	CEPHALOSPORINS
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 DEX G7G6 PODS (QL= 10 pods/month)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 10 pods/30 days)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PDM KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT (QL= 10 pods/month)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	LMSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMVOH INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ONAPGO INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
ondansetron ODT (ZOFTRAN equiv)	-	2	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	2	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	2	ANTIEMETICS
ONDANSETRON TAB	-	NC	ANTIEMETICS

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ONDANSETRON TAB ODT	-	NC	ANTIEMETICS
ONEXTON GEL 1.2-3.75%	-	NC	DERMATOLOGICALS
ONFI SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONUREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONYDA XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA TAB	-	NC	ANALGESICS - OPIOID
OPILL TAB	ACA-OTC	1	CONTRACEPTIVES
OPIPZA FILM	-	NC	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
opium tincture	-	3	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
OPSYNVI TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
OPVEE NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	4	DERMATOLOGICALS
ORACEA CAP	-	NC	DERMATOLOGICALS
ORACIT SOLN	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB (QL= 1 tab/day)	QL	3	BIOLOGICALS MISC
ORAP TAB	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAPRED ODT TAB, PREDNISOLONE ODT TAB	-	4	CORTICOSTEROIDS
ORAPRED SOLN	-	NC	CORTICOSTEROIDS
ORAVIG TAB	-	NC	MOUTH/THROAT/DENTAL AGENTS
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORENITRAM TAB MONTH PAK	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	3	ESTROGENS
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET	-	NC	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB	-	NC	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
ORLYNVAH TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.

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orphenadrine citrate ER tab (NORFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
ORSERDU TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORTHO TRI-CYCLEN (LO) TAB	-	NC	CONTRACEPTIVES
ORTHO-CYCLEN TAB	-	NC	CONTRACEPTIVES
ORTIKOS ER CAP	-	NC	CORTICOSTEROIDS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	3	ANTIVIRALS
OSMOLEX ER TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	NC	LAXATIVES
OSPHENA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA XR TAB (QL= 1 tab/day)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA/OTEZLA XR STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC	OTIC AGENTS
OTULFI INJ	-	NC	DERMATOLOGICALS
OTULFI, USTEKINUMAB-AAUZ SYRINGE	-	NC	DERMATOLOGICALS
OVACE PLUS CREAM	-	4	DERMATOLOGICALS
OVACE PLUS GEL	-	NC	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVACE WASH	-	4	DERMATOLOGICALS
OVCON 35 TAB	-	NC	CONTRACEPTIVES
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDE LOTION (QL= 2 bottles/fill)	QL	4	DERMATOLOGICALS
OVIDREL INJ (QL= 30 days supply/fill)	INF-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxaprozin tab (DAYPRO equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	3	ANTI-ANXIETY AGENTS
OXBRYTA TAB	LD-PA-QL	5	HEMATOPOIETIC AGENTS
OXBRYTA TAB FOR ORAL SUSP	-	NC	HEMATOPOIETIC AGENTS
oxcarbazepine er tab (OXTELLAR equiv)	-	NC	ANTICONVULSANTS
oxcarbazepine susp (TRILEPTAL equiv)	-	2	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	2	ANTICONVULSANTS
OXERVATE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
OXIANUJO CREAM	-	NC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	3	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS
OXSORALEN ULTRA CAP	-	4	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONVULSANTS

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MSP	Limited Distribution	OTC	Over-the-Counter	PA	Prior Authorization
QL	Mandatory Specialty Pharmacy Program	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Quantity Limit	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Limited to two 15 day fills per month for first 3 months	TS	Tablet Splitting	VAC	Vaccine Program
	Step Therapy				

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**Prime 4 Tier Formulary Cont.
Alphabetical Index
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Drug Name	Special Code	Tier	Category
oxybutynin ER tab (DITROPAN XL equiv) (QL= 2 tabs/day)	QL	3	URINARY ANTISPASMODICS
oxybutynin syrup	-	2	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	2	URINARY ANTISPASMODICS
OXYBUTYNIN TAB	-	NC	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	2	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	3	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	3	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
OXYCODONE TAB	-	NC	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	3	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	2	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYIR CAP	-	3	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	3	ANALGESICS - OPIOID
oxytocin inj	-	4	OXYTOCICS
OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	3	ANTIDIABETICS
PALFORZIA POWDER PACK	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of risperidone, ziprasidone, quetiapine or olanzapine)	ST	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALSONIFY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PALYNZIQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMELOR CAP	-	4	ANTIDEPRESSANTS
pamidronate inj	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS
PANRETIN GEL	-	NC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	2	ULCER DRUGS
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARLODEL CAP	-	4	ANTIPARKINSON AGENTS
PARLODEL TAB	-	4	ANTIPARKINSON AGENTS
PARNATE TAB	-	4	ANTIDEPRESSANTS
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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paroxetine ER tab (PAXIL CR equiv)	-	3	ANTIDEPRESSANTS
PAROXETINE SUSP	-	3	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	2	ANTIDEPRESSANTS
PASER GRANULE	-	NC	ANTIMYCOBACTERIAL AGENTS
PATANASE NASAL SPRAY	-	4	NASAL AGENTS - SYSTEMIC AND TOPICAL
PAXIL CR TAB	-	4	ANTIDEPRESSANTS
PAXIL ORAL SUSP	-	4	ANTIDEPRESSANTS
PAXIL TAB	-	4	ANTIDEPRESSANTS
PAXLOVID PAK (QL= 11 tabs/90 days)	QL	3	ANTIVIRALS
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days)	QL	3	ANTIVIRALS
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days)	QL	3	ANTIVIRALS
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PAZOPANIB TAB 400MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PEAK FLOW METER	-	NC	MEDICAL DEVICES AND SUPPLIES
PEDIARIX INJ	VAC	1	TOXOIDS
pediatric multiple vitamins/fluoride soln	-	NC	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	NC	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
PEDVAXHIB INJ	VAC	1	VACCINES
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1	LAXATIVES
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	ACA-QL	1	LAXATIVES
peg 3350/electrolytes soln (NULYTELY equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	ACA-QL	1	LAXATIVES
PEGASYS INJ	LMSP	5	ANTIVIRALS
PEG-PREP KIT	-	NC	LAXATIVES
PEMAZYRE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PENBRAYA INJ	VAC	1	VACCINES
penciclovir cream (DENA VIR equiv)	-	4	DERMATOLOGICALS
penicillamine tab (DEPEN TITRATAB equiv)	-	3	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PENICILLIN VK SOLN	-	2	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	2	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENMENVY INJ	VAC	1	VACCINES
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENTACEL INJ	VAC	1	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CR CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
PENTASA CR CAP 500MG	-	NC	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
pentazocine/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
PEPCID SUSP	-	4	ULCER DRUGS
PEPCID TAB	OTC	4	ULCER DRUGS
perampanel tab (FYCOMPA equiv)	-	NC	ANTICONVULSANTS
PERCOCET TAB	-	4	ANALGESICS - OPIOID
PERFOROMIST NEB SOLN	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PERIDEX SOLN	-	4	MOUTH/THROAT/DENTAL AGENTS
PERINDOPRIL TAB	-	2	ANTIHYPERTENSIVES
perindopril tab (ACEON equiv)	-	2	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	2	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSERIS INJ	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PEXEVA TAB	-	NC	ANTIDEPRESSANTS
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
phenazopyridine tab (PYRIDIUM equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
PHENELZINE SULFATE TAB	-	2	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	2	ANTIDEPRESSANTS
phenobarbital elixir	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
PHENOBARBITAL TAB	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	3	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phentermine hcl-topiramate cap er 24hr (QSYMIA equiv) (QL= 1 cap/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phentermine tab 8mg (ADIPEX equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phenylephrine ophth soln (MYDFRIN equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	3	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	2	ANTICONVULSANTS
PHEXXI GEL (QL= 1 box/fill)	QL	1	VAGINAL AND RELATED PRODUCTS
PHOSLO CAP	-	4	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	2	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PHYRAGO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
phytonadione tab (MEPHYTON equiv)	-	3	VITAMINS
PIFELTRO TAB	-	3	ANTIVIRALS
pilocarpine hcl ophth soln 1.25% (VUITY equiv)	-	NC	OPHTHALMIC AGENTS
pilocarpine ophth soln (ISOPTO CARPINE equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members age 2 years and older)	-	3	DERMATOLOGICALS
PIMOZIDE TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	2	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	2	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
PIQRAY TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	LMSP-PA-QL	2	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB	-	NC	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	LMSP-PA-QL	2	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	LMSP-PA-QL	2	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv)	-	3	ANTIHYPERLIPIDEMICS
PLAN B TAB	ACA-OTC	1	CONTRACEPTIVES
PLAQUENIL TAB	-	NC	ANTIMALARIALS
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLAVIX TAB 75MG	-	4	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
PLENVU SOLN	-	NC	LAXATIVES
plerixafor subcutaneous inj (MOZOBIL equiv)	-	NC	HEMATOPOIETIC AGENTS
PLEXION CREAM 9.8-4.8%	-	NC	DERMATOLOGICALS
PLEXION LOTION	-	NC	DERMATOLOGICALS
PLIAGLIS CREAM	-	NC	DERMATOLOGICALS
PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	1	VACCINES
PODIAPN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	3	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv)	-	4	DERMATOLOGICALS
PODOFILOX SOLN	-	3	DERMATOLOGICALS

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podofilox soln (CONDYLOX equiv)	-	3	DERMATOLOGICALS
POKONZA POWDER	-	NC	MINERALS & ELECTROLYTES
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	2	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	3	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
POLYTRIM OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONSTEL CAP	-	4	ANALGESICS - ANTI-INFLAMMATORY
PONVORY TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv)	-	3	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv)	-	3	ANTIFUNGALS
POTABA CAP	-	4	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	3	MINERALS & ELECTROLYTES
potassium chloride soln	-	3	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	2	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium iodide oral soln (SSKI equiv)	-	3	COUGH/COLD/ALLERGY
potassium phosphate monobasic tab (K-PHOS equiv)	-	3	MINERALS & ELECTROLYTES
PRADAXA CAP	-	4	ANTICOAGULANTS
PRADAXA PELLETT PACK	-	NC	ANTICOAGULANTS
pramipexole ER tab (MIRAPEX ER equiv)	-	3	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	2	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1%	-	NC	DERMATOLOGICALS
PRAMOSONE CREAM 2.5-1%	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	NC	DERMATOLOGICALS
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC	ANORECTAL AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
prasugrel tab (EFFIENT equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	1	ANTIHYPERTENSIVES
praziquantel tab (BILTRICIDE equiv)	-	3	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	2	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	OTC	1	MEDICAL DEVICES AND SUPPLIES

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PRECISION XTRA TEST STRIP	OTC	3	DIAGNOSTIC PRODUCTS
PRECOSE TAB	-	NC	ANTIDIABETICS
PRED FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
PREDNICARBATE OIN	-	NC	DERMATOLOGICALS
prednisolone acetate ophth susp (PRED FORTE equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
prednisolone ODT (ORAPRED equiv)	-	3	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
prednisolone soln	-	2	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	2	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	4	CORTICOSTEROIDS
prednisolone tab (MILLIPRED equiv)	-	NC	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
prednisone pack	-	NC	CORTICOSTEROIDS
PREDNISON SOLN	-	3	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	2	CORTICOSTEROIDS
PREDNISON/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	NC	ESTROGENS
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	2	ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	2	ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	2	ANTICONVULSANTS
pregabalin ER tab (LYRICA CR equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	3	ANTICONVULSANTS
PREGEN DHA CAP	-	NC	MULTIVITAMINS
PREGENNA TAB	-	NC	MULTIVITAMINS
PREGNYL INJ, NOVAREL INJ (QL= 30 days supply/fill)	INF-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
PREHEVBRIO SUSP	VAC	1	VACCINES
PREMARIN TAB	-	NC	ESTROGENS
PREMARIN VAGINAL CREAM	-	3	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	3	ESTROGENS
PRENARA CAP	-	NC	MULTIVITAMINS
PRENATABS RX TAB	-	2	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	2	MULTIVITAMINS
PRENATAL 19 TAB	-	2	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	4	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	2	MULTIVITAMINS
PRENATE MAX TAB	-	NC	MULTIVITAMINS
PRENATOL-M TAB 27-1.2MG	-	NC	MULTIVITAMINS
PRENATRIX TAB	-	NC	MULTIVITAMINS

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ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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Drug Name	Special Code	Tier	Category
PRENATRYL TAB	-	NC	MULTIVITAMINS
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	3	ANTIMYCOBACTERIAL AGENTS
PREVACID CAP	OTC	4	ULCER DRUGS
PREVACID OTC CAP	OTC	4	ULCER DRUGS
PREVACID SOLUTAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PREVIDENT 5000 PLUS CREAM (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	ACA	1	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT GEL	-	3	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	3	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT SOLN	-	3	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 20 INJ	VAC	1	VACCINES
PREVMIS PAK (QL= 4 packets/day; Limit 800 packets/365 days)	LMSP-PA-QL	5	ANTIVIRALS
PREVMIS TAB	-	NC	ANTIVIRALS
PREZCOBIX TAB	-	NC	ANTIVIRALS
PREZISTA SUSP	-	3	ANTIVIRALS
PREZISTA TAB	-	3	ANTIVIRALS
PREZISTA TAB	-	NC	ANTIVIRALS
PRIFTIN TAB	-	3	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	OTC	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
primaquine tab (PRIMAQUINE equiv)	-	2	ANTIMALARIALS
PRIMAQUINE TAB	-	NC	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	2	ANTICONVULSANTS
PRIMIDONE TAB	-	NC	ANTICONVULSANTS
PRIMLEV TAB 10-300MG	-	NC	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG	-	NC	ANALGESICS - OPIOID
PRIMSOL SOLN	-	4	ANTI-INFECTIVE AGENTS - MISC.
PRINIVIL TAB, ZESTRIL TAB	-	4	ANTIHYPERTENSIVES
PRIORIX INJ	VAC	1	VACCINES
PRISTIQ TAB	-	4	ANTIDEPRESSANTS
PROAIR HFA INHALER, PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROAIR RESPICLICK INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	2	GOUT AGENTS
procainamide inj	-	NC	ANTIARRHYTHMICS
prochlorperazine supp (COMPAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCORT CREAM	-	NC	ANORECTAL AGENTS
PROCRIT INJ	-	NC	HEMATOPOIETIC AGENTS
PROCTOCORT CREAM	-	4	DERMATOLOGICALS
PROCTOFOAM HC FOAM	-	3	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	2	ANORECTAL AGENTS

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MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
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PROCYSBI GRANULES PACKET	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
PROFILNINE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
PROFINAC PAK	-	NC	DERMATOLOGICALS
progesterone cap (PROMETRIUM equiv)	-	2	PROGESTINS
progesterone oil inj	-	2	PROGESTINS
PROGESTERONE SUPP	PA	4	VAGINAL PRODUCTS
progesterone vaginal insert (ENDOMETRIN equiv)	PA	3	VAGINAL AND RELATED PRODUCTS
PROGLYCEM SUSP	-	NC	ANTIDIABETICS
PROGRAF CAP	-	5	ASSORTED CLASSES
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB 7.5-300MG	-	NC	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
PROLIA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER	-	NC	HEMATOPOIETIC AGENTS
PROMACTA TAB	-	NC	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	2	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	3	ANTIHISTAMINES
promethazine syrup	-	2	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	2	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	2	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	2	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	2	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	2	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	2	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	3	ANTIHISTAMINES
PROMETRIUM CAP	-	NC	PROGESTINS
PROMISEB CREAM	-	NC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	3	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	2	ANTIARRHYTHMICS
propracaine ophth soln (ALCAINE equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	2	BETA BLOCKERS
PROPRANOLOL SOLN	-	2	BETA BLOCKERS
PROPRANOLOL SOLN 20MG/5ML	-	2	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	2	BETA BLOCKERS
propylthiouracil tab	-	2	THYROID AGENTS
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSCAR TAB	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
PROSED DS TAB	-	4	URINARY ANTI-INFECTIVES
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
PROTONIX EC TAB	-	NC	ULCER DRUGS
PROTOPIC OINT	-	4	DERMATOLOGICALS
protriptyline tab (VIVACTIL equiv)	-	3	ANTIDEPRESSANTS
PROVERA TAB	-	NC	PROGESTINS
PROVIGIL TAB (QL= 2 tabs/day)	QL	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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

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Drug Name	Special Code	Tier	Category
PROZAC CAP	-	NC	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day)	PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	LMSP	5	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PYLERA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
pyrazinamide tab	-	2	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine soln (MESTINON equiv)	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	ANTIMALARIALS
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC	ANTIMALARIALS
PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
PYZCHIVA INJ	-	NC	DERMATOLOGICALS
QBRELIS SOLN (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERTENSIVES
QBREXZA PAD	-	NC	DERMATOLOGICALS
QDOLO SOLN, TRAMADOL SOLN	-	NC	ANALGESICS - OPIOID
QELBREE ER CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QFITLIA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QLOSI OPHTH SOLN, VUIITY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
QMIIZ ODT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	NC	ANTIDIABETICS
QUALAQUIN CAP	-	NC	ANTIMALARIALS
QUAZEPAM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QUDEXY XR CAP	-	NC	ANTICONVULSANTS
QUESTRAN LITE POWDER	-	4	ANTIHYPERLIPIDEMICS
QUESTRAN POWDER	-	4	ANTIHYPERLIPIDEMICS
QUESTRAN POWDER PACK	-	4	ANTIHYPERLIPIDEMICS
quetiapine tab (SEROQUEL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUETIAPINE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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

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quinapril tab (ACCUPRIL equiv)	-	2	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	NC	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	3	ANTIARRHYTHMICS
quinidine sulfate tab	-	2	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	2	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QUINOSONE KIT	-	NC	DERMATOLOGICALS
QULIPTA TAB	-	NC	MIGRAINE PRODUCTS
QUVIVIQ TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QVAR REDIHALER	-	3	ASTHMA AND BRONCHODILATOR AGENTS
RABAVERT INJ	VAC	EXC	VACCINES
rabeprazole EC tab (ACIPHEX equiv)	-	2	ULCER DRUGS
RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB (QL= 1 tab/day)	QL	3	BIOLOGICALS MISC
RALDESY SOLN	-	NC	ANTIDEPRESSANTS
raloxifene tab (EVISTA equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	ACA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ramipril cap (ALTACE equiv)	-	2	ANTIHYPERTENSIVES
RANEXA TAB	-	4	ANTIANGINAL AGENTS
ranolazine tab (RANEXA equiv)	-	2	ANTIANGINAL AGENTS
RAPAFLO CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	5	MISCELLANEOUS THERAPEUTIC CLASSES
RAPAMUNE TAB	-	5	ASSORTED CLASSES
rasagiline tab (AZILECT equiv)	-	3	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
RAZADYNE SOLN	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RAZADYNE TAB	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBIF INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBINYN INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	NC	HEMATOPOIETIC AGENTS
RECOMBINATE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
RECORLEV TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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RECTIV OINT	-	4	ANORECTAL AND RELATED PRODUCTS
REDITREX INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
REGLAN TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
REGRANEX GEL (QL= 30gm/fill)	QL	3	DERMATOLOGICALS
RELAFEN DS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	3	ANTIVIRALS
RELEUKO INJ	-	NC	HEMATOPOIETIC AGENTS
RELEUKO PREFILLED SYRINGE INJ	-	NC	HEMATOPOIETIC AGENTS
RELEXXII ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAK TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
RELTONE CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMERON SOLUTAB	-	4	ANTIDEPRESSANTS
REMERON TAB	-	4	ANTIDEPRESSANTS
RENACIDIN SOLN	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	NC	MULTIVITAMINS
RENOVA CREAM	-	EXC	DERMATOLOGICALS
REVELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	2	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3	ANTHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3	ANTHYPERLIPIDEMICS
REQUIP TAB	-	4	ANTIPARKINSON AGENTS
REQUIP XL TAB	-	4	ANTIPARKINSON AGENTS
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS MULTIDOSE	-	NC	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
RESTORIL CAP 15MG	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
RESTORIL CAP 22.5MG	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
RESTORIL CAP 30MG	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
RESTORIL CAP 7.5MG	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
RETACRIT INJ	MSP-PA	5	HEMATOPOIETIC AGENTS
RETEVMO CAP (QL= 2 caps/day)	LMSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO CAP 40MG (QL= 3 caps/day)	LMSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB (QL= 2 tabs/day)	LMSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB 40MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
RETIN-A CREAM	PA	4	DERMATOLOGICALS
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
RETIN-A MICRO GEL, RETIN-A MICRO GEL PUMP	-	NC	DERMATOLOGICALS
RETROVIR CAP	-	NC	ANTIVIRALS
RETROVIR SYRUP	-	NC	ANTIVIRALS
RETROVIR TAB	-	NC	ANTIVIRALS
REVATIO SUSP (Prior Authorization required for members age 9 years and older)	PA	4	CARDIOVASCULAR AGENTS - MISC.
REVATIO TAB	PA	4	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
REVUFORJ TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REVUFORJ TAB 110MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REVUFORJ TAB 25MG (QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXASIL KIT	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP	-	NC	ANTIVIRALS
REYATAZ POWDER PACK	-	NC	ANTIVIRALS
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	3	MIGRAINE PRODUCTS
REZDIFFRA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
REZVOGLAR INJ	-	NC	ANTIDIABETICS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHAPSIDO TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
RHEUMATREX TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	PA	4	OPHTHALMIC AGENTS
RIBAVIRIN CAP	LMSP	2	ANTIVIRALS
ribavirin cap (REBETOL equiv)	LMSP	2	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
RIBAVIRIN TAB	LMSP	2	ANTIVIRALS
rifabutin cap (MYCOBUTIN equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
RIFADIN CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	-	4	ANTIMYCOBACTERIAL AGENTS
RILUTEK TAB	-	NC	NEUROMUSCULAR AGENTS
riluzole tab (RILUTEK equiv)	-	3	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	4	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ORAL SOLN (QL= 12ml/day)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
RIOMET SOLN	-	NC	ANTIDIABETICS

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QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
SF	Quantity Limit	RDX	Restricted to Diagnosis
ST	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
	Step Therapy	TS	Tablet Splitting
		INF	Infertility
		M	Medical Benefit
		PA	Prior Authorization
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risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERDAL INJ	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL M ODT	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL SOLN	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone microspheres inj (RISPERDAL equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA CAP, APTENSIO XR CAP	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
RITALIN TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ritonavir tab (NORVIR equiv)	-	3	ANTIVIRALS
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivaroxaban for susp (XARELTO equiv)	-	2	ANTICOAGULANTS
rivaroxaban tab 2.5mg (XARELTO equiv)	-	2	ANTICOAGULANTS
rivastigmine cap (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RIVFLOZA INJ (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	5	GENITOURINARY AGENTS - MISCELLANEOUS
RIVFLOZA INJ 160MG (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	5	GENITOURINARY AGENTS - MISCELLANEOUS
RIVFLOZA VIAL (QL= 2 vials/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	5	GENITOURINARY AGENTS - MISCELLANEOUS
RIVIVE, REXTOVY SPRAY	OTC	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
RIXUBIS INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2	MIGRAINE PRODUCTS
ROAOXIA GEL	-	NC	DERMATOLOGICALS
ROBAXIN TAB	-	4	MUSCULOSKELETAL THERAPY AGENTS
ROBINUL TAB	-	4	ULCER DRUGS
ROCALTROL CAP	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCALTROL SOLN	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCKLATAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
roflumilast tab (DALIRESP equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ROMVIMZA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ropinirole ER tab (REQUIP XL equiv)	-	3	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	2	ANTIPARKINSON AGENTS

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LD	NC/3P = Not Covered, Third Party Reviewer Limited Distribution	LMS	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program

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ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA EMULSION	-	4	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv)	-	1	ANTIHYPERTENSIVES
ROSZET TAB	-	NC	ANTIHYPERTENSIVES
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC	ANTIHYPERTENSIVES
ROTARIX SUSP	VAC	1	VACCINES
ROTATEQ INJ	VAC	1	VACCINES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXICODONE TAB	-	4	ANALGESICS - OPIOID
ROXYBOND TAB	-	NC	ANALGESICS - OPIOID
ROZEREM TAB (QL= 1 tab/day)	QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ROZLYTREK CAP (QL= 3 caps/day)	LMSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK (QL= 6 packs/day)	LMSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (Only available through Accredo 800-803-2523)	LD-PA	5	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	3	ANTICONSULTANTS
rufinamide tab (BANZEL equiv)	PA	3	ANTICONSULTANTS
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTIVIRALS
RYALTRIS SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RYBELSUS TAB (QL=1 tab/day; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	3	ANTIDIABETICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLORA SOLN	-	4	ANTIHISTAMINES
RYDAPT CAP (QL= 56 caps/28 days)	LMSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTHMOL SR CAP	-	4	ANTIARRHYTHMICS
SABRIL POWDER PACK	-	NC	ANTICONSULTANTS
SABRIL TAB	-	NC	ANTICONSULTANTS
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 2 tabs/day)	QL	3	CARDIOVASCULAR AGENTS - MISC.
SAFYRAL TAB	-	NC	CONTRACEPTIVES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALAGEN TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
SALEX LOTION KIT	-	NC	DERMATOLOGICALS
SALEX SHAMPOO	-	4	DERMATOLOGICALS
SALICATE LIQUID	-	NC	DERMATOLOGICALS
SALICYLIC AC SOLN ER, XALIX SOLN	-	NC	DERMATOLOGICALS
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	3	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	3	ANALGESICS - NONNARCOTIC
SAMSCA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCUSO PATCH (QL= 4 patches/fill)	QL	4	ANTIEMETICS

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SANDIMMUNE CAP	-	5	ASSORTED CLASSES
SANDIMMUNE SOLN 100MG/ML	-	5	ASSORTED CLASSES
SANDOSTATIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	3	DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day)	QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sapropterin dihydrochloride powder packet (KUVAN equiv)	LMSP-PA	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	LMSP-PA	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
saxagliptin hcl tab (ONGLYZA equiv)	-	NC	ANTIDIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC	ANTIDIABETICS
SAXENDA INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCEMBLIX TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCEMBLIX TAB 100 MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	3	ANTIEMETICS
SEASONIQUE TAB	-	NC	CONTRACEPTIVES
SECUADO PATCH	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEGLENTIS TAB	-	NC	ANALGESICS - OPIOID
SEGLUROMET TAB	-	NC	ANTIDIABETICS
SELARSDI INJ	-	NC	DERMATOLOGICALS
selegiline cap (ELDEPRYL equiv)	-	2	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	2	ANTIPARKINSON AGENTS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	2	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	3	DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS
SELRX SHAMPOO 2.3%	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	-	3	ANTIVIRALS
SELZENTRY TAB	-	3	ANTIVIRALS
SELZENTRY TAB	-	NC	ANTIVIRALS
SEMGLEE INJ (SINGLE PEN)	-	NC	ANTIDIABETICS
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	3	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	3	ANTIDIABETICS
SEMGLEE SOLN	-	NC	ANTIDIABETICS
SEMPREX-D CAP	-	EXC	COUGH/COLD/ALLERGY
SENSIPAR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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SEPHIENCE POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SEROQUEL TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEROQUEL XR TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SERTRALINE CAP	-	NC	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	2	ANTIDEPRESSANTS
sertraline hcl cap	-	NC	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	2	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
SEVENFACT INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
SFROWASA ENEMA	-	4	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 19 years and older)	VAC	1	VACCINES
SIGNIFOR INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
SILATRIX GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
sildenafil susp (REVATIO equiv) (Prior Authorization required for members age 9 years and older)	PA	3	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	2	CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
SILVADENE CREAM	-	4	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	2	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS
SIMLANDI INJ (adalimumab-ryvk)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMLANDI INJ, ADALIMUMAB-RYVK INJ (QUALLENT)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 100MG (QL=1 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	1	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERLIPIDEMICS
SINEMET CR TAB	-	4	ANTIPARKINSON AGENTS

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SINEMET TAB	-	4	ANTIPARKINSON AGENTS
SINGULAIR CHEW TAB	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR GRANULE PACK	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR TAB	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
sirolimus soln (RAPAMUNE equiv)	-	5	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	5	ASSORTED CLASSES
SIRTURO TAB (Restricted to Infectious Disease Specialist)	MSP-RS	5	ANTIMYCOBACTERIAL AGENTS
SITAGLIPTIN/METFORMIN TAB	-	NC	ANTIDIABETICS
SITAVIG TAB	-	NC	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	3	ANTI-INFECTIVE AGENTS - MISC.
SKELAXIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SKLICE LOTION	-	NC	DERMATOLOGICALS
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5	NEUROMUSCULAR AGENTS
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	LMSP-PA-QL	5	DERMATOLOGICALS
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	LMSP-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	LMSP-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
SKYTROFA INJ	LMSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	1	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB	-	NC	DIURETICS
SOD CHLORIDE INJ	M	6	MINERALS & ELECTROLYTES
sodium bicarbonate inj	-	3	MINERALS & ELECTROLYTES
SODIUM CHLORIDE 0.9% IRR SOLN	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride inj	-	NC	MINERALS & ELECTROLYTES
sodium chloride neb soln (HYPER-SAL equiv)	-	2	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	ACA	1	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT 5000 PLUS equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	ACA	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	ACA	1	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	ACA	1	MINERALS & ELECTROLYTES
SODIUM IODIDE I-131 SOLN	-	NC	THYROID AGENTS
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
sodium phenylbutyrate powder (BUPHENYL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	3	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	2	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	3	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR CREAM 10-2%	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	3	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	3	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium/magnesium/potassium soln (SUPREP equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1	LAXATIVES
SOFDRA GEL	-	NC	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	3	ANTIVIRALS
SOGROYA INJ	LMSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOHONOS CAP 1.5MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5	MUSCULOSKELETAL THERAPY AGENTS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	2	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 15ml/25 days)	QL	3	ANTIDIABETICS
SOLODYN TAB	-	NC	TETRACYCLINES
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	4	AMEBICIDES
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	3	CORTICOSTEROIDS
SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)	QL	3	CORTICOSTEROIDS
SOLU-MEDROL INJ	-	NC	CORTICOSTEROIDS

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SOLU-MEDROL INJ 2GM	-	3	CORTICOSTEROIDS
SOLU-MEDROL PF INJ	-	4	CORTICOSTEROIDS
SOMA TAB	-	4	MUSCULOSKELETAL THERAPY AGENTS
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOOLANTRA CREAM	-	NC	DERMATOLOGICALS
sorafenib tosylate tab (NEXAVAR equiv)	LMSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SORIATANE CAP	-	4	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	2	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	2	BETA BLOCKERS
SOTYKTU TAB	-	NC	DERMATOLOGICALS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older)	PA	4	BETA BLOCKERS
SOVALDI PELLETT PAK	-	NC	ANTIVIRALS
SOVALDI TAB	-	NC	ANTIVIRALS
SOVUNA TAB	-	NC	ANTIMALARIALS
SPEVIGO INJ (QL= 2ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	DERMATOLOGICALS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	1	VACCINES
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	1	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL))	QL-ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv)	PA	3	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	2	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	2	DIURETICS
SPORANOX CAP	-	NC	ANTIFUNGALS
SPORANOX SOLN	-	NC	ANTIFUNGALS
sprintec 28 tab (ORTHO-CYCLEN equiv)	ACA	1	CONTRACEPTIVES
SPRITAM TAB	-	NC	ANTICONSULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
SSKI ORAL SOLN	-	4	COUGH/COLD/ALLERGY
STALEVO TAB	-	4	ANTIPARKINSON AND RELATED THERAPY AGENTS
STARJEMZA INJ	-	NC	DERMATOLOGICALS
STARJEMZA PFS INJ	-	NC	DERMATOLOGICALS
STAVUDINE CAP	-	NC	ANTIVIRALS
stavudine cap (ZERIT equiv)	-	NC	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
STAVZOR CAP	-	NC	ANTICONVULSANTS
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ	-	NC	DERMATOLOGICALS
STENDRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
STEQEYMA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	5	DERMATOLOGICALS
STEQEYMA INJ 90MG (QL= 1 inj/84 days)	LMSP-PA-QL	5	DERMATOLOGICALS
STIMATE NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIMUFEND INJ	-	NC	HEMATOPOIETIC AGENTS
STIOLTO INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP (QL= 2 caps/day)	QL	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM	-	NC	ANDROGENS-ANABOLIC
STRIBILD TAB	-	NC	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE SOLN, BRIXADI SOLN	LMSP	2	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	2	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUBVENITE SUSP	-	NC	ANTICONVULSANTS
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucrafate susp (CARAFATE equiv)	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
sucrafate tab (CARAFATE equiv)	-	2	ULCER DRUGS
SUFLAVE SOLN (QL= 2 fills/calendar year)	QL	3	LAXATIVES
SULAR TAB	-	4	CALCIUM CHANNEL BLOCKERS
SULFACETAMIDE SOD OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	3	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC	DERMATOLOGICALS
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
sulfadiazine tab	-	3	SULFONAMIDES
SULFAMYLON CREAM	-	3	DERMATOLOGICALS
SULFAMYLON PACK	-	NC	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN WASH 9-4.5%	-	4	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
SUMANSETRON PAK	-	NC	MIGRAINE PRODUCTS
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUMAXIN WASH	-	NC	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist; Only available through CVS Specialty 800-238-7828)	LD-QL-RS	5	ANTIVIRALS
SUNLENCA TAB (QL= 4 tabs/28 days; Restricted to Infectious Disease Specialist; Only available through CVS Specialty 800-238-7828)	LD-QL-RS	5	ANTIVIRALS
SUNLENCA TAB 300MG (QL= 5 tabs/28 days; Restricted to Infectious Disease Specialist; Only available through CVS Specialty 800-238-7828)	LD-QL-RS	5	ANTIVIRALS
SUNOSI TAB (QL= 1 tab/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
SUPRAX CAP	-	4	CEPHALOSPORINS
SUPRAX CAP	-	NC	CEPHALOSPORINS
SUPRAX CHEW TAB	-	4	CEPHALOSPORINS
SUPRAX SUSP	-	NC	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	4	CEPHALOSPORINS
SUPREP BOWEL PREP PACK	-	NC	LAXATIVES
SURMONTIL CAP	-	4	ANTIDEPRESSANTS
SUSTIVA CAP	-	NC	ANTIVIRALS
SUSTIVA TAB	-	NC	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTAB TAB	-	NC	LAXATIVES
SUTENT CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMBRAVO TAB	-	NC	MIGRAINE PRODUCTS
SYMBYAX CAP	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SYMDEKO TAB	-	NC	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	NC	ANTIVIRALS
SYMLINPEN INJ	-	NC	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONVULSANTS
SYMPROIC TAB (QL= 1 tab/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	3	ANTIVIRALS
SYNAGIS INJ	-	NC	PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS

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SYNERA PATCH	-	NC	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	3	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
SYNTHROID TAB	-	4	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
SYPRINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
TABLOID TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TABRECTA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX OINT	-	NC	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	2	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	2	DERMATOLOGICALS
tadalafil tab (CIALIS equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	PA	2	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	2	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	4	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB	LMSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv)	-	NC	OPHTHALMIC AGENTS
TAGAMET TAB	-	4	ULCER DRUGS
TAGRISSO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
TALTZ INJ (QL= 1 inj/28 days)	LMSP-PA-QL	5	DERMATOLOGICALS
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	LMSP-PA-QL	5	DERMATOLOGICALS
TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days)	LMSP-PA-QL	5	DERMATOLOGICALS
TALZENNA CAP 0.1MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.25MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.35MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP	-	NC	ANTIVIRALS
TAMIFLU CAP 30MG	-	NC	ANTIVIRALS
TAMIFLU SUSP	-	NC	ANTIVIRALS

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tamoxifen tab (NOLVADEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	ACA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TAPAZOLE TAB	-	4	THYROID AGENTS
TARCEVA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	-	NC	DERMATOLOGICALS
TARKA TAB	-	NC	ANTIHYPERTENSIVES
TARPEYO CAP	-	NC	CORTICOSTEROIDS
TASCENSO ODT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TASIGNA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tasimelteon cap (HETLIOZ equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TASMAR TAB	-	4	ANTIPARKINSON AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole soln (KERYDIN equiv) (QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab)	QL-ST	3	DERMATOLOGICALS
TAVALISSE TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	NC	CONTRACEPTIVES
tazarotene cream 0.05% (TAZORAC equiv)	-	3	DERMATOLOGICALS
tazarotene cream 0.1% (TAZORAC equiv)	-	3	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv)	-	NC	DERMATOLOGICALS
TAZORAC CREAM	-	4	DERMATOLOGICALS
TAZORAC GEL	-	NC	DERMATOLOGICALS
TAZVERIK TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEGRETOL SUSP	-	4	ANTICONVULSANTS
TEGRETOL TAB	-	4	ANTICONVULSANTS
TEGRETOL XR TAB	-	4	ANTICONVULSANTS
TEKTURNA HCT TAB	-	4	ANTIHYPERTENSIVES
TEKTURNA TAB	-	4	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	2	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB	-	NC	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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

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**Prime 4 Tier Formulary Cont.
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Drug Name	Special Code	Tier	Category
temazepam cap 22.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
TEMODAR CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMOVATE CREAM	-	4	DERMATOLOGICALS
TEMOVATE OINT	-	4	DERMATOLOGICALS
temozolomide cap (TEMODAR equiv)	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMPO SMART BUTTON	-	NC	MEDICAL DEVICES AND SUPPLIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	3	ANTIVIRALS
TENORETIC TAB	-	4	ANTIHYPERTENSIVES
TENORMIN TAB	-	4	BETA BLOCKERS
TEPMETKO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TERAVAX CAP	-	NC	MULTIVITAMINS
TERAZOL CREAM	-	4	VAGINAL PRODUCTS
terazosin cap (HYTRIN equiv)	-	2	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	2	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	2	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	2	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	2	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO TAB equiv)	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj (FORTEO equiv)	LMSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
TESSALON CAP	-	4	COUGH/COLD/ALLERGY
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	2	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	3	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 10MG/ACT	-	NC	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
TETANUS/DIPHThERIA TOXOID INJ	VAC	1	TOXOIDS

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tetrabenazine tab (XENAZINE equiv)	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracaine hcl ophth soln	-	2	OPHTHALMIC AGENTS
TETRACAINE OPPTH SOLN	-	2	OPHTHALMIC AGENTS
TETRACAINE OPPTH SOLN	-	NC	OPHTHALMIC AGENTS
tetracycline cap	-	3	TETRACYCLINES
TETRACYCLINE TAB	-	NC	TETRACYCLINES
TEXACORT SOLN	-	NC	DERMATOLOGICALS
TEZRULY SOLN	-	NC	ANTIHYPERTENSIVES
TEZSPIRE INJ (QL= 1 pen/28 days)	LMSP-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB	-	NC	DIURETICS
THALOMID CAP	-	NC	ASSORTED CLASSES
THEO-24 CAP	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline tab er (THEOPHYLLINE ER equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine hcl tab (THIORIDAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYQUIDITY SOLN	-	NC	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	3	ANTICONSULSANTS
TIAZAC CAP	-	4	CALCIUM CHANNEL BLOCKERS
TIBSOVO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ticagrelor tab (BRILINTA equiv)	-	3	HEMATOLOGICAL AGENTS - MISC.
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICOVAC INJ	VAC	EXC	VACCINES
TIGAN CAP	-	4	ANTIEMETICS
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
TIKOSYN CAP	-	4	ANTIARRHYTHMICS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	2	BETA BLOCKERS
timolol ophth soln (BETIMOL equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPPTH SOLN 0.5% (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
TIMOPTIC OPPTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS

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TIMOPTIC-XE OPHTH GEL (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
TINDAMAX TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
tinidazole tab (TINDAMAX equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv)	LMSP-PA	2	GENITOURINARY AGENTS - MISCELLANEOUS
tiopronin tab delayed release (THIOLA EC equiv)	LMSP-PA	2	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
TIROSINT CAP	-	NC	THYROID AGENTS
TIVICAY PD TAB	-	3	ANTIVIRALS
TIVICAY TAB	-	3	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER (Only available through Walgreens 888-347-3416)	LD-PA	5	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TOBRADEX OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv)	LMSP	2	AMINOGLYCOSIDES
tobramycin neb soln (BETHKIS equiv)	-	NC	AMINOGLYCOSIDES
tobramycin ophth soln (TOBEX equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
TOBEX OPHTH OINT (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
TOBEX OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
TODAY SPONGE	ACA-OTC	1	VAGINAL PRODUCTS
TOFRANIL TAB	-	4	ANTIDEPRESSANTS
tolcapone tab (TASMAR equiv)	-	3	ANTIPARKINSON AGENTS
TOLECTIN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB 200MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB, TOLECTIN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	2	URINARY ANTISPASMODICS
tolvaptan tab (SAMSCA, JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOLVAPTAN TAB	MSP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab therapy pack (JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
TONMYA SUB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TOPAMAX SPRINKLE CAP	-	4	ANTICONSULSANTS
TOPAMAX TAB	-	4	ANTICONSULSANTS
TOPICORT CREAM	-	4	DERMATOLOGICALS
TOPICORT CREAM 0.05%	-	NC	DERMATOLOGICALS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
TOPICORT OINT 0.05%	-	NC	DERMATOLOGICALS
topiramate ER cap (QUDEXY equiv)	-	NC	ANTICONVULSANTS
topiramate er cap (TROKENDI XR equiv)	-	NC	ANTICONVULSANTS
topiramate oral soln (EPRONTIA equiv) (Prior Authorization required for members age 9 years and older)	PA	3	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	2	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	2	ANTICONVULSANTS
TOPROL XL TAB	-	4	BETA BLOCKERS
toremifene tab (FARESTON equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torseamide tab (DEMADEX equiv)	-	2	DIURETICS
TOSYMRA SOLN	-	NC	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ	-	3	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	3	ANTIDIABETICS
TOVET KIT	-	NC	DERMATOLOGICALS
TOVIAZ TAB	-	4	URINARY ANTISPASMODICS
TRACLEER TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG	-	NC	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB	-	NC	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP	-	NC	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	3	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4	ANALGESICS - OPIOID
TRAMADOL HCL TAB	-	NC	ANALGESICS - OPIOID
tramadol hcl tab 100mg	-	NC	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	2	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	2	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	2	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC	ANTIHYPERTENSIVES
tranexamic acid inj (CYKLOKAPRON equiv)	-	NC	HEMOSTATICS
tranexamic acid tab (LYSTEDA equiv)	-	2	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	4	ANTIEMETICS
TRANXENE-T TAB	-	4	ANTIANKXIETY AGENTS
tranylcypromine tab (PARNATE equiv)	-	3	ANTIDEPRESSANTS
TRAVATAN Z DROPS (QL= 2.5ml/30 days)	QL	4	OPHTHALMIC AGENTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	2	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TREAGAN OTIC (QL= 2 bottles/fill)	QL	4	OTIC AGENTS
TREANDA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECATOR TAB (Restricted to Infectious Disease Specialist)	RS	4	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INDUCTION INJ 200MG/ML (QL= 2 inj/28 days; 6 inj/year)	LMSP-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
TREMFYA INJ (QL= 1 inj/56 days)	LMSP-PA-QL	5	DERMATOLOGICALS
TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.

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TRESIBA FLEXTOUCH INJ	-	3	ANTIDIABETICS
TRESIBA INJ	-	3	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tretinoin cream (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
tretinoin gel (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
TRETINOIN MICROSPHERE GEL 0.04% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
TRETINOIN MICROSPHERE GEL 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
TRETINOIN MICROSPHERE GEL PUMP 0.04% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
TRETINOIN MICROSPHERE GEL PUMP 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
TRETIN-X CREAM	-	NC	DERMATOLOGICALS
TRETTEN INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
TREXALL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone acetate inj (KENALOG equiv)	-	2	CORTICOSTEROIDS
triamcinolone acetonide oint (TRIANEX equiv)	-	NC	DERMATOLOGICALS
triamcinolone cream	-	2	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	2	DERMATOLOGICALS
triamcinolone oint	-	2	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
TRIAMCINOLONE SPRAY	-	NC	DERMATOLOGICALS
triamcinolone spray (KENALOG equiv)	-	NC	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv)	-	3	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	2	DIURETICS
TRIAMVEX KIT	-	NC	DERMATOLOGICALS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC	DIAGNOSTIC PRODUCTS
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
TRICHOSOL SOLN	-	NC	PHARMACEUTICAL ADJUVANTS
tricitrates soln (POLYCITRA-LC equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	2	HEMATOPOIETIC AGENTS

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TRICOR TAB	-	4	ANTIHYPERLIPIDEMICS
trientine cap (SYPRINE equiv)	LMSP-PA	2	MISCELLANEOUS THERAPEUTIC CLASSES
TRIENTINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	2	ANTIPARKINSON AGENTS
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	3	ANTIDIABETICS
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	5	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	ACA	1	CONTRACEPTIVES
TRILEPTAL SUSP	-	4	ANTICONVULSANTS
TRILEPTAL TAB	-	4	ANTICONVULSANTS
TRILIPIX CAP	-	NC	ANTIHYPERLIPIDEMICS
TRILOCICLO KIT	-	NC	DERMATOLOGICALS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trimethobenzamide cap (TIGAN equiv)	-	2	ANTIEMETICS
TRIMETHOPRIM TAB	-	2	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	3	ANTIDEPRESSANTS
TRI-NORINYL TAB	-	NC	CONTRACEPTIVES
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine)	QL-ST-TS	4	ANTIDEPRESSANTS
TRIONEX PAK	-	NC	DERMATOLOGICALS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	ACA	1	CONTRACEPTIVES
TRIUMEQ PD TAB	-	3	ANTIVIRALS
TRIUMEQ TAB	-	3	ANTIVIRALS
TRI-VITAMIN FLUORIDE DROPS	-	NC	MULTIVITAMINS
TRIZIVIR TAB	-	3	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	-	3	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	2	URINARY ANTISPASMODICS
TRUDHESA NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
TRULANCE TAB (QL= 1 tab/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	3	ANTIDIABETICS
TRUMENBA INJ	VAC	1	VACCINES

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

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TRUQAP TAB (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUQAP THERAPY PACK (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSOPT OPTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
TRYNGOLZA INJ (QL= 1 inj/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRYPYR SOLN	-	NC	OPHTHALMIC AGENTS
TRYVIO TAB	-	NC	ANTIHYPERTENSIVES
TUDORZA PRESSAIR INHALER	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	2	COUGH/COLD/ALLERGY
TUXARIN ER TAB	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWIIST REFILL KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
TWIIST STARTER KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
TWINRIX INJ	VAC	1	VACCINES
TWIRLA PATCH	-	1	CONTRACEPTIVES
TWYNEO CREAM	-	NC	DERMATOLOGICALS
TWYNSTA TAB	-	NC	ANTIHYPERTENSIVES
TYBLUME TAB	ACA	1	CONTRACEPTIVES
TYBOST TAB	-	3	ANTIVIRALS
TYENNE INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
TYKERB TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYLENOL/CODEINE TAB	-	4	ANALGESICS - OPIOID
TYMLOS INJ	LMSP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHIM VI INJ	VAC	EXC	VACCINES
TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3	OPHTHALMIC AGENTS
TYSABRI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.

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

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TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
UBRELVY TAB	-	NC	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	PA	4	ANORECTAL AND RELATED PRODUCTS
UCERIS TAB	-	NC	CORTICOSTEROIDS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
ULORIC TAB	-	NC	GOUT AGENTS
ULTRACET TAB	-	4	ANALGESICS - OPIOID
ULTRAM TAB	-	4	ANALGESICS - OPIOID
ULTRAVATE CREAM	-	4	DERMATOLOGICALS
ULTRAVATE LOTION	-	NC	DERMATOLOGICALS
ULTRAVATE OINT	-	4	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
UMECLIDINIUM/VILANTEROL INHALER 62.5-25MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UPNEEQ SOLN	-	EXC	OPHTHALMIC AGENTS
UPTRAVI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
UREA EMULSION	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
URECHOLINE TAB	-	4	URINARY ANTISPASMODICS
URELIEF PLUS TAB	-	NC	URINARY ANTISPASMODICS
URITACT DS TAB	-	4	URINARY ANTI-INFECTIVES
URITACT EC TAB	-	4	URINARY ANTI-INFECTIVES
UROKIT-K TAB	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
UROXATRAL TAB	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
URSO FORTE TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
URSODIOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
USTEKINUMAB INJ	-	NC	DERMATOLOGICALS
USTEKINUMAB-AEKN 45MG/0.5ML (QL= 1 inj/84 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	5	DERMATOLOGICALS
USTEKINUMAB-AEKN 90MG/ML (QL= 1 inj/84 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	5	DERMATOLOGICALS
UTA CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.

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VABOMERE INJ	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VAFSEO TAB	-	NC	HEMATOPOIETIC AGENTS
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	4	VAGINAL PRODUCTS
valacyclovir tab (VALTREX equiv)	-	2	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	DERMATOLOGICALS
VALCYTE SOLN	-	NC	ANTIVIRALS
VALCYTE TAB	-	NC	ANTIVIRALS
valganciclovir soln (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	3	ANTIVIRALS
valganciclovir tab (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	3	ANTIVIRALS
VALIUM TAB	-	4	ANTI-ANXIETY AGENTS
valproate inj (DEPAICON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	2	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	2	ANTICONVULSANTS
valsartan oral soln (VALSARTAN equiv)	-	NC	ANTI-HYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	2	ANTI-HYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	2	ANTI-HYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 5 doses/fill)	QL	4	ANTICONVULSANTS
VALTREX TAB	-	NC	ANTIVIRALS
VANOCOCIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANOCOCIN equiv) (QL= 56 caps/fill)	QL	2	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN ORAL SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	NC	OPHTHALMIC AGENTS
VANFLYTA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
VANRAFIA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
varденафил ODT (STAXYN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
varденафил tab (LEVITRA equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARIVAX INJ	VAC	1	VACCINES
VAROPHEN KIT	-	NC	DERMATOLOGICALS
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	3	ANTIEMETICS
VASCEPA CAP	-	NC	ANTIHYPERLIPIDEMICS
VASERETIC TAB	-	4	ANTI-HYPERTENSIVES
vasolex oint (XENADERM equiv)	-	2	DERMATOLOGICALS

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VASOPRESSIN INJ	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
vasopressin iv inj (VASOSTRICT equiv)	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOSTRICT INJ	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOTEC TAB	-	4	ANTIHYPERTENSIVES
VAXCHORA SUSP	VAC	EXC	VACCINES
VAXELIS INJ	VAC	1	TOXOIDS
VAXNEUVANCE INJ	VAC	1	VACCINES
V-C FORTE CAP	-	NC	MULTIVITAMINS
v-c forte cap (V-C FORTE equiv)	-	NC	MULTIVITAMINS
VECAMEYL TAB	-	NC	ANTIHYPERTENSIVES
VECTICAL OINT	-	NC	DERMATOLOGICALS
VELIVET PAK	ACA	1	CONTRACEPTIVES
VELPHORO CHEW TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
VELSIPITY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER (QL= 1 packet/day)	PA-QL	3	ASSORTED CLASSES
VELTASSA POWDER 1GM (QL= 4 packets/day)	PA-QL	3	MISCELLANEOUS THERAPEUTIC CLASSES
VEMLIDY TAB	-	3	ANTIVIRALS
VENCLEXTA STARTER PACK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	2	ANTIDEPRESSANTS
venlafaxine ER tab	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	2	ANTIDEPRESSANTS
VENLAFAXINE TAB	-	NC	ANTIDEPRESSANTS
VENNGEL ONE KIT	-	NC	DERMATOLOGICALS
VENTAVIS INH SOLN	-	NC	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAPAMIL ER CAP	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP, VERELAN CAP	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	2	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	2	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN CAP	-	4	CALCIUM CHANNEL BLOCKERS
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	3	CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP	-	NC	URINARY ANTISPASMODICS
VESICARE TAB	-	4	URINARY ANTISPASMODICS
VFEND SUSP	-	NC	ANTIFUNGALS
VFEND TAB	-	NC	ANTIFUNGALS

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V-GO INJ KIT (QL= 1 kit/day)	QL	3	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN CAP	-	NC	TETRACYCLINES
VIBRAMYCIN SUSP	-	NC	TETRACYCLINES
VICOPROFEN TAB	-	4	ANALGESICS - OPIOID
VICTOZA INJ	-	NC	ANTIDIABETICS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	2	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	2	ANTICONVULSANTS
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	2	ANTICONVULSANTS
VIGAFYDE SOLN	-	NC	ANTICONVULSANTS
VIGAMOX OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIJOICE GRANULES PACKET (QL= 1 packet/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB 250MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv)	-	3	ANTIDEPRESSANTS
VIMKUNYA INJ	VAC	EXC	VACCINES
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	NC	ANTICONVULSANTS
VIMPAT TAB	-	NC	ANTICONVULSANTS
viorele tab, kariva tab (MIRCETTE equiv)	ACA	1	CONTRACEPTIVES
VIRACEPT TAB	-	3	ANTIVIRALS
VIRAMUNE SUSP	-	NC	ANTIVIRALS
VIRAMUNE TAB	-	NC	ANTIVIRALS
VIRAMUNE XR TAB	-	NC	ANTIVIRALS
VIREAD TAB	-	3	ANTIVIRALS
VIREAD TAB	-	NC	ANTIVIRALS
VISTARIL CAP	-	4	ANTI-ANXIETY AGENTS
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL STRIPS	-	4	MULTIVITAMINS
vitamin D cap (Rx covered Only)	-	2	VITAMINS
vitamin D cap 1000unit	OTC	NC	VITAMINS
vitamin D cap 400unit	OTC	NC	VITAMINS
VITAMIN D TAB 400UNIT	OTC	NC	VITAMINS
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIVELLE-DOT, MINIVELLE PATCH	-	NC	ESTROGENS
VIVITROL INJ	LMSP	2	ANTIDOTES
VIVJOA CAP	-	NC	ANTIFUNGALS
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP	VAC	EXC	VACCINES

ACA	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	EXC	generic = small letters	INF	BRANDS = CAPITAL LETTERS
LD	Affordable Care Act	LMSP	Plan Exclusion	M	Infertility
MSP	Limited Distribution	OTC	Lumicera Mandatory Specialty Pharmacy Program	PA	Medical Benefit
QL	Mandatory Specialty Pharmacy Program	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	SP	Restricted to Specialist
ST	Limited to two 15 day fills per month for first 3 months	TS	Smoking Cessation	VAC	Available through Specialty Pharmacy Program
	Step Therapy		Tablet Splitting		Vaccine Program

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Drug Name	Special Code	Tier	Category
VIZIMPRO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIZZ OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
VOGELXO GEL PUMP 1%	-	NC	ANDROGENS-ANABOLIC
VONJO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VONVENDI INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
VOQUEZNA DUAL PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TRIP PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VORANIGO TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VORANIGO TAB 10MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
voriconazole susp (VFEND equiv)	-	3	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	3	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	3	ANTIVIRALS
VOTRIENT TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VOYDEYA TAB (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
VP-PNV-DHA CAP	-	2	MULTIVITAMINS
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VTAMA CREAM	-	NC	DERMATOLOGICALS
VTOL SOLN	-	NC	ANALGESICS - NONNARCOTIC
VUITY OPHTH SOLN 1.25%	-	NC	OPHTHALMIC AGENTS
VUMERITY CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYALEV INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
VYKAT XR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VYLEESI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program
	generic = small letters				BRANDS = CAPITAL LETTERS

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VYNDAMAX CAP	-	NC	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
VYSCOXA SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VYTONNE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	4	ANTIHYPERTENSIVES
VYTORIN TAB 10-80MG	-	NC	ANTIHYPERTENSIVES
VYVANSE CAP	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYVANSE CHEW TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYVGART HYTRULO INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
VYZULTA SOLN (QL= 2.5ml/30 days)	PA-QL	4	OPHTHALMIC AGENTS
WAINUA INJ (QL= 1 inj/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
WAKIX TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
warfarin tab (COUMADIN equiv)	-	2	ANTICOAGULANTS
WAYRILZ TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
WEGOVY INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 1.7MG/0.75ML	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 2.4MG/0.75ML	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WELCHOL PACK	-	NC	ANTIHYPERTENSIVES
WELCHOL TAB	-	NC	ANTIHYPERTENSIVES
WELIREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WELLBUTRIN SR TAB	-	NC	ANTIDEPRESSANTS
WELLBUTRIN XL TAB	-	NC	ANTIDEPRESSANTS
WESTCORT OINT	-	NC	DERMATOLOGICALS
WEZLANA INJ	-	NC	DERMATOLOGICALS
WEZLANA SYRINGE	-	NC	DERMATOLOGICALS
WILATE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
WINLEVI CREAM	-	NC	DERMATOLOGICALS
WINREVAIR INJ (Only available through Accredo 800-803-2523)	LD-PA	5	CARDIOVASCULAR AGENTS - MISC.
WOUND-DRESSING GELS	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	ACA	1	CONTRACEPTIVES
WYNZORA CREAM	-	NC	DERMATOLOGICALS
XACIATO GEL (QL= 1 applicator/fill)	QL	3	VAGINAL AND RELATED PRODUCTS
XADAGO TAB (QL= 1 tab/day)	PA-QL	4	ANTIPARKINSON AGENTS
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	4	OPHTHALMIC AGENTS
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 4 caps/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XANAX TAB	-	4	ANTI-ANXIETY AGENTS

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

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Drug Name	Special Code	Tier	Category
XANAX XR TAB	-	4	ANTIANKXIETY AGENTS
XAQUIL XR TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	3	ANTICOAGULANTS
XARELTO SUSP	-	NC	ANTICOAGULANTS
XARELTO TAB	-	3	ANTICOAGULANTS
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	3	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	3	ANTICONVULSANTS
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	3	ANTICONVULSANTS
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XDEMZYV DROPS (QL= 1 bottle/42 days; Restricted to Ophthalmology or Optometry Specialist; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416)	LD-QL-RS	5	OPHTHALMIC AGENTS
XELJANZ SOLN (QL= 10ml/day)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPTH EMULSION	-	NC	OPHTHALMIC AGENTS
XELSTRYM PAD	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
XEMBIFY INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENADERM OINT	-	4	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	3	ANTI-INFECTIVE AGENTS - MISC.
XEPI CREAM	-	NC	DERMATOLOGICALS
XERESE CREAM	-	NC	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	4	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 60 tabs/30 days)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	3	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	3	ANTIDIABETICS
XIIDRA OPTH SOLN (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3	OPHTHALMIC AGENTS
XODOL TAB 10MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC	ANALGESICS - OPIOID
XOFLUZA TAB (QL= 1 tab/fill)	QL	4	ANTIVIRALS
XOLAIR INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

ACA	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	generic = small letters	BRANDS = CAPITAL LETTERS
LD	Limited Distribution	EXC	Plan Exclusion
MSP	Mandatory Specialty Pharmacy Program	LMSP	Lumicera Mandatory Specialty Pharmacy Program
QL	Quantity Limit	OTC	Over-the-Counter
SF	Limited to two 15 day fills per month for first 3 months	RDX	Restricted to Diagnosis
ST	Step Therapy	SMKG	Smoking Cessation
		TS	Tablet Splitting
		INF	Infertility
		M	Medical Benefit
		PA	Prior Authorization
		RS	Restricted to Specialist
		SP	Available through Specialty Pharmacy Program
		VAC	Vaccine Program

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Drug Name	Special Code	Tier	Category
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE (QL= 2 inj/21 days OR 6 inj/63 days)	LMSP-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 150MG/ML (QL= 4 inj/21 days OR 12 inj/63 days)	LMSP-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC	DERMATOLOGICALS
XOLREMDI CAP (QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	5	HEMATOPOIETIC AGENTS
XOPENEX NEB SOLN	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOSPATA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPHOZAH TAB (QL= 2 tabs/day)	MSP-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XROMI SOLN (Prior Authorization required for members age 9 years and older)	PA	4	HEMATOPOIETIC AGENTS
XRYLIX PAK	-	NC	DERMATOLOGICALS
XTAMPZA ER CAP (QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3	ANALGESICS - OPIOID
XTANDI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULTOPHY INJ (QL= 15ml/30 days)	QL	3	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYNTHA INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
XYOSTED INJ	-	NC	ANDROGENS-ANABOLIC
XYREM SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYWAV SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC	ANTIHISTAMINES
XYZAL TAB	-	NC	ANTIHISTAMINES
XYZBAC TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YAZ TAB, YASMIN 28 TAB	-	NC	CONTRACEPTIVES
YBUPHEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YESINTEK INJ (QL= 1 inj/84 days)	LMSP-PA-QL	5	DERMATOLOGICALS
YESINTEK SYRINGE (QL= 1 inj/84 days)	LMSP-PA-QL	5	DERMATOLOGICALS
YESINTEK SYRINGE 90MG (QL= 1 inj/84 days)	LMSP-PA-QL	5	DERMATOLOGICALS

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LD	NC/3P = Not Covered, Third Party Reviewer Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
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YEZTUGO INJ (QL= 2 inj/180 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	1	ANTIVIRALS
YEZTUGO TAB (QL= 4 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	1	ANTIVIRALS
YF-VAX INJ	VAC	EXC	VACCINES
YONSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YORVIPATH INJ (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
YORVIPATH INJ 294MCG (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
YORVIPATH INJ 420MCG (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUPELRI SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YUSIMRY INJ (adalimumab-aqvh)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUTREPIA CAP (QL= 112 caps/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
zafemy patch (XULANE equiv)	ACA	1	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ZANAFLEX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ZANAFLEX TAB	-	4	MUSCULOSKELETAL THERAPY AGENTS
ZARONTIN CAP	-	4	ANTICONSULSANTS
ZARONTIN SOLN	-	4	ANTICONSULSANTS
ZARXIO INJ	LMSP	5	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)	PA-QL	3	MIGRAINE PRODUCTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	NC	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELSUVMI GEL	-	NC	DERMATOLOGICALS
ZEMPLAR CAP	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS

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ZEPBOUND INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ZEPBOUND VIAL INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ZEPOSIA CAP (QL= 1 cap/day)	LMSP-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day)	LMSP-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERIT CAP	-	NC	ANTIVIRALS
ZERVIAE OPHTH SOLN (QL= 60 single use containers/30 days)	QL	4	OPHTHALMIC AGENTS
ZESTORETIC TAB	-	4	ANTIHYPERTENSIVES
ZETIA TAB	-	4	ANTIHYPERLIPIDEMICS
ZIAC TAB	-	4	ANTIHYPERTENSIVES
ZIAGEN SOLN	-	NC	ANTIVIRALS
ZIAGEN TAB	-	NC	ANTIVIRALS
ZIANA GEL	-	NC	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	2	ANTIVIRALS
ZIEXTENZO INJ	-	NC	HEMATOPOIETIC AGENTS
ZILACAINE PAK	-	NC	DERMATOLOGICALS
ZILBRYSQ INJ (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
zileuton ER tab (ZYFLO CR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	NC	DERMATOLOGICALS
ZIMHI SOLN	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc gluconate tab	OTC	2	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	4	MACROLIDES
ZITHROMAX SUSP	-	NC	MACROLIDES
ZITHROMAX TAB	-	NC	MACROLIDES
ZITUVIMET XR TAB	-	NC	ANTIDIABETICS
ZITUVIO TAB	-	NC	ANTIDIABETICS
ZOCOR TAB (80mg is Not Covered)	-	4	ANTIHYPERLIPIDEMICS
ZOCOR TAB 80MG	-	NC	ANTIHYPERLIPIDEMICS
ZOFRAN ODT	-	4	ANTIEMETICS
ZOFRAN SOLN	-	4	ANTIEMETICS
ZOFRAN TAB	-	4	ANTIEMETICS
ZOKINVY CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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**Prime 4 Tier Formulary Cont.
Alphabetical Index
Last Updated 12/1/2025**

Drug Name	Special Code	Tier	Category
ZOLINZA CAP	LMSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOLOFT CONC	-	4	ANTIDEPRESSANTS
ZOLOFT TAB	-	NC	ANTIDEPRESSANTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
ZOLPIDEM CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
ZOMIG ZMT (QL= 9 tabs/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC	COUGH/COLD/ALLERGY
ZONEGRAN CAP	-	4	ANTICONVULSANTS
ZONISADE SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	2	ANTICONVULSANTS
ZONTIVITY TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ZORTRESS TAB	PA	5	MISCELLANEOUS THERAPEUTIC CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	3	DERMATOLOGICALS
ZORYVE CREAM 0.05%	-	NC	DERMATOLOGICALS
ZORYVE CREAM 0.15%	-	NC	DERMATOLOGICALS
ZORYVE FOAM (QL= 60 grams/30 days)	PA-QL	3	DERMATOLOGICALS
ZOVIRAX CAP	-	NC	ANTIVIRALS
ZOVIRAX CREAM	-	NC	DERMATOLOGICALS
ZOVIRAX OINT	-	4	DERMATOLOGICALS
ZOVIRAX SUSP	-	NC	ANTIVIRALS
ZOVIRAX TAB	-	NC	ANTIVIRALS
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	5	ANTICONVULSANTS
ZUBSOLV SL TAB	-	2	ANALGESICS - OPIOID
ZUNVEYL TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZUPLENZ SL FILM	-	NC	ANTIEMETICS

ACA	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	EXC	generic = small letters	INF	BRANDS = CAPITAL LETTERS
LD	Affordable Care Act	LMSP	Plan Exclusion	M	Infertility
MSP	Limited Distribution	OTC	Lumicera Mandatory Specialty Pharmacy Program	PA	Medical Benefit
QL	Mandatory Specialty Pharmacy Program	RDX	Over-the-Counter	RS	Prior Authorization
SF	Quantity Limit	SMKG	Restricted to Diagnosis	SP	Restricted to Specialist
ST	Limited to two 15 day fills per month for first 3 months	TS	Smoking Cessation	VAC	Available through Specialty Pharmacy Program
	Step Therapy		Tablet Splitting		Vaccine Program

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Prime 4 Tier Formulary Cont.
Alphabetical Index
Last Updated 12/1/2025

Drug Name	Special Code	Tier	Category
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZURNAI INJ	-	3	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	5	ANTIDEPRESSANTS
ZURZUVAE CAP 30MG (QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	5	ANTIDEPRESSANTS
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO CR TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO TAB	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	3	OPHTHALMIC AGENTS
ZYLOPRIM TAB	-	4	GOUT AGENTS
ZYLOTROL-L KIT	-	NC	DERMATOLOGICALS
ZYMAXID OPHTH SOLN (QL= 2 bottles/fill)	QL	4	OPHTHALMIC AGENTS
ZYMFENTRA INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ZYPITAMAG TAB	-	NC	ANTIHYPERLIPIDEMICS
ZYPREXA RELPREVV INJ	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA ZYDIS TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYRTEC CHILD CHEW ALLERGY	OTC	NC	ANTIHISTAMINES
ZYRTEC CHILD CHEW TAB	OTC	EXC	ANTIHISTAMINES
ZYTIGA TAB 250MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
ZYVOX TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	2
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	2
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
dextroamphetamine tab (DEXEDRINE equiv)	-	2
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	2
methamphetamine hcl tab (METHAMPHETAMINE equiv)	-	2
dextroamphetamine soln (PROCENTRA equiv)	-	3
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	3
ADDERALL TAB	-	4
DESOXYN TAB	-	4
DEXEDRINE CAP	-	4
VYVANSE CAP	-	4
VYVANSE CHEW TAB	-	4
ADZENYS ER SUSP	-	NC
ADZENYS XR TAB, AMPHETAMINE ER ODT TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC
DYANAVEL XR CHEW	-	NC
EVEKEO ODT	-	NC
EVEKEO TAB	-	NC
MYDAYIS CAP 12.5MG	-	NC
MYDAYIS CAP 25MG	-	NC
MYDAYIS CAP 37.5MG	-	NC
MYDAYIS CAP 50MG	-	NC
XELSTRYM PAD	-	NC
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALECTICS		
caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger)	-	3
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	2
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	2
phentermine hcl-topiramate cap er 24hr (QSYMIA equiv) (QL= 1 cap/day)	PA-QL	3
DIETHYLPROPION ER TAB	-	EXC
BENZPHETAMINE TAB	-	NC

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ACA	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LD	NC/3P = Not Covered, Third Party Reviewer	EXC	INF
MSP	Affordable Care Act	Plan Exclusion	Infertility
QL	Limited Distribution	LMSP	M
SF	Mandatory Specialty Pharmacy Program	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
ST	Quantity Limit	OTC	PA
	Limited to two 15 day fills per month for first 3 months	Over-the-Counter	Prior Authorization
	Step Therapy	RDX	RS
		Restricted to Diagnosis	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
diethylpropion tab	-	NC
PHENDIMETRAZINE ER TAB	-	NC
phendimetrazine tab (BONTRIL PDM equiv)	-	NC
phentermine tab 8mg (ADIPEX equiv)	-	NC
PLENITY CAP	-	NC
ANTI-OBESITY AGENTS		
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	3
XENICAL CAP	-	EXC
liraglutide (weight mngmt) soln pen-inj (SAXENDA equiv)	-	NC
SAXENDA INJ	-	NC
WEGOVY INJ	-	NC
WEGOVY INJ 1.7MG/0.75ML	-	NC
WEGOVY INJ 2.4MG/0.75ML	-	NC
ZEPBOUND INJ	-	NC
ZEPBOUND VIAL INJ	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap (STRATTERA equiv)	-	2
clonidine ER tab (KAPVAY equiv)	-	2
guanfacine ER tab (INTUNIV equiv)	-	2
INTUNIV TAB	-	4
STRATTERA CAP (QL= 2 caps/day)	QL	4
KAPVAY TAB	-	NC
ONYDA XR SUSP	-	NC
QELBREE ER CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	3
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB	-	NC
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	2
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2
dexmethylphenidate tab (FOCALIN equiv)	-	2
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2
METHYLPHENIDATE ER TAB	-	2
methylphenidate ER tab (CONCERTA equiv)	-	2
methylphenidate soln (METHYLIN equiv)	-	2
methylphenidate tab (RITALIN equiv)	-	2
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	2
METHYLIN SOLN	-	3
methylphenidate chew tab (METHYLIN equiv)	-	3
methylphenidate ER cap (APTENSIO XR equiv)	-	3
CONCERTA TAB, RITALIN SR TAB	-	4
FOCALIN TAB	-	4
FOCALIN XR CAP	-	4

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NC/3P = Not Covered, Third Party Reviewer		
ACA	Affordable Care Act	EXC
LD	Limited Distribution	Plan Exclusion
MSP	Mandatory Specialty Pharmacy Program	LMSP
QL	Quantity Limit	Lumicera Mandatory Specialty Pharmacy Program
SF	Limited to two 15 day fills per month for first 3 months	OTC
ST	Step Therapy	Over-the-Counter
		RDX
		Restricted to Diagnosis
		SMKG
		Smoking Cessation
		TS
		Tablet Splitting
		INF
		Infertility
		M
		Medical Benefit
		PA
		Prior Authorization
		RS
		Restricted to Specialist
		SP
		Available through Specialty Pharmacy Program
		VAC
		Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
NUVIGIL TAB (QL= 1 tab/day)	QL	4
PROVIGIL TAB (QL= 2 tabs/day)	QL	4
RITALIN LA CAP, APTENSIO XR CAP	-	4
RITALIN TAB	-	4
AZSTARYS CAP	-	NC
COTEMPLA XR ODT	-	NC
DAYTRANA PATCH	-	NC
methylphenidate ER tab 72mg	-	NC
methylphenidate td patch (DAYTRANA equiv)	-	NC
QUILLIVANT XR SUSP	-	NC
RELEXXII ER TAB	-	NC

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS		
ODACTRA SL TAB (QL= 1 tab/day)	QL	3
PALFORZIA POWDER PACK	-	NC
PALFORZIA SPRINKLE CAP	-	NC
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - R'S		
RESERVAPAK SYRUP	-	NC

AMEBICIDES

SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	4
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AMINOGLYCOSIDES

neomycin tab	-	2
tobramycin neb soln (TOBI equiv)	LMSP	2
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	5
TOBI PODHALER (Only available through Walgreens 888-347-3416)	LD-PA	5
BETHKIS NEB SOLN, TOBI NEB SOLN	-	NC
HUMATIN CAP	-	NC
KITABIS PAK NEB SOLN	-	NC
tobramycin neb soln (BETHKIS equiv)	-	NC

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	5
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	5
RINVOQ ORAL SOLN (QL= 12ml/day)	LMSP-PA-QL	5
XELJANZ SOLN (QL= 10ml/day)	LMSP-PA-QL	5
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	5
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	5

ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	4
REDITREX INJ	-	NC

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

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**Prime 4 Tier Formulary
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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT (YUFLYMA equiv) (QL= 1 kit/fill; 1 fill/plan year)	LMSP-PA-QL	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	5
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML (QL= 2 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	5
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML (QL= 2 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	5
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	LMSP-PA-QL	5
SIMPONI INJ 100MG (QL=1 inj/28 days)	LMSP-PA-QL	5
ABRILADA INJ	-	NC
ADALIMUMAB-ADAZ INJ	-	NC
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv)	-	NC
ADALIMUMAB-ADAZ INJ 10/0.1ML	-	NC
ADALIMUMAB-ADAZ PFS INJ	-	NC
ADALIMUMAB-RYVK INJ (SIMLANDI equiv)	-	NC
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC
AMJEVITA INJ (adalimumab-atto)	-	NC
CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm)	-	NC
CYLTEZO INJ (adalimumab-adbm)	-	NC
HADLIMA INJ	-	NC
HADLIMA PUSH INJ	-	NC
HULIO INJ (adalimumab-fkjp)	-	NC
HULIO KIT (adalimumab-fkjp)	-	NC
HUMIRA INJ 10MG	-	NC
HUMIRA INJ 20MG	-	NC
HUMIRA INJ 40MG	-	NC
HUMIRA INJ 80MG	-	NC
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	-	NC
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	-	NC
HUMIRA INJ PEDIATRIC UC STARTER PACK	-	NC
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	-	NC
HUMIRA PEN INJ 40MG	-	NC
HYRIMOZ INJ (adalimumab-adaz)	-	NC
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC
IDACIO INJ (adalimumab-aacf)	-	NC
SIMLANDI INJ (adalimumab-ryvk)	-	NC
SIMLANDI INJ, ADALIMUMAB-RYVK INJ (QUALLENT)	-	NC

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LD	NC/3P = Not Covered, Third Party Reviewer	LMS	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Affordable Care Act	OTC	Over-the-Counter	PA	Prior Authorization
QL	Limited Distribution	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Mandatory Specialty Pharmacy Program	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Quantity Limit	TS	Tablet Splitting	VAC	Vaccine Program
	Limited to two 15 day fills per month for first 3 months				
	Step Therapy				

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Category/Class
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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
SIMPONI ARIA INJ	-	NC
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 50MG	-	NC
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC
YUFLYMA KIT (adalimumab-aaty)	-	NC
YUSIMRY INJ (adalimumab-aqvh)	-	NC
GOLD COMPOUNDS		
AURANOFIN CAP, RIDAURA CAP	-	NC
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ	-	NC
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ	-	NC
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5
TYENNE INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5
ACTEMRA ACTPEN INJ	-	NC
ACTEMRA IV INJ	-	NC
ACTEMRA SC INJ	-	NC
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv)	-	2
diclofenac potassium tab (CATAFLAM equiv)	-	2
diclofenac sodium EC tab (VOLTAREN equiv)	-	2
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	2
etodolac cap (LODINE equiv)	-	2
etodolac tab	-	2
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	2
ibuprofen tab	-	2
ibuprofen tab (Rx covered Only)	-	2
indomethacin cap (INDOCIN equiv)	-	2
indomethacin CR cap (INDOCIN SR equiv)	-	2
ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	2
meloxicam tab (MOBIC equiv)	-	2
nabumetone tab (RELAFEN equiv)	-	2
naproxen sodium tab (ANAPROX equiv)	-	2
naproxen tab (NAPROSYN equiv)	-	2
piroxicam cap (FELDENE equiv)	-	2
sulindac tab (CLINORIL equiv)	-	2
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3
etodolac ER tab (LODINE XL equiv)	-	3
FENOPROFEN TAB	-	3
mefenamic acid cap (PONSTEL equiv)	-	3
naproxen EC tab (NAPROSYN EC equiv)	-	3

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
oxaprozin tab (DAYPRO equiv)	-	3
ANAPROX TAB	-	4
ARTHROTEC TAB	-	4
DAYPRO TAB	-	4
FELDENE CAP	-	4
FLURBIPROFEN TAB	-	4
flurbiprofen tab (ANSAID equiv)	-	4
KETOPROFEN ER CAP	-	4
MOBIC TAB	-	4
MOTRIN SUSP	-	4
NAPROSYN EC TAB	-	4
NAPROSYN TAB	-	4
PONSTEL CAP	-	4
CELEBREX CAP	-	NC
COMBOGESIC TAB	-	NC
DICLOFENAC CAP	-	NC
diclofenac potassium cap (ZIPSOR equiv)	-	NC
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
DUEXIS TAB	-	NC
fenoprofen calcium cap (NALFON equiv)	-	NC
FENOPROFEN CAP, NAFLON CAP	-	NC
FENOPRON CAP	-	NC
IBU 600-EZS KIT	-	NC
IBUPROFEN TAB	-	NC
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC
INDOMETHACIN CAP, TIVORBEX CAP	-	NC
indomethacin suppository (INDOCIN equiv)	-	NC
indomethacin susp (INDOCIN equiv)	-	NC
INFLATHERM PAK	-	NC
KETOPROFEN CAP	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
LURBIRO TAB 100MG	-	NC
MECLOFENAMATE CAP	-	NC
meloxicam cap (VIVLODEX equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
MELOXICAM SUSP	-	NC
NAFLON CAP	-	NC
NAPRELAN CR TAB	-	NC
NAPROSYN EC TAB 500MG	-	NC
NAPROSYN SUSP	-	NC
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
NAPROXEN SUSP	-	NC

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
naproxen susp (NAPROSYN equiv)	-	NC
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC
QMIIZ ODT TAB	-	NC
RELAFEN DS TAB	-	NC
SPRIX NASAL SPRAY	-	NC
TOLECTIN TAB	-	NC
TOLMETIN CAP	-	NC
TOLMETIN TAB 200MG	-	NC
TOLMETIN TAB, TOLECTIN TAB	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
VYSCOXA SUSP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC
ZORVOLEX CAP	-	NC

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	5
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	5
OTEZLA XR TAB (QL= 1 tab/day)	LMSP-PA-QL	5
OTEZLA/OTEZLA XR STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	5

PYRIMIDINE SYNTHESIS INHIBITORS

leflunomide tab (ARAVA equiv)	-	2
ARAVA TAB	-	4

SELECTIVE COSTIMULATION MODULATORS

ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	5
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	5
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	5
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	5

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25MG (QL= 8 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	5
ENBREL INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	5
ENBREL MINI INJ (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	5
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	5

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

ALLZITAL TAB	-	NC
butalbital/acetaminophen cap	-	NC
butalbital/acetaminophen/caffeine soln	-	NC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
VTOL SOLN	-	NC

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

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**Prime 4 Tier Formulary
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DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS		
JOURNAVX TAB	-	NC
SALICYLATES		
aspirin chew tab 81mg (Covered for female members only)	ACA-OTC	1
aspirin ec tab 81mg (Covered for female members only)	ACA-OTC	1
diflunisal tab (DOLOBID equiv)	-	2
salsalate tab (DISALCID equiv)	-	3
aspirin ec tab 325mg	OTC	NC
aspirin tab 325mg	OTC	NC
DOLOBID TAB	-	NC

ANALGESICS - OPIOID

OPIOID AGONISTS		
codeine sulfate tab	-	2
hydromorphone tab (DILAUDID equiv)	-	2
METHADONE SOLN (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
METHADOSE CONC (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
methadose tab (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
morphine sulfate ER tab (MS CONTIN equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	-	2
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	2
morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv)	-	2
morphine sulfate soln	-	2
MORPHINE SULFATE SOLN 20MG/5ML	-	2
morphine sulfate tab	-	2
oxycodone cap (OXYIR equiv)	-	2
oxycodone tab (ROXICODONE equiv)	-	2
tramadol tab (ULTRAM equiv)	-	2
fentanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	3
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3
HYDROCODONE BITARTRATE ER TAB (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3
MORPHINE SULFATE SUPP	-	3
NUCYNTA ER TAB (QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3
oxycodone conc (ROXICODONE equiv)	-	3
oxycodone soln (ROXICODONE equiv)	-	3
OXYIR CAP	-	3
oxymorphone tab (OPANA equiv)	-	3
tramadol ER tab (ULTRAM ER equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	3
XTAMPZA ER CAP (QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3
DILAUDID TAB	-	4

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LD	NC/3P = Not Covered, Third Party Reviewer	EXC	INF
MSP	Affordable Care Act	Plan Exclusion	Infertility
QL	Limited Distribution	LMSP	M
SF	Mandatory Specialty Pharmacy Program	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
ST	Quantity Limit	OTC	PA
	Limited to two 15 day fills per month for first 3 months	Over-the-Counter	Prior Authorization
	Step Therapy	RDX	RS
		Restricted to Diagnosis	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
hydromorphone ER tab (EXALGO equiv) (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	4
MS CONTIN TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4
NUCYNTA TAB	-	4
ROXICODONE TAB	-	4
TRAMADOL HCL ER TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4
ULTRAM TAB	-	4
ABSTRAL SL TAB	-	NC
ACTIQ LOZENGE	-	NC
DEMEROL TAB	-	NC
DSUVIA SL TAB	-	NC
FENTANYL BUCCAL TAB	-	NC
FENTANYL CITRATE LOLLIPOP	-	NC
fentanyl citrate lollipop (ACTIQ equiv)	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
FENTORA TAB	-	NC
HYDROMORPHONE SUPP	-	NC
KADIAN CAP	-	NC
LAZANDA NASAL SPRAY	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
meperidine tab (DEMEROL equiv)	-	NC
MORPHABOND TAB	-	NC
OPANA TAB	-	NC
OXYCODONE TAB	-	NC
OXYCONTIN CR TAB	-	NC
QDOLO SOLN, TRAMADOL SOLN	-	NC
ROXYBOND TAB	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
TRAMADOL HCL TAB	-	NC
tramadol hcl tab 100mg	-	NC

OPIOID COMBINATIONS

acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	2
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	2
hydrocodone/acetaminophen tab (LORTAB equiv)	-	2
oxycodone/acetaminophen tab (PERCOCET equiv)	-	2
tramadol/acetaminophen tab (ULTRACET equiv)	-	2
APAP/CODEINE SOLN	-	3
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	3
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3
OXYCODONE/ACETAMINOPHEN SOLN	-	3
HYDROCODONE/IBUPROFEN TAB	-	4
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	4
LORTAB	-	4

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
LORTAB ELIXIR	-	4
PERCOCET TAB	-	4
TYLENOL/CODEINE TAB	-	4
ULTRACET TAB	-	4
VICOPROFEN TAB	-	4
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
APADAZ TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC
PRIMLEV TAB 10-300MG	-	NC
PRIMLEV TAB 5-300MG	-	NC
PROLATE TAB 7.5-300MG	-	NC
SEGLENTIS TAB	-	NC
TREXIZ CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
OPIOID PARTIAL AGONISTS		
BUNAVAIL FILM	-	2
buprenorphine SL tab (SUBUTEX equiv)	-	2
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	2
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2
SUBLOCADE SOLN, BRIXADI SOLN	LMSP	2
SUBOXONE SL FILM	-	2
ZUBSOLV SL TAB	-	2
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	3
pentazocine/naloxone tab (TALWIN NX equiv)	-	3
BUTRANS PATCH (QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	4
BELBUCA FILM	-	NC
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC
nalbuphine inj	-	NC
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL TAB	-	NC
ANDROGENS		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	2

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	Step Therapy				

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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
danazol cap (DANOCRINE equiv)	-	3
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	3
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	3
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	3
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3
TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day)	PA-QL	3
TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	3
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	3
METHITEST TAB	PA	4
ANDROGEL 1% 25MG	-	NC
ANDROGEL 1% 50MG, TESTIM GEL 1%	-	NC
ANDROGEL 1.62% 1.25GM	-	NC
ANDROGEL 1.62% 2.5GM	-	NC
ANDROGEL PUMP 1.62%	-	NC
FORTESTA GEL 2%	-	NC
KYZATREX CAP	-	NC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC
methyltestosterone cap	-	NC
NATESTO GEL	-	NC
NATESTO NASAL GEL	-	NC
STRIANT FILM	-	NC
TESTOSTERONE GEL 10MG/ACT	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
VOGELXO GEL PUMP 1%	-	NC
XYOSTED INJ	-	NC

ANORECTAL AGENTS

INTRARECTAL STEROIDS

hydrocortisone enema (CORTENEMA equiv)	-	3
CORTENEMA	-	4
CORTIFOAM	-	4

RECTAL COMBINATIONS

lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	3
PROCTOFOAM HC FOAM	-	3
ANALPRAM-E KIT	-	4
ANALPRAM-HC CREAM	-	NC
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC
PROCORT CREAM	-	NC

RECTAL STEROIDS

proctosol HC cream (ANUSOL HC equiv)	-	2
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	Step Therapy	RDX	RS
		Restricted to Diagnosis	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
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DrugName	Special Code	Tier
ANORECTAL AGENTS Cont.		
ANUSOL-HC CREAM	-	4
ANUSOL-HC SUPP	-	NC
hydrocortisone supp (ANUSOL HC equiv)	-	NC

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS		
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	3
UCERIS RECTAL FOAM	PA	4

RECTAL COMBINATIONS		
ANALPRAM-HC CREAM	-	NC
HYDROCORTISONE/PRAMOXINE SUPP	-	NC

RECTAL LOCAL ANESTHETICS		
LIDOCAINE SUPP	-	NC

RECTAL STEROIDS		
HYDROCORTISONE CREAM	-	2

VASODILATING AGENTS		
nitroglycerin oint (RECTIV equiv)	-	4
RECTIV OINT	-	4

ANTHELMINTICS

ANTHELMINTICS		
albendazole tab (ALBENZA equiv)	-	3
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	3
EGATEN TAB	-	3
ivermectin tab (STROMEKTOL equiv)	-	3
praziquantel tab (BILTRICIDE equiv)	-	3
ALBENZA TAB	-	NC
BILTRICIDE TAB	-	NC
EMVERM TAB	-	NC
IVERMECTIN TAB	-	NC

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	2
RANEXA TAB	-	4
ASPRUZYO SPRINKLE GRANULES	-	NC

NITRATES		
isosorbide dinitrate tab (ISORDIL equiv)	-	2
isosorbide mononitrate ER tab (IMDUR equiv)	-	2
isosorbide mononitrate tab (MONOKET equiv)	-	2
NITROGLYCERIN ER CAP	-	2
nitroglycerin patch (NITRO-DUR equiv)	-	2
nitroglycerin SL tab (NITROSTAT equiv)	-	2
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	3
NITRO-BID OINT	-	3
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
ISORDIL TITRADOSE TAB	-	4

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ACA	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LD	NC/3P = Not Covered, Third Party Reviewer	EXC	INF
MSP	Affordable Care Act	Plan Exclusion	Infertility
QL	Limited Distribution	LMSP	M
SF	Mandatory Specialty Pharmacy Program	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
ST	Quantity Limit	OTC	PA
	Limited to two 15 day fills per month for first 3 months	Over-the-Counter	Prior Authorization
	Step Therapy	RDX	RS
		Restricted to Diagnosis	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIANGINAL AGENTS Cont.		
ISOSORBIDE MONONITRATE TAB	-	4
NITRO-DUR PATCH	-	4
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	4
NITROLINGUAL PUMP SPRAY	-	4
NITROMIST SPRAY	-	4
NITROSTAT SL TAB	-	4
GONITRO POWDER	-	NC

ANTIANGINAL AGENTS Cont.

ANTIANGINAL AGENTS Cont.		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	2
hydroxyzine pamoate cap (VISTARIL equiv)	-	2
HYDROXYZINE PAMOATE CAP 100MG	-	2
hydroxyzine syrup (ATARAX equiv)	-	2
hydroxyzine tab (ATARAX equiv)	-	2
meprobamate tab (MILTOWN equiv)	-	4
VISTARIL CAP	-	4
BUCAPSOL CAP	-	NC

ANTIANXIETY AGENTS - MISC.		
BENZODIAZEPINES		
alprazolam tab (XANAX equiv)	-	2
chlordiazepoxide cap (LIBRIUM equiv)	-	2
diazepam conc (VALIUM equiv)	-	2
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	2
diazepam tab (VALIUM equiv)	-	2
lorazepam conc (ATIVAN equiv)	-	2
lorazepam tab (ATIVAN equiv)	-	2
alprazolam ER tab (XANAX XR equiv)	-	3
alprazolam ODT (NIRAVAM equiv)	-	3
clorazepate tab (TRANXENE-T equiv)	-	3
oxazepam cap (SERAX equiv)	-	3
ATIVAN TAB	-	4
NIRAVAM ODT	-	4
TRANXENE-T TAB	-	4
VALIUM TAB	-	4
XANAX TAB	-	4
XANAX XR TAB	-	4
LOREEV XR CAP	-	NC

ANTIANXIETY AGENTS - MISC.

ANTIANXIETY AGENTS - MISC.		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	2
quinidine sulfate tab	-	2
NORPACE CR CAP	-	3
quinidine gluconate CR tab	-	3
NORPACE CAP	-	4
procainamide inj	-	NC
QUINIDINE SULFATE TAB	-	NC

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NC/3P = Not Covered, Third Party Reviewer		
ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	3
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	2
propafenone tab (RYTHMOL equiv)	-	2
propafenone ER cap (RYTHMOL SR equiv)	-	3
RYTHMOL SR CAP	-	4
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	2
dofetilide cap (TIKOSYN equiv)	-	3
MULTAQ TAB (Restricted to Cardiology Specialist)	RS	3
CORDARONE TAB	-	4
TIKOSYN CAP	-	4

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	5
TEZSPIRE INJ (QL= 1 pen/28 days)	LMSP-PA-QL	5
XOLAIR INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	5
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	5
XOLAIR SYRINGE (QL= 2 inj/21 days OR 6 inj/63 days)	LMSP-PA-QL	5
XOLAIR SYRINGE 150MG/ML (QL= 4 inj/21 days OR 12 inj/63 days)	LMSP-PA-QL	5
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	5
FASENRA PEN INJ	-	NC

ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	NC

BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	2
ATROVENT HFA INHALER (QL= 2 inhalers/fill)	QL	3
INCRUSE ELLIPTA INHALER	-	3
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL))	QL-ST	3
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC

LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	2
montelukast tab (SINGULAIR equiv)	-	2
montelukast granule pack (SINGULAIR equiv)	-	3
zafirlukast tab (ACCOLATE equiv)	-	3
ACCOLATE TAB	-	4

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
SINGULAIR CHEW TAB	-	4
SINGULAIR GRANULE PACK	-	4
SINGULAIR TAB	-	4
ZYFLO TAB	-	4
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO CR TAB	-	NC
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS		
OHTUVAYRE SUSP (QL= 60 ampules/30 days; Only available through CVS Specialty 800-238-7828 or AcariaHealth 800-511-5144)	LD-PA-QL	5
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab (DALIRESP equiv)	-	2
DALIRESP TAB	-	4
STEROID INHALANTS		
budesonide inh susp (PULMICORT equiv)	-	2
ALVESCO INHALER	-	3
ARNUITY ELLIPTA INHALER	-	3
ASMANEX HFA INHALER	-	3
ASMANEX INHALER	-	3
QVAR REDIHALER	-	3
FLUTICASONE DISKUS INHALER	-	4
FLUTICASONE HFA INHALER	-	4
PULMICORT INH SUSP	-	4
AEROSPAN INH	-	NC
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
FLOVENT DISKUS INHALER	-	NC
FLOVENT HFA INHALER	-	NC
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100MCG/ACT	-	NC
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200MCG/ACT	-	NC
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50MCG/ACT	-	NC
PULMICORT FLEXHALER	-	NC
SYMPATHOMIMETICS		
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	2
albuterol neb soln	-	2
ALBUTEROL NEBULIZER SOLN	-	2
albuterol sulfate syrup	-	2
albuterol/ipratropium neb soln (DUONEB equiv)	-	2
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	2
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	2
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	2
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	2
ADVAIR HFA INHALER	-	3
albuterol sulfate tab	-	3
ANORO ELLIPTA INHALER	-	3

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MSP	Affordable Care Act	Plan Exclusion	Infertility
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SF	Mandatory Specialty Pharmacy Program	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
ST	Quantity Limit	OTC	PA
	Limited to two 15 day fills per month for first 3 months	Over-the-Counter	Prior Authorization
	Step Therapy	RDX	RS
		Restricted to Diagnosis	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
arformoterol tartrate neb soln (BROVANA equiv)	-	3
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	3
BREZTRI AEROSPHERE INHALER	-	3
budesonide/formoterol inhaler (SYMBICORT equiv)	-	3
DULERA INHALER	-	3
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	3
FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT	-	3
FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT	-	3
FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT	-	3
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	3
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	3
formoterol fumarate neb soln (PERFOROMIST equiv)	-	3
levalbuterol neb soln (XOPENEX equiv)	-	3
STIOLTO INHALER	-	3
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
terbutaline sulfate tab (BRETHINE equiv)	-	3
TRELEGY ELLIPTA INHALER	-	3
ARCAPTA NEOHALER (Step Therapy requires trial of Foradil or Serevent)	ST	4
BROVANA NEB SOLN	-	4
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product)	QL-ST	4
PERFOROMIST NEB SOLN	-	4
XOPENEX NEB SOLN	-	4
ADVAIR DISKUS INHALER	-	NC
AIRDUO POWDER INHALER W/SENSOR	-	NC
AIRDUO RESPICLICK	-	NC
AIRSUPRA INH	-	NC
ALBUTEROL HFA INHALER	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BREO ELLIPTA INHALER	-	NC
COMBIVENT RESPIMAT INHALER	-	NC
DUAKLIR INHALER	-	NC
PROAIR HFA INHALER, PROVENTIL HFA INHALER	-	NC
PROAIR RESPICLICK INHALER	-	NC
SEREVENT DISKUS INHALER	-	NC
SYMBICORT INHALER	-	NC
UMECLIDINIUM/VILANTEROL INHALER 62.5-25MCG/ACT	-	NC
XANTHINES		
theophylline ER tab (UNIPHYL equiv)	-	2
theophylline soln	-	2
ELIXOPHYLLIN ELIXIR	-	3
THEOPHYLLINE TAB ER	-	3
theophylline tab er (THEOPHYLLINE ER equiv)	-	3
THEO-24 CAP	-	4

ANTICOAGULANTS

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
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ANTICOAGULANTS Cont.

COUMARIN ANTICOAGULANTS

warfarin tab (COUMADIN equiv)	-	2
COUMADIN TAB	-	4

DIRECT FACTOR XA INHIBITORS

rivaroxaban for susp (XARELTO equiv)	-	2
rivaroxaban tab 2.5mg (XARELTO equiv)	-	2
ELIQUIS SPRINKLE CAP	-	3
ELIQUIS TAB FOR ORAL SUSP	-	3
ELIQUIS TAB, ELIQUIS STARTER PACK	-	3
XARELTO STARTER PACK	-	3
XARELTO TAB	-	3
SAVAYSA TAB	-	NC
XARELTO SUSP	-	NC

HEPARINS AND HEPARINOID-LIKE AGENTS

enoxaparin inj (LOVENOX equiv)	-	3
fondaparinux inj (ARIXTRA equiv)	-	3
ARIXTRA INJ	-	4
FRAGMIN INJ	-	4
LOVENOX INJ	-	4
heparin porcine inj	-	NC

THROMBIN INHIBITORS

dabigatran etexilate mesylate cap (PRADAXA equiv)	-	3
PRADAXA CAP	-	4
PRADAXA PELLETT PACK	-	NC

ANTICONVULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
perampanel tab (FYCOMPA equiv)	-	NC

ANTICONVULSANTS - BENZODIAZEPINES

clobazam tab (ONFI equiv)	-	2
clonazepam tab (KLONOPIN equiv)	-	2
clobazam susp (ONFI equiv) (Prior Authorization required for members age 9 years and older)	PA	3
clonazepam ODT (KLONOPIN equiv)	-	3
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	3
DIAZEPAM GEL (QL= 4 doses/fill)	QL	3
diazepam rectal gel (QL= 4 doses/fill)	QL	3
DIASTAT ACDL GEL (QL= 4 doses/fill)	QL	4
KLONOPIN TAB	-	4
NAYZILAM SPRAY (QL= 4 doses/fill)	QL	4
ONFI SUSP (Prior Authorization required for members age 9 years and older)	PA	4
VALTOCO NASAL SPRAY (QL= 5 doses/fill)	QL	4
LIBERVANT FILM	-	NC
ONFI TAB	-	NC

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MSP	Affordable Care Act	OTC	Limited Distribution	PA	Medical Benefit
QL	Limited Distribution	RDX	Mandatory Specialty Pharmacy Program	RS	Prior Authorization
SF	Mandatory Specialty Pharmacy Program	SMKG	Over-the-Counter	SP	Restricted to Specialist
ST	Quantity Limit	TS	Restricted to Diagnosis	VAC	Available through Specialty Pharmacy Program
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	Step Therapy		Tablet Splitting		

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**Prime 4 Tier Formulary
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Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
SYMPAZAN ORAL FILM	-	NC
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	2
carbamazepine susp (TEGRETOL equiv)	-	2
carbamazepine tab (TEGRETOL equiv)	-	2
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	2
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	2
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	2
lacosamide oral solution (VIMPAT equiv)	-	2
lacosamide tab (VIMPAT equiv)	-	2
lamotrigine chew tab (LAMICTAL equiv)	-	2
lamotrigine tab (LAMICTAL equiv)	-	2
levetiracetam soln (KEPPRA equiv)	-	2
levetiracetam tab (KEPPRA equiv)	-	2
oxcarbazepine susp (TRILEPTAL equiv)	-	2
oxcarbazepine tab (TRILEPTAL equiv)	-	2
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	2
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	2
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	2
primidone tab (MYSOLINE equiv)	-	2
topiramate sprinkle cap (TOPAMAX equiv)	-	2
topiramate tab (TOPAMAX equiv)	-	2
zonisamide cap (ZONEGRAN equiv)	-	2
carbamazepine ER cap (CARBATROL equiv)	-	3
carbamazepine ER tab (TEGRETOL XR equiv)	-	3
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	3
lamotrigine ER tab (LAMICTAL XR equiv)	-	3
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	3
levetiracetam ER tab (KEPPRA XR equiv)	-	3
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	3
rufinamide susp (BANZEL equiv)	PA	3
rufinamide tab (BANZEL equiv)	PA	3
topiramate oral soln (EPRONTIA equiv) (Prior Authorization required for members age 9 years and older)	PA	3
BANZEL SUSP	PA	4
CARBATROL CAP	-	4
KEPPRA SOLN	-	4
KEPPRA TAB	-	4
KEPPRA XR TAB	-	4
LAMICTAL CHEW TAB	-	4
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	4
LAMICTAL STARTER KIT	-	4
LAMICTAL TAB	-	4
LAMICTAL XR TAB	-	4
LYRICA CAP (QL= 3 caps/day)	QL	4
LYRICA CAP 225MG (QL= 2 caps/day)	QL	4
LYRICA CAP 300MG (QL= 2 caps/day)	QL	4

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	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Available through Specialty Pharmacy Program
	Step Therapy		Tablet Splitting		Vaccine Program

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**Prime 4 Tier Formulary
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Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
LYRICA SOLN	QL	4
MYSOLINE TAB	-	4
NEURONTIN CAP (QL= 9 caps/day)	QL	4
NEURONTIN SOLN (QL= 72 mls/day)	QL	4
NEURONTIN TAB 600MG (QL= 6 tabs/day)	QL	4
NEURONTIN TAB 800MG (QL= 4.5 tabs/day)	QL	4
TEGRETOL SUSP	-	4
TEGRETOL TAB	-	4
TEGRETOL XR TAB	-	4
TOPAMAX SPRINKLE CAP	-	4
TOPAMAX TAB	-	4
TRILEPTAL SUSP	-	4
TRILEPTAL TAB	-	4
ZONEGRAN CAP	-	4
ZONISADE SUSP (Prior Authorization required for members age 9 years and older)	PA	4
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	5
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	5
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	5
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	5
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	5
APTIOM TAB	-	NC
BANZEL TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
CARBAMAZEPINE CHEW TAB	-	NC
ELEPSIA XR TAB	-	NC
EPRONTIA SOLN	-	NC
eslicarbazepine acetate tab (APTIOM equiv)	-	NC
GABARONE TAB	-	NC
LAMICTAL ODT	-	NC
LAMICTAL ODT KIT	-	NC
lamotrigine ODT (LAMICTAL equiv)	-	NC
lamotrigine ODT kit (LAMICTAL equiv)	-	NC
LEVETIRACETAM ODT, SPRITAM ODT	-	NC
MOTPOLY XR CAP	-	NC
oxcarbazepine er tab (OXTELLAR equiv)	-	NC
OXTELLAR XR TAB	-	NC
PRIMIDONE TAB	-	NC
QUDEXY XR CAP	-	NC
SPRITAM TAB	-	NC
SUBVENITE SUSP	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
topiramate er cap (TROKENDI XR equiv)	-	NC
TROKENDI XR CAP	-	NC
VIMPAT SOLN	-	NC

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ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
VIMPAT TAB	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	3
felbamate tab (FELBATOL equiv)	-	3
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	3
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	3
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	3
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	3
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	3
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	3
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	3
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	3
FELBATOL SUSP	-	4
FELBATOL TAB	-	4
GABA MODULATORS		
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	2
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	2
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	2
tiagabine tab (GABITRIL equiv)	-	3
GABITRIL TAB	-	4
SABRIL POWDER PACK	-	NC
SABRIL TAB	-	NC
VIGAFYDE SOLN	-	NC
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	2
phenytoin susp (DILANTIN equiv)	-	2
DILANTIN CAP 30MG	-	3
phenytoin chew tab (DILANTIN equiv)	-	3
DILANTIN CAP 100MG	-	4
DILANTIN INFATABS	-	4
DILANTIN SUSP	-	4
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	2
ethosuximide cap (ZARONTIN equiv)	-	3
methsuximide cap (CELONTIN equiv)	-	3
CELONTIN CAP	-	4
ZARONTIN CAP	-	4
ZARONTIN SOLN	-	4
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	2
divalproex sodium DR tab (DEPAKOTE equiv)	-	2
divalproex sprinkle cap (DEPAKOTE equiv)	-	2
valproic acid cap (DEPAKENE equiv)	-	2
valproic acid syrup (DEPAKENE equiv)	-	2
DEPAKENE CAP	-	4

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NC/3P = Not Covered, Third Party Reviewer					
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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
DEPAKENE SYRUP	-	4
DEPAKOTE ER TAB	-	4
DEPAKOTE SPRINKLE CAP	-	4
DEPAKOTE TAB	-	4
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

mirtazapine ODT (REMERON equiv)	-	2
mirtazapine tab (REMERON equiv)	-	2
REMERON SOLUTAB	-	4
REMERON TAB	-	4

ANTIDEPRESSANT COMBINATIONS

AUVELITY TAB	-	NC
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ANTIDEPRESSANTS - MISC.

bupropion ER tab (WELLBUTRIN equiv)	-	2
bupropion tab (WELLBUTRIN equiv)	-	2
bupropion XL tab (WELLBUTRIN XL equiv)	-	2
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
WELLBUTRIN SR TAB	-	NC
WELLBUTRIN XL TAB	-	NC

GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID

ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	5
ZURZUVAE CAP 30MG (QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	5

MONOAMINE OXIDASE INHIBITORS (MAOIS)

PHENELZINE SULFATE TAB	-	2
phenelzine tab (NARDIL equiv)	-	2
MARPLAN TAB	-	3
tranylcypromine tab (PARNATE equiv)	-	3
EMSAM PATCH	-	4
NARDIL TAB 15MG	-	4
PARNATE TAB	-	4

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

citalopram soln (CELEXA equiv)	-	2
citalopram tab (CELEXA equiv)	-	2
escitalopram tab (LEXAPRO equiv)	-	2
fluoxetine cap (PROZAC equiv)	-	2
fluoxetine soln (PROZAC equiv)	-	2
fluoxetine tab (PROZAC equiv)	-	2
fluvoxamine tab (LUVOX equiv)	-	2
paroxetine tab (PAXIL equiv)	-	2
sertraline conc (ZOLOFT equiv)	-	2

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MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
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ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
sertraline tab (ZOLOFT equiv)	-	2
escitalopram soln (LEXAPRO equiv)	-	3
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3
paroxetine ER tab (PAXIL CR equiv)	-	3
PAROXETINE SUSP	-	3
CELEXA TAB	-	4
FLUOXETINE TAB	-	4
PAXIL CR TAB	-	4
PAXIL ORAL SUSP	-	4
PAXIL TAB	-	4
ZOLOFT CONC	-	4
CITALOPRAM CAP	-	NC
ESCITALOPRAM CAP	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
LEXAPRO TAB	-	NC
PEXEVA TAB	-	NC
PROZAC CAP	-	NC
PROZAC WEEKLY CAP	-	NC
SERTRALINE CAP	-	NC
sertraline hcl cap	-	NC
ZOLOFT TAB	-	NC

SEROTONIN MODULATORS

trazodone tab (DESYREL equiv)	-	2
vilazodone hcl tab (VIIBRYD equiv)	-	3
NEFAZODONE TAB	-	4
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine)	QL-ST-TS	4
EXXUA TAB/EXXUA TITRATION PACK	-	NC
RALDESY SOLN	-	NC
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

desvenlafaxine ER tab (PRISTIQ equiv)	-	2
duloxetine EC cap (CYMBALTA equiv)	-	2
venlafaxine ER cap (EFFEXOR XR equiv)	-	2
venlafaxine tab (EFFEXOR equiv)	-	2
CYMBALTA CAP	-	4
PRISTIQ TAB	-	4
DESVENLAFAXINE ER TAB	-	NC
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
EFFEXOR XR CAP	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
VENLAFAXINE ER TAB	-	NC

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
VENLAFAXINE TAB	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	2
amoxapine tab (AMOXAPINE equiv)	-	2
doxepin cap (SINEQUAN equiv)	-	2
doxepin conc (SINEQUAN equiv)	-	2
imipramine tab (TOFRANIL equiv)	-	2
nortriptyline cap (PAMELOR equiv)	-	2
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	2
clomipramine cap (ANAFRANIL equiv)	-	3
desipramine tab (NORPRAMIN equiv)	-	3
imipramine pamoate cap (TOFRANIL PM equiv)	-	3
protriptyline tab (VIVACTIL equiv)	-	3
trimipramine cap (SURMONTIL equiv)	-	3
NORPRAMIN TAB	-	4
PAMELOR CAP	-	4
SURMONTIL CAP	-	4
TOFRANIL TAB	-	4
ANAFRANIL CAP	-	NC

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	2
miglitol tab (MIGLITOL equiv)	-	3
MIGLITOL TAB	-	4
PRECOSE TAB	-	NC

ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	-	NC

ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	2
glyburide/metformin tab (GLUCOVANCE equiv)	-	2
GLYXAMBI TAB (QL= 1 tab/day)	QL	3
JANUMET TAB (QL= 2 tabs/day)	QL	3
JANUMET XR TAB (QL= 2 tabs/day)	QL	3
SOLIQUA INJ (QL= 15ml/25 days)	QL	3
SYNJARDY TAB (QL= 2 tabs/day)	QL	3
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	3
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	3
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	3
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	3
XIGDUO XR TAB (QL= 2 tabs/day)	QL	3
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	3
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	3
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	3
XULTOPHY INJ (QL= 15ml/30 days)	QL	3
ACTOPLUS MET TAB	-	NC

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MSP	Affordable Care Act	OTC	Plan Exclusion	PA	Infertility
QL	Limited Distribution	RDX	Lumicera Mandatory Specialty Pharmacy Program	RS	Medical Benefit
SF	Mandatory Specialty Pharmacy Program	SMKG	Over-the-Counter	SP	Prior Authorization
ST	Quantity Limit	TS	Restricted to Diagnosis	VAC	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Available through Specialty Pharmacy Program
	Step Therapy		Tablet Splitting		Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
ALOGLIPTIN-METFORMIN TAB	-	NC
ALOGLIPTIN-PIOGILTAZONE TAB	-	NC
DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG	-	NC
DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG	-	NC
DUETACT TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
JENTADUETO TAB	-	NC
JENTADUETO XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC
SEGLUROMET TAB	-	NC
SITAGLIPTIN/METFORMIN TAB	-	NC
STEGLUJAN TAB	-	NC
ZITUVIMET XR TAB	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	2
metformin tab (GLUCOPHAGE equiv)	-	2
metformin soln (RIOMET equiv)	-	3
FORTAMET TAB	-	NC
GLUCOPHAGE TAB	-	NC
GLUCOPHAGE XR TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
METFORMIN TAB	-	NC
RIOMET SOLN	-	NC
DIABETIC OTHER		
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	LMSP-PA-QL	2
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	3
diazoxide susp (PROGLYCEM equiv)	-	3
glucagon (rdna) for inj kit (QL= 2 inj/fill)	QL	3
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	3
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	3
GVOKE INJ (QL= 2 inj/fill)	QL	3
GVOKE INJ KIT (QL= 2 inj/fill)	QL	3
GVOKE PFS INJ (QL= 2 inj/fill)	QL	3
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	3
KORLYM TAB	-	NC

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

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**Prime 4 Tier Formulary
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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
PROGLYCEM SUSP	-	NC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL-TS	3
ALOGLIPTIN TAB	-	NC
ALOGLIPTIN TAB, NESINA TAB	-	NC
BRYNOVIN SOLN	-	NC
ONGLYZA TAB	-	NC
saxagliptin hcl tab (ONGLYZA equiv)	-	NC
TRADJENTA TAB	-	NC
ZITUVIO TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	4
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	3
MOUNJARO INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	3
OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	3
TRULICITY INJ (QL= 4 pens/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	3
VICTOZA INJ	-	NC
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	3
RYBELSUS TAB (QL=1 tab/day; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	3
BYDUREON BCISE AUTO INJ	-	NC
BYDUREON INJ	-	NC
BYDUREON PEN INJ	-	NC
EXENATIDE INJ (BYETTA INJ EQUIV)	-	NC
TANZEUM INJ	-	NC
INSULIN		
FIASP FLEXTOUCH INJ	-	3
FIASP INJ	-	3
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	-	3
HUMULIN R INJ U-500	-	3
HUMULIN R U-500 KWIKPEN INJ	-	3
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	3
INSULIN ASPART INJ (NOVOLOG equiv)	-	3
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	3
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	3
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	3
INSULIN GLARGINE SOLN PEN-INJ	-	3
LANTUS INJ	-	3
LANTUS SOLOSTAR INJ	-	3

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
LEVEMIR FLEXTOUCH INJ	-	3
LEVEMIR INJ	-	3
NOVOLIN 70/30 FLEXPEN INJ	OTC	3
NOVOLIN 70/30 INJ	OTC	3
NOVOLIN N FLEXPEN INJ	OTC	3
NOVOLIN N INJ	OTC	3
NOVOLIN R FLEXPEN INJ	OTC	3
NOVOLIN R INJ	OTC	3
NOVOLOG FLEXPEN INJ	-	3
NOVOLOG FLEXPEN RELION INJ	-	3
NOVOLOG INJ	-	3
NOVOLOG MIX FLEXPEN INJ	-	3
NOVOLOG MIX INJ	-	3
NOVOLOG PENFILL INJ	-	3
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	3
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	3
TOUJEO MAX SOLOSTAR INJ	-	3
TOUJEO SOLOSTAR INJ	-	3
TRESIBA FLEXTOUCH INJ	-	3
TRESIBA INJ	-	3
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4
ADMELOG INJ, HUMALOG INJ	-	NC
ADMELOG SOLOSTAR, HUMALOG TEMPO PEN	-	NC
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC
DEGLUDEC FLEXTOUCH INJ	-	NC
DEGLUDEC INJ	-	NC
HUMALOG JR KWIKPEN INJ	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG MIX INJ	-	NC
HUMALOG MIX KWIKPEN INJ	-	NC
HUMALOG PEN INJ	-	NC
HUMALOG TEMPO PEN	-	NC
INSULIN GLARGINE INJ	-	NC
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML	-	NC
INSULIN LISPRO INJ (HUMALOG equiv)	-	NC
INSULIN LISPRO JR KWIKPEN INJ	-	NC
INSULIN LISPRO KWIKPEN INJ	-	NC
INSULIN LISPRO PROTAMINE PEN INJ (HUMALOG equiv)	-	NC
KIRSTY INJ	-	NC

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
LYUMJEV INJ	-	NC
LYUMJEV KWIKPEN INJ	-	NC
LYUMJEV TEMPO PEN	-	NC
MERIOLOG INJ	-	NC
MERIOLOG SOLOSTAR INJ	-	NC
NOVOLIN 70/30 FLEXPEN RELION INJ	OTC	NC
NOVOLIN 70/30 RELION INJ	OTC	NC
NOVOLIN N RELION 100UNIT/ML	OTC	NC
NOVOLIN R RELION INJ	OTC	NC
REZVOGLAR INJ	-	NC
SEMGLEE INJ (SINGLE PEN)	-	NC
SEMGLEE SOLN	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	2
ACTOS TAB	-	NC
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	2
nateglinide tab (STARLIX equiv)	-	3
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	3
JARDIANCE TAB (QL= 1 tab/day)	QL	3
BEXAGLIFLOZN TAB	-	NC
DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG	-	NC
DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG	-	NC
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	2
glipizide ER tab (GLUCOTROL XL equiv)	-	2
glipizide tab (GLUCOTROL equiv)	-	2
GLYBURID MCR TAB	-	2
glyburide tab (MICRONASE equiv)	-	2
AMARYL TAB	-	NC
GLIMEPIRIDE TAB	-	NC
GLIPIZIDE TAB	-	NC
GLUCOTROL TAB	-	NC
GLUCOTROL XL TAB	-	NC
GLYNASE TAB	-	NC
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	4
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		

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NC/3P = Not Covered, Third Party Reviewer		
ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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**Prime 4 Tier Formulary
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DrugName	Special Code	Tier
ANTIDIARRHEALS Cont.		
MYTESI TAB	-	NC
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
ANTIDIARRHEAL COMBINATIONS		
EVIVO LIQUID	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	2
opium tincture	-	3
LOMOTIL TAB	-	4
MOTOFEN TAB	-	4
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC

ANTIDOTES

ANTIDOTES		
VISTOGARD PAK	-	NC
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	3
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	5
OPIOID ANTAGONISTS		
EVZIO INJ	-	2
naloxone inj	-	2
naltrexone tab (REVIA equiv)	-	2
VIVITROL INJ	LMSP	2

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet (JADENU equiv)	LMSP	2
deferasirox tab (JADENU equiv)	LMSP	2
deferasirox tab for oral susp (EXJADE equiv)	LMSP	2
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	2
EXJADE TAB	-	NC
JADENU SPRINKLE	-	NC
JADENU TAB	-	NC

ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC
OPIOID ANTAGONISTS		
EVZIO INJ	-	2
KLOXXADO NASAL SPRAY	-	2
naloxone hcl nasal spray (NARCAN equiv)	OTC	2
naloxone prefilled inj	-	2
NARCAN NASAL SPRAY	OTC	2
OPVEE NASAL SPRAY	-	2
RIVIVE, REXTOVY SPRAY	OTC	2
ZIMHI SOLN	-	2

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DrugName	Special Code	Tier
ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
ZURNAI INJ	-	3

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	2
ondansetron ODT (ZOFTRAN equiv)	-	2
ondansetron soln (ZOFTRAN equiv)	-	2
ondansetron tab (ZOFTRAN equiv)	-	2
ANZEMET TAB (QL= 9 tabs/fill)	QL	4
KYTRIL TAB	-	4
SANCUSO PATCH (QL= 4 patches/fill)	QL	4
ZOFTRAN ODT	-	4
ZOFTRAN SOLN	-	4
ZOFTRAN TAB	-	4
ONDANSETRON TAB	-	NC
ONDANSETRON TAB ODT	-	NC
SUSTOL INJ	-	NC
ZUPLLENZ SL FILM	-	NC

ANTIEMETICS - ANTICHOLINERGIC

meclizine chew tab (BONINE equiv)	OTC	2
meclizine tab (ANTIVERT equiv)	OTC	2
trimethobenzamide cap (TIGAN equiv)	-	2
scopolamine patch (TRANSDERM-SCOP equiv)	-	3
TIGAN CAP	-	4
TRANSDERM-SCOP PATCH	-	4
ANTIVERT TAB, MECLIZINE TAB	-	NC
meclizine hcl tab (ANTIVERT equiv)	-	NC
MECLIZINE TAB	-	NC

ANTIEMETICS - MISCELLANEOUS

AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3
dronabinol cap (MARINOL equiv)	PA	3
MARINOL CAP	PA	4
DICLEGIS TAB	-	NC
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC
SYNDROS SOLN	-	NC

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	3
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	3
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	3
EMEND SUSP	-	NC

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)

BREXAFEMME TAB	-	NC
ANTIFUNGALS		
nystatin tab	-	2

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	Step Therapy				

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DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
terbinafine tab (LAMISIL equiv)	-	2
flucytosine cap (ANCOBON equiv)	-	3
griseofulvin micro tab (GRIFULVIN V equiv)	-	3
griseofulvin susp (GRIFULVIN equiv)	-	3
griseofulvin tab (GRIS-PEG equiv)	-	3
AMPHOTERICIN B IV SOLN	-	NC
ANCOBON CAP	-	NC
FULVICIN P/G TAB	-	NC
FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB	-	NC
GRIS-PEG TAB	-	NC
LAMISIL TAB	-	NC
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	2
fluconazole tab (DIFLUCAN equiv)	-	2
ketoconazole tab (NIZORAL equiv)	-	2
itraconazole cap (SPORANOX equiv)	-	3
itraconazole soln (SPORANOX equiv)	PA	3
posaconazole DR tab (NOXAFIL equiv)	-	3
posaconazole susp (NOXAFIL equiv)	-	3
voriconazole susp (VFEND equiv)	-	3
voriconazole tab (VFEND equiv)	-	3
NOXAFIL PAK	-	4
CRESEMBA CAP	-	NC
DIFLUCAN SUSP	-	NC
DIFLUCAN TAB	-	NC
NOXAFIL SUSP	-	NC
NOXAFIL TAB	-	NC
SPORANOX CAP	-	NC
SPORANOX SOLN	-	NC
TOLSURA CAP	-	NC
VFEND SUSP	-	NC
VFEND TAB	-	NC
VIVJOA CAP	-	NC

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

RYCLORA SOLN	-	4
DEXCHLORPHENIRAMINE SYRUP	-	NC
MICLARA LIQUID	OTC	NC

ANTIHISTAMINES - ETHANOLAMINES

diphenhydramine inj (BENADRYL equiv)	-	2
carbinoxamine tab (PALGIC equiv)	-	3
CARBINOXAMINE SOLN	-	4
CLEMASTINE TAB, CLEMASZ TAB	-	4
carbinoxamine maleate tab 6mg	-	NC
CARBZAH SOLN 4MG/5ML	-	NC

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Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
CLEMASTINE SYRUP	-	NC
CLEMASTINE TAB (GENUS LIFESCIENCES)	-	NC
CLEMSZA TAB 2.68MG	-	NC
KARBINAL ER SUSP	-	NC
ANTIHISTAMINES - NON-SEDATING		
ALLEGRA ODT	OTC	EXC
CLARINEX SYRUP	-	EXC
CLARINEX TAB	-	EXC
CLARITIN CHEW TAB	OTC	EXC
DES Loratadine ODT	-	EXC
DES Loratadine SOLN	-	EXC
desloratadine tab (CLARINEX equiv)	-	EXC
loratadine cap (CLARITIN equiv)	OTC	EXC
ZYRTEC CHILD CHEW TAB	OTC	EXC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
ZYRTEC CHILD CHEW ALLERGY	OTC	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine syrup	-	2
promethazine tab (PHENERGAN equiv)	-	2
promethazine supp (PHENERGAN equiv)	-	3
PROMETHEGAN SUPP	-	3
ANTIHISTAMINES - PIPERIDINES		
cypheptadine syrup	-	2
cypheptadine tab	-	2
ANTHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3
ANTHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	4
EZETIMIBE/ATORVASTATIN TAB	-	NC
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC
VYTORIN TAB 10-80MG	-	NC
ANTHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day)	QL	3
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Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
LOVAZA CAP	-	4
KYNAMRO INJ	-	NC
VASCEPA CAP	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	2
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	2
cholestyramine powder (QUESTRAN equiv)	-	2
cholestyramine powder pack (QUESTRAN equiv)	-	2
colestipol tab (COLESTID equiv)	-	2
colesevelam pack (WELCHOL equiv)	-	3
colesevelam tab (WELCHOL equiv)	-	3
colestipol granule (COLESTID equiv)	-	3
colestipol powder (COLESTID equiv)	-	3
COLESTID GRANULE	-	4
COLESTID POWDER PACK	-	4
COLESTID TAB	-	4
QUESTRAN LITE POWDER	-	4
QUESTRAN POWDER	-	4
QUESTRAN POWDER PACK	-	4
WELCHOL PACK	-	NC
WELCHOL TAB	-	NC
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	2
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	2
fenofibric acid DR cap (TRILIPIX equiv)	-	2
gemfibrozil tab (LOPID equiv)	-	2
FENOFIBRIC TAB	-	4
FENOFIBRIC TAB, FIBRICOR TAB	-	4
LOPID TAB	-	4
TRICOR TAB	-	4
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
FENOGLIDE TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	ACA	1
lovastatin tab (MEVACOR equiv)	-	1
pravastatin tab (PRAVACHOL equiv)	-	1
rosuvastatin tab (CRESTOR equiv)	-	1
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	1

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
fluvastatin cap (LESCOL equiv)	-	3
fluvastatin ER tab (LESCOL XL equiv)	-	3
pitavastatin calcium tab (LIVALO equiv)	-	3
ATORVALIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	4
EZALLOR SPRINKLE CAP (Prior Authorization required for members age 9 years and older)	PA	4
FLOLIPID SUSP (Prior Authorization required for members age 9 years and older)	PA	4
LESCOL XL TAB	-	4
LIPITOR TAB	-	4
ZOCOR TAB (80mg is Not Covered)	-	4
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
CRESTOR TAB	-	NC
LIVALO TAB	-	NC
SIMCOR TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC
ZOCOR TAB 80MG	-	NC
ZYPITAMAG TAB	-	NC

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe tab (ZETIA equiv)	-	2
ZETIA TAB	-	4

MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS

JUXTAPID CAP	-	NC
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NICOTINIC ACID DERIVATIVES

niacin ER tab (NIASPAN equiv)	-	NC
NIACOR TAB	-	NC
NIASPAN ER TAB	-	NC

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3

ANTIHYPERTENSIVES

ACE INHIBITORS

benazepril tab (LOTENSIN equiv)	-	2
enalapril tab (VASOTEC equiv)	-	2
fosinopril tab (MONOPRIL equiv)	-	2
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	2
moexipril tab (UNIVASC equiv)	-	2
PERINDOPRIL TAB	-	2
perindopril tab (ACEON equiv)	-	2
quinapril tab (ACCUPRIL equiv)	-	2
ramipril cap (ALTACE equiv)	-	2
trandolapril tab (MAVIK equiv)	-	2
captopril tab (CAPOTEN equiv)	-	3
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and older)	PA	3

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
ACCUPRIL TAB	-	4
ALTACE CAP	-	4
EPANED SOLN (Prior Authorization required for members age 9 years and older)	PA	4
LOTENSIN TAB	-	4
MAVIK TAB	-	4
PRINIVIL TAB, ZESTRIL TAB	-	4
QBRELIS SOLN (Prior Authorization required for members age 9 years and older)	PA	4
VASOTEC TAB	-	4
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	3
DIBENZYLINE CAP	-	4
DEMSEER CAP	-	NC
metyrosine cap (DEMSEER equiv)	-	NC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	-	2
losartan tab (COZAAR equiv)	-	2
olmesartan tab (BENICAR equiv)	-	2
telmisartan tab (MICARDIS equiv)	-	2
valsartan tab (DIOVAN equiv)	-	2
candesartan tab (ATACAND equiv)	-	3
ARB LI SUSP (QL= 330mL/30 days; Prior Authorization required for members age 9 years and older)	PA-QL	4
ATACAND TAB	-	4
AVAPRO TAB	-	4
BENICAR TAB	-	4
COZAAR TAB	-	4
DIOVAN TAB	-	4
EDARBI TAB (Step therapy requires trial of losartan (hctz))	ST	4
MICARDIS TAB	-	4
valsartan oral soln (VALSARTAN equiv)	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	2
doxazosin tab (CARDURA equiv)	-	2
guanfacine IR tab (TENEX equiv)	-	2
methyldopa tab (ALDOMET equiv)	-	2
prazosin cap (MINIPRESS equiv)	-	2
terazosin cap (HYTRIN equiv)	-	2
clonidine patch (CATAPRES-TTS equiv)	-	3
CARDURA TAB	-	4
CATAPRES-TTS PATCH	-	4
METHYLDOPA TAB	-	4
MINIPRESS CAP	-	4
NEXICLON XR TAB	-	NC
TEZRULY SOLN	-	NC
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	2

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	Step Therapy				

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ANTIHYPERTENSIVES Cont.		
atenolol/chlorthalidone tab (TENORETIC equiv)	-	2
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	2
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	2
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	2
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	2
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	2
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	2
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	2
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	2
amlodipine/olmesartan tab (AZOR TAB equiv)	-	3
amlodipine/valsartan tab (EXFORGE equiv)	-	3
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	3
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	3
AVALIDE TAB	-	4
BENICAR HCT TAB	-	4
DIOVAN HCT TAB	-	4
EDARBYCLOR TAB (Step Therapy requires trial of losartan (hctz))	ST	4
EXFORGE TAB	-	4
HYZAAR TAB	-	4
LOTENSIN HCT TAB	-	4
LOTREL CAP	-	4
TEKTURNA HCT TAB	-	4
TENORETIC TAB	-	4
VASERETIC TAB	-	4
ZESTORETIC TAB	-	4
ZIAC TAB	-	4
ACCURETIC TAB	-	NC
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC
ATACAND HCT TAB	-	NC
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
DUTOPROL TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC
PRESTALIA TAB	-	NC
QUINAPRIL/HCTZ TAB	-	NC
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC
TARKA TAB	-	NC
TELMISARTAN/AMLODIPINE TAB	-	NC
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC
TRIBENZOR TAB	-	NC
TWYNSTA TAB	-	NC

ANTIHYPERTENSIVES - MISC.

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

ACA	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	EXC	Plan Exclusion	INF	Infertility
LD	Affordable Care Act	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Limited Distribution	OTC	Over-the-Counter	PA	Prior Authorization
QL	Mandatory Specialty Pharmacy Program	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Quantity Limit	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Limited to two 15 day fills per month for first 3 months	TS	Tablet Splitting	VAC	Vaccine Program
	Step Therapy				

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
VECAMYL TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv)	-	3
TEKTURNA TAB	-	4
ENDOTHELIN RECEPTOR ANTAGONISTS		
TRYVIO TAB	-	NC
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	2
INSPRA TAB	-	4
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	2
minoxidil tab (LONITEN equiv)	-	2
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	2
tinidazole tab (TINDAMAX equiv)	-	2
TRIMETHOPRIM TAB	-	2
trimethoprim tab (PROLOPRIM equiv)	-	2
pentamidine neb soln (NEBUPENT equiv)	-	3
XIFAXAN TAB 550MG (QL= 60 tabs/30 days)	QL	3
FIRST METRONIDAZOLE SUSP	-	4
LIKMEZ SUSP (Prior Authorization required for members age 9 years and older)	PA	4
PRIMSOL SOLN	-	4
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	4
AEMCOLO TAB	-	NC
FLAGYL CAP	-	NC
FLAGYL TAB	-	NC
IMPAVIDO CAP	-	NC
metronidazole cap (FLAGYL equiv)	-	NC
METRONIDAZOLE TAB	-	NC
NEBUPENT NEB SOLN	-	NC
TINDAMAX TAB	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	2
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	2
hyophen tab (PROSED DS equiv)	-	3
BACTRIM DS TAB	-	NC
HYOPHEN TAB	-	NC
UTA cap	-	NC
ANTIPROTOZOAL AGENTS		
atovaquone susp (MEPRON equiv)	-	3
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	3
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	3
ALINIA TAB	-	NC

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SF	Mandatory Specialty Pharmacy Program	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Quantity Limit	TS	Tablet Splitting	VAC	Vaccine Program
	Limited to two 15 day fills per month for first 3 months				
	Step Therapy				

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
MEPRON SUSP	-	NC
CARBAPENEMS		
meropenem inj (MERREM equiv)	-	4
VABOMERE INJ	-	NC
GLYCOPEPTIDES		
FIRVANQ SOLN 25MG/ML	-	2
FIRVANQ SOLN 50MG/ML	-	2
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	2
VANCOCIN CAP	-	NC
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN ORAL SOLN	-	NC
VANCOMYCIN SOLN	-	NC
LEPROSTATICS		
dapsone tab	-	2
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	2
clindamycin soln (CLEOCIN equiv)	-	3
CLEOCIN CAP	-	NC
CLEOCIN SOLN	-	NC
MONOBACTAMS		
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	5
OXAZOLIDINONES		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	3
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	3
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	3
ZYVOX SUSP	-	NC
ZYVOX TAB	-	NC
PENEMS		
ORLYNVAH TAB	-	NC
PLEUROMUTILINS		
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	3
URINARY ANTI-INFECTIVES		
methenamine mandelate tab	-	2
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	2
nitrofurantoin monohydrate cap (MACROBID equiv)	-	2
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3
methenamine hippurate tab (HIPREX equiv)	-	3
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization required for members age 9 years and older)	PA	3
BLUJEPA TAB	-	NC
HIPREX TAB	-	NC
MACROBID CAP	-	NC
MACRODANTIN CAP	-	NC
MACRODANTIN CAP 25MG	-	NC
MONUROL GRANULE PACK	-	NC

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
NITROFURANTOIN SUSP	-	NC

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	2
COARTEM TAB	-	NC
MALARONE TAB	-	NC
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC

ANTIMALARIALS		
CHLOROQUINE TAB	-	2
chloroquine tab (ARALEN equiv)	-	2
hydroxychloroquine tab (PLAQUENIL equiv)	-	2
primaquine tab (PRIMAQUINE equiv)	-	2
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
quinine sulfate cap (QUALAQUIN equiv)	-	2
KRINTAFEL TAB	-	3
mefloquine tab (LARIAM equiv)	-	3
ARAKODA TAB	-	4
DARAPRIM TAB	-	NC
PLAQUENIL TAB	-	NC
PRIMAQUINE TAB	-	NC
QUALAQUIN CAP	-	NC
SOVUNA TAB	-	NC

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	2
pyridostigmine CR tab (MESTINON equiv)	-	3
pyridostigmine soln (MESTINON equiv)	-	3
GUANIDINE TAB	-	4
MESTINON TAB	-	4
MESTINON TIMESPAN TAB	-	4
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	5
PYRIDOSTIGMINE TAB 30MG	-	NC

ANTIMYCOBACTERIAL AGENTS

ANTI TB COMBINATIONS		
RIFATER TAB	-	4
ANTIMYCOBACTERIAL AGENTS		
isoniazid tab	-	2
pyrazinamide tab	-	2
CYCLOSERINE CAP	PA	3
ethambutol tab (MYAMBUTOL equiv)	-	3
isoniazid syrup (ISONIAZID equiv)	-	3
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	3
PRIFTIN TAB	-	3

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LD	NC/3P = Not Covered, Third Party Reviewer	EXC	INF
MSP	Affordable Care Act	Plan Exclusion	Infertility
QL	Limited Distribution	LMSP	M
SF	Mandatory Specialty Pharmacy Program	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
ST	Quantity Limit	OTC	PA
	Limited to two 15 day fills per month for first 3 months	Over-the-Counter	Prior Authorization
	Step Therapy	RDX	RS
		Restricted to Diagnosis	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS Cont.		
rifabutin cap (MYCOBUTIN equiv)	-	3
rifampin cap (RIFADIN equiv)	-	3
TRECTOR TAB (Restricted to Infectious Disease Specialist)	RS	4
SIRTURO TAB (Restricted to Infectious Disease Specialist)	MSP-RS	5
CAPASTAT INJ	-	NC
MYAMBUTOL TAB	-	NC
MYCOBUTIN CAP	-	NC
PASER GRANULE	-	NC
RIFADIN CAP	-	NC

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

temozolomide cap (TEMODAR equiv)	LMSP	2
cyclophosphamide cap	-	3
CYCLOPHOSPHAMIDE TAB	-	3
lomustine cap (GLEOSTINE equiv)	-	3
MELPHALAN TAB	-	3
MYLERAN TAB	LMSP	5
ALKERAN INJ	-	NC
ALKERAN TAB	-	NC
CYCLOPHOSPHAMIDE CAP	-	NC
GLEOSTINE CAP	-	NC
LEUKERAN TAB	-	NC
melphalan inj (ALKERAN equiv)	-	NC
TEMODAR CAP	-	NC
TREANDA INJ	-	NC

ANTIMETABOLITES

capecitabine tab (XELODA equiv)	LMSP	2
METHOTREXATE INJ	-	2
METHOTREXATE IV SOLN	-	2
methotrexate tab (Trexall equiv)	-	2
mercaptopurine susp (PURIXAN equiv) (Prior Authorization required for members age 9 years and older)	PA	3
mercaptopurine tab (PURINETHOL equiv)	-	3
TABLOID TAB	-	3
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older)	PA	4
fludarabine inj	-	NC
ONUREG TAB	-	NC
TREXALL TAB	-	NC

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5
FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5
INLYTA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5
INLYTA TAB 1MG (QL= 8 tabs/day)	MSP-PA-QL-SF	5
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	5

ANTINEOPLASTIC - ANTIBODIES

RITUXAN INJ	-	NC
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MSP	Affordable Care Act	Plan Exclusion	Infertility
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SF	Mandatory Specialty Pharmacy Program	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
ST	Quantity Limit	OTC	PA
	Limited to two 15 day fills per month for first 3 months	Over-the-Counter	Prior Authorization
	Step Therapy	RDX	RS
		Restricted to Diagnosis	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
HERNEXEOS TAB	-	NC
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK	-	NC
VENCLEXTA TAB	-	NC
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)	LMSP-PA-QL	2
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	LMSP-PA-QL	2
gefitinib tab (IRESSA equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5
IRESSA TAB	-	NC
LAZCLUZE TAB	-	NC
TAGRISSO TAB	-	NC
TARCEVA TAB	-	NC
VIZIMPRO TAB	-	NC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP (QL= 1 cap/day)	LMSP-PA-QL-SF	5
ODOMZO CAP (QL= 1 cap/day)	LMSP-PA-QL-SF	5
DAURISMO TAB	-	NC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	ACA	1
exemestane tab (AROMASIN equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	ACA	1
tamoxifen tab (NOLVADEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	ACA	1
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-QL	2
bicalutamide tab (CASODEX equiv)	-	2
letrozole tab (FEMARA equiv)	-	2
megestrol susp (MEGACE equiv)	-	2
megestrol tab (MEGACE equiv)	-	2
nilutamide tab (NILANDRON equiv)	LMSP	2
EMCYT CAP	-	3
toremifene tab (FARESTON equiv)	-	3
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	5
ERLEADA TAB 240MG (QL= 1 tab/day)	LMSP-PA-QL	5
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	5
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5
ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-QL	5
ORSERDU TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
AKEEGA TAB	-	NC
ARIMIDEX TAB	-	NC

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LD	NC/3P = Not Covered, Third Party Reviewer	LMSP		M	Infertility
MSP	Affordable Care Act	OTC		PA	Medical Benefit
QL	Limited Distribution	RDY		RS	Prior Authorization
SF	Mandatory Specialty Pharmacy Program	SMKG		SP	Restricted to Specialist
ST	Quantity Limit	TS		VAC	Available through Specialty Pharmacy Program
	Limited to two 15 day fills per month for first 3 months				Vaccine Program
	Step Therapy				

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Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
AROMASIN TAB	-	NC
CASODEX TAB	-	NC
EULEXIN CAP	-	NC
FARESTON TAB	-	NC
FEMARA TAB	-	NC
FLUTAMIDE CAP	-	NC
flutamide cap (EULEXIN equiv)	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
INLURIYO TAB	-	NC
leuprolide inj (LUPRON equiv)	-	NC
LUPRON DEPOT INJ	-	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 250MG	-	NC
ZYTIGA TAB 500MG	-	NC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB	-	NC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	5
ANTINEOPLASTIC - MENIN INHIBITORS		
REVUFORJ TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5
REVUFORJ TAB 110MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5
REVUFORJ TAB 25MG (QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5
KOMZIFTI CAP	-	NC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
ANTINEOPLASTIC - PROTEASE ACTIVATORS		
MODEYSO CAP	-	NC
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	5
ANTINEOPLASTIC COMBINATIONS		
KISQALI PAK (QL= 91 tabs/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5
LONSURF TAB	MSP-PA	5
AVMAPKI FAKZYNJA CO-PACK	-	NC
INQOVI TAB	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL	2
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL	2
imatinib tab (GLEEVEC equiv)	LMSP	2
lapatinib ditosylate tab (TYKERB equiv)	LMSP-PA	2
nilotinib hcl cap (TASIGNA equiv)	LMSP-PA	2
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	LMSP-PA-QL	2

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	Step Therapy				

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
sorafenib tosylate tab (NEXAVAR equiv)	LMSP-PA	2
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	LMSP-PA-QL	2
ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	5
AUGTYRO CAP (QL= 8 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5
AUGTYRO CAP 160MG (QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	5
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	5
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	5
BOSULIF CAP	MSP-PA	5
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	5
BRUKINSA TAB (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	5
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	5
CAPRELSA TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	5
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	5
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	5
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
IMBRUVICA TAB 420MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	5
JAYPIRCA TAB (QL= 2 tabs/day)	LMSP-PA-QL	5
KISQALI TAB (QL= 63 tabs/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5
KOSELUGO SPRINKLE CAP (QL= 12 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5
KOSELUGO SPRINKLE CAP 5MG (QL= 20 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5
KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
LUMAKRAS TAB 240MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	5
MEKINIST SOLN	LMSP-PA	5
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	5
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	5
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	5
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	5
OGSIVEO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5
OGSIVEO TAB 50MG (QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	5

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MSP	Affordable Care Act	Plan Exclusion	Infertility
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SF	Mandatory Specialty Pharmacy Program	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
ST	OTC	Over-the-Counter	PA
	RD	Restricted to Diagnosis	Prior Authorization
	SMKG	Smoking Cessation	RS
	TS	Tablet Splitting	Restricted to Specialist
			SP
			Available through Specialty Pharmacy Program
			VAC
			Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
OJEMDA SUSP (QL= 96ml/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	5
OJEMDA TAB (QL= 24 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	5
OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5
RETEVMO CAP (QL= 2 caps/day)	LMSP-PA-QL-SF	5
RETEVMO CAP 40MG (QL= 3 caps/day)	LMSP-PA-QL-SF	5
RETEVMO TAB (QL= 2 tabs/day)	LMSP-PA-QL-SF	5
RETEVMO TAB 40MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	5
REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
ROZLYTREK CAP (QL= 3 caps/day)	LMSP-PA-QL	5
ROZLYTREK PAK (QL= 6 packs/day)	LMSP-PA-QL	5
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	5
RYDAPT CAP (QL= 56 caps/28 days)	LMSP-PA-QL	5
SCEMBLIX TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	5
SCEMBLIX TAB 100 MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	5
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	5
TAFINLAR TAB	LMSP-PA	5
TRUQAP TAB (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5
TRUQAP THERAPY PACK (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
VANFLYTA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5
VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL	5
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	5
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	5
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	5
VORANIGO TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	5
VORANIGO TAB 10MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	5
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	5
XALKORI SPRINKLE CAP (QL= 4 caps/day)	MSP-PA-QL-SF	5
ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL	5
ZOLINZA CAP	LMSP-PA-SF	5
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	5
AFINITOR DISPERZ TAB	-	NC
AFINITOR TAB	-	NC
ALUNBRIG PAK	-	NC
ALUNBRIG TAB 30MG	-	NC
ALUNBRIG TAB 90MG, 180MG	-	NC
BOSULIF TAB	-	NC
CALQUENCE TAB	-	NC
COTELLIC TAB	-	NC
DANZITEN TAB	-	NC

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MSP	Affordable Care Act	Plan Exclusion	Infertility
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SF	Mandatory Specialty Pharmacy Program	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
ST	Mandatory Specialty Pharmacy Program	OTC	PA
	Quantity Limit	Over-the-Counter	Prior Authorization
	Limited to two 15 day fills per month for first 3 months	RDX	RS
		Restricted to Diagnosis	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
dasatinib tab (SPRYCEL equiv)	-	NC
ENSACOVE CAP	-	NC
FOTIVDA CAP	-	NC
GLEEVEC TAB	-	NC
GOMEKLI CAP	-	NC
GOMEKLI TAB	-	NC
IBRANCE CAP	-	NC
IBRANCE TAB	-	NC
IBTROZI CAP	-	NC
IMBRUVICA TAB 140MG	-	NC
IMBRUVICA TAB 280MG	-	NC
IMKELDI SOLUTION	-	NC
INREBIC CAP	-	NC
ITOVEBI TAB	-	NC
LORBRENA TAB 100MG	-	NC
LORBRENA TAB 25MG	-	NC
NEXAVAR TAB	-	NC
NILOTINB TAR CAP	-	NC
PAZOPANIB TAB 400MG	-	NC
PEMAZYRE TAB	-	NC
PHYRAGO TAB	-	NC
PIQRAY TAB	-	NC
ROMVIMZA CAP	-	NC
SPRYCEL TAB	-	NC
SUTENT CAP	-	NC
TABRECTA TAB	-	NC
TALZENNA CAP 0.1MG	-	NC
TALZENNA CAP 0.25MG	-	NC
TALZENNA CAP 0.35MG	-	NC
TALZENNA CAP 0.5MG, 0.75MG, 1MG	-	NC
TASIGNA CAP	-	NC
TAZVERIK TAB	-	NC
TEPMETKO TAB	-	NC
TIBSOVO TAB	-	NC
TYKERB TAB	-	NC
VONJO CAP	-	NC
VOTRIENT TAB	-	NC
XOSPATA TAB	-	NC

ANTINEOPLASTICS MISC.

bexarotene cap (TARGRETIN equiv)	LMSP-PA	2
hydroxyurea cap (HYDREA equiv)	-	2
tretinoin cap (VESANOID equiv)	LMSP	2
MATULANE CAP	-	3
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	5
BESREMI INJ (QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	5
INTRON-A INJ	MSP	5

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ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ALFERON-N INJ	-	NC
HYDREA CAP	-	NC
SYLATRON INJ	-	NC
TARGRETIN CAP	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	2
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB (QL= 8 tabs/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL-SF	5
mesna tab (MESNEX equiv)	-	NC
MESNEX TAB	-	NC
MITOTIC INHIBITORS		
ETOPOSIDE CAP	LMSP	5
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	LMSP-PA	5
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	3
LODOSYN TAB	-	4
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	2
trihexyphenidyl tab (ARTANE equiv)	-	2
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	3
tolcapone tab (TASMAR equiv)	-	3
COMTAN TAB	-	4
TASMAR TAB	-	4
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	2
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	2
carbidopa/levodopa ODT (PARCOPA equiv)	-	2
carbidopa/levodopa tab (SINEMET equiv)	-	2
pramipexole tab (MIRAPEX equiv)	-	2
ropinirole tab (REQUIP equiv)	-	2
amantadine tab	-	3
bromocriptine cap (PARLODEL equiv)	-	3
bromocriptine tab (PARLODEL equiv)	-	3
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	3
pramipexole ER tab (MIRAPEX ER equiv)	-	3
ropinirole ER tab (REQUIP XL equiv)	-	3
MIRAPEX ER TAB	-	4
MIRAPEX TAB	-	4
NEUPRO PATCH	-	4
PARLODEL CAP	-	4
PARLODEL TAB	-	4

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
REQUIP TAB	-	4
REQUIP XL TAB	-	4
SINEMET CR TAB	-	4
SINEMET TAB	-	4
CREXONT CAP	-	NC
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	2
selegiline tab (ELDEPRYL equiv)	-	2
rasagiline tab (AZILECT equiv)	-	3
AZILECT TAB	-	4
ELDEPYRL CAP	-	4
XADAGO TAB (QL= 1 tab/day)	PA-QL	4
ZELAPAR ODT	-	NC
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
NOURIANZ TAB	-	NC
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	2
TRIHEXYPHENIDYL SOLN	-	2
ANTIPARKINSON DOPAMINERGICS		
amantadine soln (AMANTADINE equiv)	-	2
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	3
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	4
STALEVO TAB	-	4
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
CARBIDOPA/LEVODOPA CAP, RYTARY CAP	-	NC
DHIVY TAB	-	NC
KYNMOBI FILM	-	NC
KYNMOBI TITRATION KIT	-	NC
ONAPGO INJ	-	NC
OSMOLEX ER TAB	-	NC
VYALEV INJ	-	NC
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM CARBONATE CAP	-	2
lithium carbonate cap (ESKALITH ER equiv)	-	2
lithium carbonate ER tab (LITHOBID equiv)	-	2
lithium carbonate tab	-	2
lithium oral solution (LITHIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	2
LITHOBID TAB	-	4
ANTIPSYCHOTICS - MISC.		

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	Step Therapy	TS	Restricted to Specialist
			SP
			Available through Specialty Pharmacy Program
			VAC
			Vaccine Program

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Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
lurasidone hcl tab (LATUDA TAB equiv) (QL= 1 tab/day)	QL-TS	2
ziprasidone cap (GEODON equiv)	-	2
EQUETRO CAP	-	3
GEODON CAP	-	4
LATUDA TAB	-	4
CAPLYTA CAP	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
BENZISOXAZOLES		
paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of risperidone, ziprasidone, quetiapine or olanzapine)	ST	2
risperidone soln (RISPERDAL equiv)	-	2
risperidone tab (RISPERDAL equiv)	-	2
risperidone microspheres inj (RISPERDAL equiv)	-	3
RISPERIDONE ODT	-	3
risperidone ODT (RISPERDAL M equiv)	-	3
FANAPT TAB (QL= 2 tabs/day)	PA-QL	4
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	4
FANAPT TITRATION PACK 1MG/2MG/6MG/8MG (QL= 1 pack/plan year)	PA-QL	4
INVEGA INJ	-	4
PERSERIS INJ	-	4
RISPERDAL INJ	-	4
RISPERDAL M ODT	-	4
RISPERDAL SOLN	-	4
RISPERDAL TAB	-	4
ERZOFRI INJ 117MG/0.75ML	-	NC
ERZOFRI INJ 156MG/ML	-	NC
ERZOFRI INJ 234MG/1.5ML	-	NC
ERZOFRI INJ 351MG/2.25ML	-	NC
ERZOFRI INJ 39MG/0.25ML	-	NC
ERZOFRI INJ 78MG/0.5ML	-	NC
INVEGA HAFYERA INJ	-	NC
INVEGA TAB	-	NC
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	2
haloperidol tab (HALDOL equiv)	-	2
haloperidol decanoate inj	-	3
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	2
olanzapine tab (ZYPREXA equiv)	-	2
quetiapine tab (SEROQUEL equiv)	-	2
quetiapine XR tab (SEROQUEL XR equiv)	-	2
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	3
clozapine tab (CLOZARIL equiv)	-	3

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ST	Quantity Limit	TS	Tablet Splitting	VAC	Vaccine Program
	Limited to two 15 day fills per month for first 3 months				

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
olanzapine ODT (ZYPREXA equiv)	-	3
CLOZARIL TAB	-	4
SAPHRIS SL TAB (QL= 2 tabs/day)	QL	4
SEROQUEL TAB	-	4
SEROQUEL XR TAB	-	4
ZYPREXA RELPREVV INJ	-	4
ZYPREXA TAB	-	4
ZYPREXA ZYDIS TAB	-	4
ADASUVE INHALER	-	NC
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC
CLOZAPINE ODT, FAZACLO ODT	-	NC
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC
QUETIAPINE TAB	-	NC
SECUADO PATCH	-	NC
VERSACLOZ SUSP	-	NC
DIHYDROINDOLONES		
MOLINDONE TAB	-	NC
MUSCARINIC AGENTS		
COBENFY CAP	-	NC
COBENFY CAP STARTER PACK	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	2
fluphenazine tab (PROLIXIN equiv)	-	2
perphenazine tab (TRILAFON equiv)	-	2
prochlorperazine supp (COMPAZINE equiv)	-	2
prochlorperazine tab (COMPAZINE equiv)	-	2
thioridazine hcl tab (THIORIDAZINE equiv)	-	2
trifluoperazine tab (STELAZINE equiv)	-	2
fluphenazine decanoate inj	-	3
CHLORPROMAZINE CONC	-	NC
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	2
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	3
aripiprazole soln (ABILIFY equiv)	-	3
ABILIFY MAINTENA INJ	-	4
ARISTADA INJ	-	4
ABILIFY ASIMTUFI INJ 720MG/2.4ML (aripiprazole im er susp prefilled syringe equiv)	-	NC
ABILIFY ASIMTUFI INJ 960MG/3.2ML (aripiprazole im er susp prefilled syringe equiv)	-	NC
ABILIFY MYCITE PACK	-	NC
ABILIFY MYCITE TAB	-	NC
ABILIFY TAB	-	NC
OPIPZA FILM	-	NC
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	2

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ST	Quantity Limit	TS	Tablet Splitting	VAC	Vaccine Program
	Limited to two 15 day fills per month for first 3 months				
	Step Therapy				

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Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
IODINE ANTISEPTICS		
IODOFLEX PAD	-	3
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP (QL= 7 inj/year)	PA-QL	1
DESCOVY TAB	ACA-PA	1
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	ACA	1
YEZTUGO INJ (QL= 2 inj/180 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	1
YEZTUGO TAB (QL= 4 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	1
lamivudine soln (EPIVIR equiv)	-	2
lamivudine tab (EPIVIR equiv)	-	2
nevirapine tab (VIRAMUNE equiv)	-	2
zidovudine cap (RETROVIR equiv)	-	2
zidovudine syrup (RETROVIR equiv)	-	2
zidovudine tab (RETROVIR equiv)	-	2
abacavir soln (ZIAGEN equiv)	-	3
abacavir tab (ZIAGEN equiv)	-	3
abacavir/lamivudine tab (EPZICOM equiv)	-	3
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	3
APTIVUS CAP	-	3
atazanavir cap (REYATAZ equiv)	-	3
BIKTARVY TAB	-	3
darunavir tab (PREZISTA equiv)	-	3
DOVATO TAB	-	3
EDURANT PED TAB	-	3
EDURANT TAB	-	3
EFAVIRENZ CAP	-	3
efavirenz tab (SUSTIVA equiv)	-	3
emtricitabine- rilpivirine-tenofovir df tab (COMPLERA equiv)	-	3
EMTRIVA SOLN	-	3
etravirine tab (INTELENCE equiv)	-	3
EVOTAZ TAB	-	3
GENVOYA TAB	-	3
INTELENCE TAB	-	3
ISENTRESS (HD) TAB	-	3
ISENTRESS CHEW TAB	-	3
ISENTRESS POWDER PACK	-	3
JULUCA TAB	-	3
LEXIVA SUSP	-	3
lopinavir/ritonavir soln (KALETRA equiv)	-	3
lopinavir/ritonavir tab (KALETRA equiv)	-	3
maraviroc tab (SELZENTRY equiv)	-	3
NEVIRAPINE ER TAB	-	3

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LD	NC/3P = Not Covered, Third Party Reviewer	LMS		M	
MSP	Affordable Care Act	OTC	Plan Exclusion	PA	Infertility
QL	Limited Distribution	RDX	Lumicera Mandatory Specialty Pharmacy Program	RS	Medical Benefit
SF	Mandatory Specialty Pharmacy Program	SMKG	Over-the-Counter	SP	Prior Authorization
ST	Quantity Limit	TS	Restricted to Diagnosis	VAC	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Available through Specialty Pharmacy Program
	Step Therapy		Tablet Splitting		Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
nevirapine ER tab (VIRAMUNE XR equiv)	-	3
NEVIRAPINE SUSP	-	3
NORVIR CAP	-	3
NORVIR POWDER PACK	-	3
NORVIR SOLN	-	3
ODEFSEY TAB	-	3
PIFELTRO TAB	-	3
PREZISTA SUSP	-	3
PREZISTA TAB	-	3
ritonavir tab (NORVIR equiv)	-	3
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	3
SELZENTRY SOLN	-	3
SELZENTRY TAB	-	3
SYMTUZA TAB	-	3
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	3
TIVICAY PD TAB	-	3
TIVICAY TAB	-	3
TRIUMEQ PD TAB	-	3
TRIUMEQ TAB	-	3
TRIZIVIR TAB	-	3
TYBOST TAB	-	3
VIRACEPT TAB	-	3
VIREAD TAB	-	3
EMTRIVA CAP	-	4
CABENUVA IM SUSP (QL= 1 kit/30 days)	LMSP-QL	5
CABENUVA SUSP 600MG-900MG/3ML (QL= 1 kit/30 days)	LMSP-QL	5
emtricitabine cap (EMTRIVA equiv)	-	5
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist; Only available through CVS Specialty 800-238-7828)	LD-QL-RS	5
SUNLENCA TAB (QL= 4 tabs/28 days; Restricted to Infectious Disease Specialist; Only available through CVS Specialty 800-238-7828)	LD-QL-RS	5
SUNLENCA TAB 300MG (QL= 5 tabs/28 days; Restricted to Infectious Disease Specialist; Only available through CVS Specialty 800-238-7828)	LD-QL-RS	5
ATRIPLA TAB	-	NC
CIMDUO TAB	-	NC
COMBIVIR TAB	-	NC
COMPLERA TAB	-	NC
CRIXIVAN CAP	-	NC
DELSTRIGO TAB	-	NC
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	NC
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	NC
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	-	NC
EPIVIR SOLN	-	NC
EPIVIR TAB	-	NC
EPZICOM TAB	-	NC
fosamprenavir tab (LEXIVA equiv)	-	NC

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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**Prime 4 Tier Formulary
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Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
FUZEON INJ	-	NC
INTELENCE TAB	-	NC
INVIRASE TAB	-	NC
KALETRA SOLN	-	NC
KALETRA TAB	-	NC
lamivudine/zidovudine tab (COMBIVIR equiv)	-	NC
LEXIVA TAB	-	NC
NORVIR TAB	-	NC
PREZCOBIX TAB	-	NC
PREZISTA TAB	-	NC
RETROVIR CAP	-	NC
RETROVIR SYRUP	-	NC
RETROVIR TAB	-	NC
REYATAZ CAP	-	NC
REYATAZ POWDER PACK	-	NC
SELZENTRY TAB	-	NC
STAVUDINE CAP	-	NC
stavudine cap (ZERIT equiv)	-	NC
STRIBILD TAB	-	NC
SUSTIVA CAP	-	NC
SUSTIVA TAB	-	NC
SYMFI (LO) TAB	-	NC
VIRAMUNE SUSP	-	NC
VIRAMUNE TAB	-	NC
VIRAMUNE XR TAB	-	NC
VIREAD TAB	-	NC
ZERIT CAP	-	NC
ZIAGEN SOLN	-	NC
ZIAGEN TAB	-	NC
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK (QL= 11 tabs/90 days)	QL	3
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days)	QL	3
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days)	QL	3
CMV AGENTS		
valganciclovir soln (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	3
valganciclovir tab (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	3
PREVYMIS PAK (QL= 4 packets/day; Limit 800 packets/365 days)	LMSP-PA-QL	5
LIVTENCITY TAB	-	NC
PREVYMIS TAB	-	NC
VALCYTE SOLN	-	NC
VALCYTE TAB	-	NC
HEPATITIS AGENTS		
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2
RIBAVIRIN CAP	LMSP	2
ribavirin cap (REBETOL equiv)	LMSP	2

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
RIBAVIRIN TAB	LMSP	2
adefovir dipivoxil tab (HEPSERA equiv)	-	3
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	3
MAVYRET PAK (QL= 5 packs/day)	LMSP-PA-QL	3
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	3
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	3
VEMLIDY TAB	-	3
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	3
BARACLUDE SOLN (Prior Authorization required for members age 9 years and older)	PA	4
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	MSP-QL	5
EPIVIR HBV SOLN	-	5
PEGASYS INJ	LMSP	5
BARACLUDE TAB	-	NC
EPCLUSA PAK	-	NC
EPCLUSA TAB	-	NC
HARVONI PELLETT PAK	-	NC
HARVONI TAB	-	NC
SOVALDI PELLETT PAK	-	NC
SOVALDI TAB	-	NC
ZEPATIER TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	2
acyclovir susp (ZOVIRAX equiv)	-	2
acyclovir tab (ZOVIRAX equiv)	-	2
valacyclovir tab (VALTREX equiv)	-	2
famciclovir tab (FAMVIR equiv)	-	3
SITAVIG TAB	-	NC
VALTREX TAB	-	NC
ZOVIRAX CAP	-	NC
ZOVIRAX SUSP	-	NC
ZOVIRAX TAB	-	NC
INFLUENZA AGENTS		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	3
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	3
RIMANTADINE TAB	-	4
XOFLUZA TAB (QL= 1 tab/fill)	QL	4
FLUMADINE TAB	-	NC
TAMIFLU CAP	-	NC
TAMIFLU CAP 30MG	-	NC
TAMIFLU SUSP	-	NC
MISC. ANTIVIRALS		
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	1
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	3

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	Step Therapy	Smoking Cessation	Restricted to Specialist
		SMKG	Available through Specialty Pharmacy Program
		Tablet Splitting	VAC
			Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	3
IMMUNOMODULATORS		
THALOMID CAP	-	NC
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	2
tacrolimus cap (PROGRAF equiv)	-	2
IMURAN TAB	-	4
CELLCEPT CAP	-	5
CELLCEPT SUSP	-	5
CELLCEPT TAB	-	5
cyclosporine cap (SANDIMMUNE equiv)	-	5
cyclosporine modified cap (NEORAL equiv)	-	5
cyclosporine modified soln (NEORAL equiv)	-	5
mycophenolate DR tab (MYFORTIC equiv)	-	5
mycophenolate mofetil cap (CELLCEPT equiv)	-	5
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	5
mycophenolate mofetil tab (CELLCEPT equiv)	-	5
MYFORTIC TAB	-	5
NEORAL CAP	-	5
NEORAL SOLN	-	5
PROGRAF CAP	-	5
RAPAMUNE TAB	-	5
SANDIMMUNE CAP	-	5
SANDIMMUNE SOLN 100MG/ML	-	5
sirolimus tab (RAPAMUNE equiv)	-	5
ENVARUSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	2
sodium polystyrene powder (KAYEXALATE equiv)	-	3
VELTASSA POWDER (QL= 1 packet/day)	PA-QL	3
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	2
labetalol tab (NORMODYNE equiv)	-	2
carvedilol phosphate ER cap (COREG CR equiv)	-	3
COREG TAB	-	4
COREG CR CAP	-	NC
LABETALOL TAB	-	NC
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	2

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	Step Therapy				

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
atenolol tab (TENORMIN equiv)	-	2
betaxolol tab (KERLONE equiv)	-	2
bisoprolol tab (ZEBETA equiv)	-	2
metoprolol ER tab (TOPROL XL equiv)	-	2
metoprolol tab (LOPRESSOR equiv)	-	2
nebivolol hcl tab (BYSTOLIC equiv)	-	2
KERLONE TAB	-	4
LOPRESSOR SOLN (QL= 45ml/day; Prior Authorization required for members age 9 years and older)	PA-QL	4
LOPRESSOR TAB	-	4
TENORMIN TAB	-	4
TOPROL XL TAB	-	4
BISOPROLOL FUMARATE TAB	-	NC
KAPSPARGO CAP	-	NC
BETA BLOCKERS NON-SELECTIVE		
pindolol tab (VISKEN equiv)	-	2
propranolol ER cap (INDERAL LA equiv)	-	2
PROPRANOLOL SOLN	-	2
PROPRANOLOL SOLN 20MG/5ML	-	2
propranolol tab (INDERAL equiv)	-	2
sotalol AF tab (BETAPACE AF equiv)	-	2
sotalol tab (BETAPACE equiv)	-	2
timolol maleate tab (BLOCADREN equiv)	-	2
nadolol tab (CORCARD equiv)	-	3
BETAPACE AF TAB	-	4
BETAPACE TAB	-	4
CORCARD TAB	-	4
INDERAL LA CAP	-	4
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older)	PA	4
HEMANGEOL SOLN	-	NC
INDERAL XL CAP, INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ORALAIR SL TAB (QL= 1 tab/day)	QL	3
RAGWITEK SL TAB (QL= 1 tab/day)	QL	3
GRASTEK SL TAB	-	NC
BIOLOGICALS MISC		
ADAGEN INJ	-	NC
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER COMBINATIONS		
CONSENSI TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	2
diltiazem ER cap (CARDIZEM CD equiv)	-	2

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	Step Therapy		Tablet Splitting		Vaccine Program

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**Prime 4 Tier Formulary
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Last Updated* 12/1/2025**

DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
diltiazem ER cap (DILACOR XR equiv)	-	2
diltiazem ER cap (TIAZAC equiv)	-	2
diltiazem tab (CARDIZEM equiv)	-	2
felodipine ER tab (PLENDIL equiv)	-	2
isradipine cap (DYNACIRC equiv)	-	2
nifedipine cap (PROCARDIA equiv)	-	2
nifedipine ER tab (ADALAT CC equiv)	-	2
verapamil SR cap (VERELAN equiv)	-	2
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	2
verapamil tab (CALAN equiv)	-	2
diltiazem ER cap (CARDIZEM SR equiv)	-	3
diltiazem ER tab (CARDIZEM LA equiv)	-	3
nicardipine cap (CARDENE equiv)	-	3
nimodipine cap (NIMOTOP equiv)	-	3
nisoldipine ER tab (SULAR equiv)	-	3
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	3
ADALAT CC TAB	-	4
CALAN SR TAB	-	4
CARDIZEM CD CAP	-	4
CARDIZEM LA TAB	-	4
CARDIZEM TAB	-	4
DILACOR XR CAP	-	4
KATERZIA SUSP (Prior Authorization required for members age 9 years and older)	PA	4
NISOLDIPINE ER TAB 25.5MG	-	4
NORLIQVA ORAL SOLN (Prior Authorization required for members age 9 years and older)	PA	4
NORVASC TAB	-	4
SULAR TAB	-	4
TIAZAC CAP	-	4
VERELAN CAP	-	4
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC
NYMALIZE SOLN	-	NC
VERAPAMIL ER CAP	-	NC
VERAPAMIL ER CAP, VERELAN CAP	-	NC

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin soln (LANOXIN equiv)	-	2
DIGOXIN SOLN 0.05MG/ML	-	2
digoxin tab (LANOXIN equiv)	-	2
LANOXIN TAB	-	4
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
LANOXIN TAB 62.5MCG	-	NC

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP	-	NC
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 2 tabs/day)	QL	3
amlodipine/atorvastatin tab (CADUET equiv)	-	NC
BIDIL TAB	-	NC
CADUET TAB	-	NC
ENTRESTO CAP	-	NC
ENTRESTO TAB	-	NC
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC
OPSYNVI TAB	-	NC
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO TAB	-	NC
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TAB	-	NC
IMPOTENCE AGENTS		
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	2
CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	4
avanafil tab (STENDRA equiv)	-	NC
CIALIS TAB	-	NC
LEVITRA TAB	-	NC
sildenafil tab (VIAGRA equiv)	-	NC
STENDRA TAB	-	NC
tadalafil tab (CIALIS equiv)	-	NC
vardenafil ODT (STAXYN equiv)	-	NC
vardenafil tab (LEVITRA equiv)	-	NC
PERIPHERAL VASODILATORS		
isoxsuprine tab	-	3
PROSTAGLANDIN VASODILATORS		
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5
YUTREPIA CAP (QL= 112 caps/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	5
ORENITRAM TAB	-	NC
ORENITRAM TAB MONTH PAK	-	NC
VENTAVIS INH SOLN	-	NC
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		

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	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Available through Specialty Pharmacy Program
	Step Therapy		Tablet Splitting		Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier			
CARDIOVASCULAR AGENTS - MISC. Cont.					
WINREVAIR INJ (Only available through Accredo 800-803-2523)	LD-PA	5			
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS					
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2			
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2			
bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2			
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5			
LETAIRIS TAB	-	NC			
TRACLEER TAB	-	NC			
TRACLEER TAB 62.5MG, 125MG	-	NC			
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS					
sildenafil tab 20mg (REVATIO equiv)	PA	2			
tadalafil tab (PAH) (ADCIRCA equiv)	PA	2			
sildenafil susp (REVATIO equiv) (Prior Authorization required for members age 9 years and older)	PA	3			
REVATIO SUSP (Prior Authorization required for members age 9 years and older)	PA	4			
REVATIO TAB	PA	4			
TADLIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	4			
ADCIRCA TAB	-	NC			
LIQREV SUSP	-	NC			
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST					
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5			
UPTRAVI INJ	-	NC			
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR					
ADEMPAS TAB	-	NC			
SINUS NODE INHIBITORS					
ivabradine hcl tab (CORLANOR equiv)	-	2			
CORLANOR SOLN (Prior Authorization required for members age 9 years and older)	PA	4			
CORLANOR TAB	-	NC			
TRANSTHYRETIN STABILIZERS					
ATTRUBY PACK (QL= 4 tabs/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	5			
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5			
VYNDAMAX CAP	-	NC			
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)					
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	3			
CEPHALOSPORINS					
CEPHALOSPORINS - 1ST GENERATION					
cefadroxil cap (DURICEF equiv)	-	2			
cefadroxil susp (DURICEF equiv)	-	2			
cefadroxil tab (DURICEF equiv)	-	2			
cephalexin cap (KEFLEX equiv)	-	2			
cephalexin susp (KEFLEX equiv)	-	2			
CEFADROXIL TAB	-	3			
KEFLEX CAP	-	4			
cephalexin cap 750mg (KEFLEX equiv)	-	NC			
cephalexin tab	-	NC			
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
KEFLEX CAP 750MG	-	NC
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	2
cefprozil tab (CEFZIL equiv)	-	2
cefuroxime tab (CEFTIN equiv)	-	2
cefaclor cap (CECLOR equiv)	-	3
CEFACLOR CAP	-	4
CEFACLOR ER TAB	-	4
CEFACLOR SUSP	-	4
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	2
cefdinir susp (OMNICEF equiv)	-	2
cefixime cap (SUPRAX equiv)	-	3
cefixime susp (SUPRAX equiv)	-	3
CEFPODOXIME PROXETIL SUSP	-	3
cefpodoxime proxetil tab (VANTIN equiv)	-	3
SUPRAX CAP	-	4
SUPRAX CHEW TAB	-	4
SUPRAX SUSP 500MG/5ML	-	4
OMNICEF SUSP	-	NC
SUPRAX CAP	-	NC
SUPRAX SUSP	-	NC

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	ACA	1
ARANELLE TAB	ACA	1
aranelle tab (TRI-NORINYL equiv)	ACA	1
AVERI TAB	-	1
aviane tab (ALESSE equiv)	ACA	1
BALCOLTRA TAB	-	1
cesia tab (CYCLESSA equiv)	ACA	1
cryselle tab	ACA	1
drosiprone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	ACA	1
enpresse tab (TRI-LEVELLEN equiv)	ACA	1
FEMLYV TAB	-	1
gianvi tab, ocella tab (YASMIN, YAZ equiv)	ACA	1
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	ACA	1
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	ACA	1
kelnor tab (DEMULEN equiv)	ACA	1
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	1
LO LOESTRIN TAB	-	1
loestrin 21 tab	-	1
loestrin tab	-	1
NATAZIA TAB	-	1
NEXTSTELLIS TAB	-	1

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LD	NC/3P = Not Covered, Third Party Reviewer	LMS		M	
MSP	Affordable Care Act	OTC	Plan Exclusion	PA	Infertility
QL	Limited Distribution	RDX	Lumicera Mandatory Specialty Pharmacy Program	RS	Medical Benefit
SF	Mandatory Specialty Pharmacy Program	SMKG	Over-the-Counter	SP	Prior Authorization
ST	Quantity Limit	TS	Restricted to Diagnosis	VAC	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Available through Specialty Pharmacy Program
	Step Therapy		Tablet Splitting		Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	1
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	1
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	ACA	1
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	ACA	1
nortrel tab (OVCON 35 equiv)	ACA	1
sprintec 28 tab (ORTHO-CYCLEN equiv)	ACA	1
tri-legest tab (ESTROSTEP FE equiv)	ACA	1
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	ACA	1
TYBLUME TAB	ACA	1
VELIVET PAK	ACA	1
viorele tab, kariva tab (MIRCETTE equiv)	ACA	1
wymzya FE tab (FEMCON FE equiv)	ACA	1
BEYAZ TAB	-	4
DESOGEN TAB	-	NC
ESTROSTEP FE TAB	-	NC
FALESSA KIT	-	NC
FEMCON FE CHEW TAB	-	NC
MINASTRIN CHEW TAB	-	NC
MIRCETTE TAB	-	NC
ORTHO TRI-CYCLEN (LO) TAB	-	NC
ORTHO-CYCLEN TAB	-	NC
OVCON 35 TAB	-	NC
SAFYRAL TAB	-	NC
SEASONIQUE TAB	-	NC
TAYTULLA CAP	-	NC
TRI-NORINYL TAB	-	NC
YAZ TAB, YASMIN 28 TAB	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA PATCH	-	1
zafemy patch (XULANE equiv)	ACA	1
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA RING (QL= 1 ring/year)	QL	1
eluryng vaginal ring (NUVARING equiv)	-	1
NUVARING	-	NC
COPPER CONTRACEPTIVES - IUD		
MIDUELLA, PARAGARD IUD	ACA	1
EMERGENCY CONTRACEPTIVES		
ELLA TAB	ACA	1
levonorgestrel tab (PLAN B equiv)	ACA-OTC	1
PLAN B TAB	ACA-OTC	1
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPLANT	ACA	1
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	ACA-QL	1
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	ACA-QL	1

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LD	NC/3P = Not Covered, Third Party Reviewer	EXC	INF
MSP	Affordable Care Act	Plan Exclusion	Infertility
QL	Limited Distribution	LMSP	M
SF	Mandatory Specialty Pharmacy Program	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
ST	Quantity Limit	OTC	PA
	Limited to two 15 day fills per month for first 3 months	Over-the-Counter	Prior Authorization
	Step Therapy	RDX	RS
		Restricted to Diagnosis	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
DEPO-PROVERA INJ	-	NC
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	ACA	1
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	ACA	1
OPILL TAB	ACA-OTC	1
SLYND TAB	-	1
NOR-QD TAB	-	NC
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
DEXAMETHASONE CONC	-	2
dexamethasone elixir	-	2
DEXAMETHASONE PHOSPHATE INJ	-	2
DEXAMETHASONE SODIUM PHOSPHATE INJ	-	2
DEXAMETHASONE SOLN	-	2
dexamethasone tab (DECADRON equiv)	-	2
hydrocortisone tab (CORTEF equiv)	-	2
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	2
methylprednisolone dose pack (MEDROL equiv)	-	2
methylprednisolone tab (MEDROL equiv)	-	2
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	2
prednisolone soln	-	2
prednisolone soln (PEDIAPRED equiv)	-	2
prednisone tab (DELTASONE equiv)	-	2
triamcinolone acetate inj (KENALOG equiv)	-	2
budesonide ER tab (QL=1 tab/day)	PA-QL	3
budesonide SR cap (ENTOCORT EC equiv)	-	3
CORTISONE ACETATE TAB	-	3
hydrocortisone succinate inj 1000mg (SOLU-CORTEF equiv) (QL= 2 vials/fill)	QL	3
MEDROL TAB	-	3
prednisolone ODT (ORAPRED equiv)	-	3
PREDNISONE SOLN	-	3
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	3
SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)	QL	3
SOLU-MEDROL INJ 2GM	-	3
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	4
ORAPRED ODT TAB, PREDNISOLONE ODT TAB	-	4
PREDNISOLONE SOLN	-	4
SOLU-MEDROL PF INJ	-	4
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Only available through AnovoRx 844-288-5007; Prior Authorization required for members age 9 years and older)	LD-PA-QL	5
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Only available through AnovoRx 844-288-5007; Prior Authorization required for members age 9 years and older)	LD-PA-QL	5
KHINDIVI SOLN (QL= 90ml/30 days; Only available through AnovoRx 844-288-5007; Prior Authorization required for members age 9 years and older)	LD-PA-QL	5

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ACA	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	EXC	Plan Exclusion	INF	Infertility
LD	Affordable Care Act	LMS	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Limited Distribution	OTC	Over-the-Counter	PA	Prior Authorization
QL	Mandatory Specialty Pharmacy Program	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Quantity Limit	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Limited to two 15 day fills per month for first 3 months	TS	Tablet Splitting	VAC	Vaccine Program
	Step Therapy				

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Category/Class
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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
AGAMREE SUSP	-	NC
ALKINDI SPRINKLE CAP	-	NC
CORTEF TAB	-	NC
deflazacort susp (EMFLAZA equiv)	-	NC
deflazacort tab (EMFLAZA equiv)	-	NC
DEPO-MEDROL INJ	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
DEXAMETHASONE TAB	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
EOHILIA SUSP	-	NC
FLO-PRED SUSP	-	NC
KENALOG INJ	-	NC
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	NC
LIDOLOG KIT	-	NC
MEDROL DOSE PACK	-	NC
MEDROL TAB	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORAPRED SOLN	-	NC
ORTIKOS ER CAP	-	NC
prednisolone tab (MILLIPRED equiv)	-	NC
prednisone pack	-	NC
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
SOLU-MEDROL INJ	-	NC
TARPEYO CAP	-	NC
UCERIS TAB	-	NC

MINERALOCORTICIDS

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

ANTITUSSIVES

benzonatate cap (TESSALON equiv)	-	2
hydrocodone/homatropine syrup (HYCODAN equiv)	-	2
tussigon tab (HYCODAN equiv)	-	2
HYCODAN SYRUP	-	4
TESSALON CAP	-	4
BENZONATATE CAP 150MG	-	NC
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC

COUGH/COLD/ALLERGY COMBINATIONS

guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	2
promethazine DM syrup	-	2

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NC/3P = Not Covered, Third Party Reviewer		
ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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DrugName	Special Code	Tier			
COUGH/COLD/ALLERGY Cont.					
PROMETHAZINE VC SYRUP	-	2			
promethazine VC syrup (PHENERGAN VC equiv)	-	2			
PROMETHAZINE VC/CODEINE SYRUP	-	2			
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	2			
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	2			
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3			
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3			
BROVEX PEB LIQUID	OTC	EXC			
CLARINEX-D TAB	-	EXC			
lohist liquid (DECON-A equiv)	OTC	EXC			
SEMPREX-D CAP	-	EXC			
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC			
HYCOFENIX SOLN	-	NC			
INTENSE COUGH LIQUID	-	NC			
MUCINEX LIQUID	-	NC			
POLY-TUSSIN DM SYRUP	-	NC			
TUSSICAPS	-	NC			
TUXARIN ER TAB	-	NC			
TUZISTRA XR SUSP	-	NC			
EXPECTORANTS					
potassium iodide oral soln (SSKI equiv)	-	3			
SSKI ORAL SOLN	-	4			
GUAIFENESEN SYRUP	-	NC			
guaifenesin tab (ALLFEN JR equiv)	-	NC			
MUCINEX TAB	-	NC			
MISC. RESPIRATORY INHALANTS					
sodium chloride neb soln (HYPER-SAL equiv)	-	2			
NEBUSAL NEB SOLN	-	3			
HYPER-SAL NEB SOLN	-	4			
MUCOLYTICS					
acetylcysteine soln (MUCOMYST equiv)	-	2			
DERMATOLOGICALS					
ACNE PRODUCTS					
clindamycin gel (CLEOCIN GEL equiv)	-	2			
clindamycin lotion (CLEOCIN- T equiv)	-	2			
clindamycin pad (CLEOCIN-T equiv)	-	2			
clindamycin topical soln (CLEOCIN-T equiv)	-	2			
DIFFERIN OTC GEL 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	OTC-PA	2			
erythromycin gel	-	2			
erythromycin pad	-	2			
erythromycin soln	-	2			
adapalene cream (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3			
adapalene gel (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3			
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	3			
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	3			
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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
amneesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv)	-	3
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	3
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	3
clindamycin/tretinoin gel (ZIANA equiv)	-	3
ERY PAD	-	3
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	3
sodium sulfacetamide lotion (KLARON equiv)	-	3
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	3
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	3
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	3
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	3
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	3
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	3
tretinoin cream (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3
tretinoin gel (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3
tretinoin gel (RETIN-A GEL equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3
TRETINOIN MICROSPHERE GEL 0.04% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3
TRETINOIN MICROSPHERE GEL 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3
TRETINOIN MICROSPHERE GEL PUMP 0.04% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3
TRETINOIN MICROSPHERE GEL PUMP 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3
ATRALIN GEL, RETIN-A GEL	PA	4
BENZACLIN GEL	-	4
BENZAMYCIN GEL	-	4
CLARIFOAM EF FOAM	-	4
CLEOCIN-T LOTION	-	4
CLEOCIN-T PAD	-	4
CLEOCIN-T SOLN	-	4
DIFFERIN CREAM	PA	4
DIFFERIN GEL	PA	4
DUAC GEL	-	4
EPIDUO GEL 0.1-2.5%	-	4
KLARON LOTION	-	4
RETIN-A CREAM	PA	4
ROSULA EMULSION	-	4
SUMADAN WASH 9-4.5%	-	4
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ACZONE GEL	-	NC
ADAPALENE SOLN	-	NC
ADAPALENE LOTION	-	NC
ADAPALENE PAD	-	NC
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC

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ACA	NC = Not Covered	EXC	Plan Exclusion	INF	Infertility
LD	NC/3P = Not Covered, Third Party Reviewer	LMS	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Affordable Care Act	OTC	Over-the-Counter	PA	Prior Authorization
QL	Limited Distribution	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Mandatory Specialty Pharmacy Program	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Quantity Limit	TS	Tablet Splitting	VAC	Vaccine Program
	Limited to two 15 day fills per month for first 3 months				
	Step Therapy				

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
AKLIEF CREAM	-	NC
ALTRENO LOTION	-	NC
AMZEEQ FOAM	-	NC
ARAZLO LOTION	-	NC
AVAR AEROSOL FOAM	-	NC
AVAR PAD	-	NC
AVAR-E LS CREAM 10-2%	-	NC
AZELEX CREAM	-	NC
BENZAMYCIN GEL PACK	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CABTREGO GEL	-	NC
CLENIA PLUS SUSP	-	NC
CLEOCIN-T GEL	-	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC
CLINDAVIX KIT	-	NC
dapsone gel (ACZONE equiv)	-	NC
DIFFERIN LOTION	-	NC
EPIDUO FORTE GEL 0.3-2.5%	-	NC
EPSOLAY CREAM	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
isotretinoin cap 25mg (ABSORICA equiv)	-	NC
isotretinoin cap 35mg (ABSORICA equiv)	-	NC
NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC
ONEXTON GEL 1.2-3.75%	-	NC
PLEXION CREAM 9.8-4.8%	-	NC
PLEXION LOTION	-	NC
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
RETIN-A MICRO GEL, RETIN-A MICRO GEL PUMP	-	NC
SODIUM SULFACETAMIDE/SULFUR CREAM 10-2%	-	NC
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	NC
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC
SUMADEN XLT KIT	-	NC

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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SUMAXIN WASH	-	NC
TRETIN-X CREAM	-	NC
TWYNEO CREAM	-	NC
WINLEVI CREAM	-	NC
ZIANA GEL	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
KYBELLA INJ	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	2
gentamicin sulfate oint	-	2
mupirocin oint (BACTROBAN OINT equiv)	-	2
CENTANY OINT	-	4
ALTABAX OINT	-	NC
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
XEPI CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	2
ciclopirox gel (LOPROX GEL equiv)	-	2
ciclopirox nail soln (PENLAC equiv)	-	2
ciclopirox topical susp (LOPROX SUSP equiv)	-	2
clotrimazole cream (LOTRIMIN AF equiv)	OTC	2
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	2
econazole cream (SPECTAZOLE equiv)	-	2
ketoconazole cream (NIZORAL CREAM equiv)	-	2
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	2
nystatin cream (MYCOSTATIN CREAM equiv)	-	2
nystatin oint	-	2
nystatin topical powder	-	2
nystatin/triamcinolone cream	-	2
nystatin/triamcinolone oint	-	2
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	3
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	3
naftifine cream (NAFTIN equiv)	-	3
oxiconazole nitrate cream (OXISTAT equiv)	-	3
tavaborole soln (KERYDIN equiv) (QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab)	QL-ST	3
EXELDERM SOLN	-	4

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LOPROX CREAM	-	4
LOPROX SHAMPOO	-	4
LOTRISONE CREAM	-	4
MENTAX CREAM	-	4
NAFTIFINE CREAM	-	4
NIZORAL SHAMPOO	-	4
ALCORTIN A GEL	-	NC
ALOQUIN GEL	-	NC
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	NC
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	NC
ECONASIL KIT	-	NC
ECONAZOLE NITRATE FOAM, ECOZA FOAM	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC
HIXDEFRIMA SOLN	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
naftifine hcl gel 2% (NAFTIN equiv)	-	NC
NAFTIN GEL 2%	-	NC
NYATA KIT	-	NC
ONYCHO-MED KIT	-	NC
OXISTAT CREAM	-	NC
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ZOLPAK KIT	-	NC

ANTI-INFLAMMATORY AGENTS - TOPICAL

diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	3
diclofenac gel 1% (VOLTAREN equiv)	-	NC
DICLOFENAC PATCH, FLECTOR PATCH	-	NC
diclofenac sodium gel kit (VENNGEL equiv)	-	NC
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC
DICLONA GEL	-	NC
DICLOTREX PAK	-	NC
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
INFLAMMA-K KIT	-	NC
LICART PATCH	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC

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LD	NC/3P = Not Covered, Third Party Reviewer	LMS		M	
MSP	Affordable Care Act	OTC	Plan Exclusion	PA	Infertility
QL	Limited Distribution	RDX	Lumicera Mandatory Specialty Pharmacy Program	RS	Medical Benefit
SF	Mandatory Specialty Pharmacy Program	SMKG	Over-the-Counter	SP	Prior Authorization
ST	Quantity Limit	TS	Restricted to Diagnosis	VAC	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Available through Specialty Pharmacy Program
	Step Therapy		Tablet Splitting		Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
STEQEYMA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	5
STEQEYMA INJ 90MG (QL= 1 inj/84 days)	LMSP-PA-QL	5
TALTZ INJ (QL= 1 inj/28 days)	LMSP-PA-QL	5
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	LMSP-PA-QL	5
TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days)	LMSP-PA-QL	5
TREMFYA INJ (QL= 1 inj/56 days)	LMSP-PA-QL	5
USTEKINUMAB-AEKN 45MG/0.5ML (QL= 1 inj/84 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	5
USTEKINUMAB-AEKN 90MG/ML (QL= 1 inj/84 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	5
YESINTEK INJ (QL= 1 inj/84 days)	LMSP-PA-QL	5
YESINTEK SYRINGE (QL= 1 inj/84 days)	LMSP-PA-QL	5
YESINTEK SYRINGE 90MG (QL= 1 inj/84 days)	LMSP-PA-QL	5
BIMZELX INJ	-	NC
calcipotriene cream (TRIONEX equiv)	-	NC
CALCIPOTRIENE FOAM	-	NC
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC
CALSODORE PAK	-	NC
COSENTYX INJ (1-PACK)	-	NC
COSENTYX INJ (2-PACK)	-	NC
COSENTYX INJ 300MG/2ML	-	NC
COSENTYX UNO INJ	-	NC
IMULDOSA SYRINGE	-	NC
NUDERMRXPAK PAK	-	NC
OTULFI INJ	-	NC
OTULFI, USTEKINUMAB-AAUZ SYRINGE	-	NC
PYZCHIVA INJ	-	NC
SELARSDI INJ	-	NC
SILIQ INJ	-	NC
SOTYKTU TAB	-	NC
STARJEMZA INJ	-	NC
STARJEMZA PFS INJ	-	NC
STELARA INJ	-	NC
tazarotene gel (TAZORAC equiv)	-	NC
TAZORAC GEL	-	NC
TRIONEX PAK	-	NC
USTEKINUMAB INJ	-	NC
VECTICAL OINT	-	NC
VTAMA CREAM	-	NC
WEZLANA INJ	-	NC
WEZLANA SYRINGE	-	NC

ANTISEBORRHEIC PRODUCTS

selenium sulfide lotion 2.5% (SELSUN equiv)	-	2
selenium sulfide shampoo (SELSEB equiv)	-	3
sodium sulfacetamide wash (OVACE WASH equiv)	-	3
OVACE PLUS CREAM	-	4
OVACE WASH	-	4
ESKATA SOLN	-	NC

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
OVACE PLUS GEL	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS SHAMPOO	-	NC
OVACE PLUS FOAM	-	NC
PROMISEB CREAM	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
SELRX SHAMPOO 2.3%	-	NC
sodium sulfacetamide gel (OVACE equiv)	-	NC
sodium sulfacetamide shampoo (OVACE equiv)	-	NC
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX equiv)	-	2
DENAVIR CREAM	-	4
penciclovir cream (DENAVIR equiv)	-	4
ZOVIRAX OINT	-	4
acyclovir cream (ZOVIRAX equiv)	-	NC
XERESE CREAM	-	NC
ZELSUVMI GEL	-	NC
ZOVIRAX CREAM	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	2
SULFAMYLON CREAM	-	3
SILVADENE CREAM	-	4
MAFENIDE ACETATE SOLN PACK	-	NC
SULFAMYLON PACK	-	NC
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	2
ALCLOMETASONE OINT	-	2
alclometasone oint (ACLOVATE equiv)	-	2
BETAMETH VALERATE LOTION	-	2
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	2
betamethasone augmented oint (DIPROLENE OINT equiv)	-	2
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	2
betamethasone dipropionate lotion	-	2
betamethasone valerate cream	-	2
betamethasone valerate lotion	-	2
betamethasone valerate oint	-	2
clobetasol propionate cream (TEMOVATE equiv)	-	2
clobetasol propionate oint (TEMOVATE equiv)	-	2
clobetasol propionate soln (TEMOVATE equiv)	-	2
fluocinolone acetonide cream	-	2
fluocinolone acetonide oil (DERMA SMOOTH/FS equiv)	-	2
fluocinolone acetonide oint	-	2
fluocinolone acetonide soln	-	2
fluocinonide cream 0.05% (LIDEX equiv)	-	2
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	2

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ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSPLumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
flucinonide emollient cream	-	2
flucinonide gel	-	2
flucinonide oint	-	2
flucinonide soln	-	2
fluticasone propionate cream (CUTIVATE equiv)	-	2
fluticasone propionate oint (CUTIVATE equiv)	-	2
hydrocortisone cream (PROCTOCORT equiv)	-	2
hydrocortisone lotion (HYTONE equiv)	-	2
HYDROCORTISONE LOTION 2.5%	-	2
hydrocortisone oint	-	2
mometasone cream (ELOCON equiv)	-	2
mometasone oint (ELOCON equiv)	-	2
mometasone soln (ELOCON equiv)	-	2
triamcinolone cream	-	2
triamcinolone lotion	-	2
triamcinolone oint	-	2
BETAMETHASONE AUGMENTED GEL	-	3
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	3
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	3
clobetasol foam (OLUX equiv)	-	3
clobetasol lotion (CLOBEX equiv)	-	3
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	3
clobetasol propionate gel (TEMOVATE GEL equiv)	-	3
clobetasol shampoo (CLOBEX equiv)	-	3
clobetasol spray (CLOBEX equiv)	-	3
clocortolone pivalate cream (QL= 90gm/30 days)	QL	3
DERMA-SMOOTH/FS OIL	-	3
desonide cream (DESOWEN equiv)	-	3
desonide oint	-	3
desoximetasone cream (TOPICORT CREAM equiv)	-	3
EPIFOAM AEROSOL	-	3
halobetasol propionate cream (ULTRAVATE equiv)	-	3
halobetasol propionate oint (ULTRAVATE equiv)	-	3
AMCINONIDE LOTION	-	4
CLOBEX LOTION	-	4
CLOBEX SHAMPOO	-	4
CLOBEX SPRAY	-	4
DIPROLENE AF CREAM	-	4
DIPROLENE OINT	-	4
ELOCON CREAM	-	4
ELOCON OINT	-	4
NUCORT LOTION	-	4
OLUX FOAM	-	4
PROCTOCORT CREAM	-	4
TEMOVATE CREAM	-	4
TEMOVATE OINT	-	4

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LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
TOPICORT CREAM	-	4
ULTRAVATE CREAM	-	4
ULTRAVATE OINT	-	4
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE OINTMENT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone augmented gel	-	NC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC
BRYHALI LOTION	-	NC
calcipotriene/betamethasone dipropionate susp	-	NC
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC
CAPEX SHAMPOO	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CLOBETASOL PROPIONATE CREAM, IMPOYZ CREAM	-	NC
CLOBETAVIX KIT	-	NC
CLOCORTOLONE CREAM	-	NC
CLODERM CREAM	-	NC
CORDRAN CREAM	-	NC
CORDRAN CREAM 0.025%	-	NC
CORDRAN LOTION	-	NC
CORDRAN OINTMENT	-	NC
CORDRAN TAPE	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide gel	-	NC
desonide lotion	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC
DESOXIMETASONE GEL	-	NC
desoximetasone oint (TOPICORT equiv)	-	NC
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM	-	NC
DIFLORASONE CREAM, PSORCON CREAM	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
FLUOPAR KIT	-	NC
FLUOVIX PAK	-	NC

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
FLURANDRENOL LOTION	-	NC
flurandrenolide cream (CORDRAN equiv)	-	NC
flurandrenolide oint (CORDRAN equiv)	-	NC
FLUTICASONE LOTION	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halcinonide cream (HALOG equiv)	-	NC
HALCINONIDE SOLN	-	NC
halcinonide soln (HALOG equiv)	-	NC
HALOBETASOL AER	-	NC
halobetasol propionate foam (LEXETTE equiv)	-	NC
HALOG CREAM	-	NC
HALOG OINT	-	NC
HALOG SOLN	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC BUTYRATE CREAM	-	NC
HC BUTYRATE SOLN	-	NC
HC PRAMOXINE CREAM 1-2.5%	-	NC
HC/PRAMOXINE CREAM 1-2.35%	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
HYDROCORTISONE BUTYRATE LIPO CREAM	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
HYDROCORTISONE BUTYRATE OINT	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC
HYDROCORTISONE PAK	-	NC
hydrocortisone valerate cream	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC
HYDROXYM GEL	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
KENALOG SPRAY	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID LOTION	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
PANDEL CREAM	-	NC

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NC/3P = Not Covered, Third Party Reviewer		
ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 1%	-	NC
PRAMOSONE CREAM 2.5-1%	-	NC
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC
PREDNICARBATE OIN	-	NC
QUINIXIL PAK	-	NC
QUINOSONE KIT	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TACLONEX OINT	-	NC
TASOPROL CREAM KIT	-	NC
TEXACORT SOLN	-	NC
TOPICORT CREAM 0.05%	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT	-	NC
TOPICORT OINT 0.05%	-	NC
TOVET KIT	-	NC
triamcinolone acetone oint (TRIANEX equiv)	-	NC
TRIAMCINOLONE SPRAY	-	NC
triamcinolone spray (KENALOG equiv)	-	NC
TRIAMVEX KIT	-	NC
TRIANEX OINT	-	NC
TRIOLOCICLO KIT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC
WYNZORA CREAM	-	NC

ECZEMA AGENTS

OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	4
ADBRY INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5
ADBRY INJ (QL= 4 inj/28 days)	LMSP-PA-QL	5
CIBINQO TAB (QL= 1 tab/day)	LMSP-PA-QL	5
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5
EBGLYSS INJ (QL= 1 inj/28 days)	LMSP-PA-QL	5
EBGLYSS PEN INJ (QL= 1 inj/28 days)	LMSP-PA-QL	5
ANZUPGO CREAM	-	NC

EMOLLIENT/KERATOLYTIC AGENTS

CARMOL LOTION	-	NC
GORDON'S UREA OINT 40%	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
UMECTA EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
urea emulsion	-	NC
urea gel (URAMAXIN equiv)	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	2
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	2
HYLINATE LOTION	-	NC
ENZYMES - TOPICAL		
vasolex oint (XENADERM equiv)	-	2
SANTYL OINT (QL= 90gm/30 days)	QL	3
XENADERM OINT	-	4
HAIR GROWTH AGENTS		
LITFULO CAP (QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	5
bimatoprost ophth soln	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
LEQSELVI TAB	-	NC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ (QL= 1 inj/56 days)	LMSP-PA-QL	5
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	2
ALDARA CREAM	-	4
IMIQUIMOD CREAM 3.75%	-	NC
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	2
pimecrolimus cream (ELIDEL equiv) (Covered for members age 2 years and older)	-	3
ELIDEL CREAM (Covered for members age 2 years and older)	-	4
PROTOPIC OINT	-	4
HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	5
OXIANUJO CREAM	-	NC
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	3
PODOFILOX SOLN	-	3
podofilox soln (CONDYLOX equiv)	-	3

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
salicylic acid shampoo (SALEX equiv)	-	3
CONDYLOX GEL	-	4
podoflox gel (CONDYLOX equiv)	-	4
SALEX SHAMPOO	-	4
ATRIX SYSTEM KIT	-	NC
GEAMETDRAY GEL	-	NC
METDRAY GEL	-	NC
SALEX LOTION KIT	-	NC
SALICATE LIQUID	-	NC
SALICYLIC AC SOLN ER, XALIX SOLN	-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	2
lidocaine gel (GLYDO equiv)	-	2
lidocaine oint (QL= 107gm/30 days)	QL	2
lidocaine soln (XYLOCAINE equiv)	-	2
lidocaine/prilocaine cream (EMLA equiv)	-	2
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	3
LIDODERM PATCH (QL= 3 patches/day)	QL	4
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
DERMALID PAK	-	NC
GEN7T LOTION	-	NC
GEN7T PAD 3.5%	-	NC
GEN7T PLUS LOTION	-	NC
GEN7T PLUS PAD	-	NC
L.E.T. GEL	-	NC
LIDAMANTLE LOTION	-	NC
LIDO/MENTHOL SPRAY	-	NC
LIDO/RAC/TET GEL	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC
lidocaine gel (XYLOCAINE equiv)	-	NC
lidocaine hcl cream 4.12%	-	NC
lidocaine lotion (LIDAMANTLE equiv)	-	NC
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC
lidocaine patch 3.5% (GEN7T equiv)	OTC	NC
LIDOCAINE/TETRACAINE CREAM	-	NC
LIDOCIN GEL	-	NC
LIDO-EP-TETR SOLN	-	NC
LIDOSTREAM KIT	-	NC

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MSP	Affordable Care Act	OTC	Over-the-Counter	PA	Prior Authorization
QL	Limited Distribution	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Mandatory Specialty Pharmacy Program	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Quantity Limit	TS	Tablet Splitting	VAC	Vaccine Program
	Limited to two 15 day fills per month for first 3 months				

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LIDOTRAL CREAM	-	NC
LIDOTREX GEL	-	NC
LIDOVEX CREAM	-	NC
LMR PLUS KIT	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC
NENDRUX GEL	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNERA PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
EPICERAM EMULSION	-	NC
NEOSALUS FOAM	-	NC
NEOSALUS LOTION	-	NC
MISC. TOPICAL		
DRYSOL SOLN	-	2
DERMACINRX CREAM	-	NC
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
SOFDRA GEL	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	3
ZORYVE FOAM (QL= 60 grams/30 days)	PA-QL	3
EUCRISA OINT	-	NC
ZORYVE CREAM 0.05%	-	NC
ZORYVE CREAM 0.15%	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
metronidazole cream (METROCREAM equiv)	-	2
metronidazole gel 0.75% (METROGEL equiv)	-	2
azelaic acid gel (FINACEA equiv)	-	3
FINACEA FOAM	-	3
ivermectin cream (SOOLANTRA equiv) (QL= 45 grams/30 days)	QL	3
metronidazole gel (METROGEL equiv)	-	3
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NC = Not Covered NC/3P = Not Covered, Third Party Reviewer ACA Affordable Care Act LD Limited Distribution MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months ST Step Therapy	generic = small letters EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program OTC Over-the-Counter RDX Restricted to Diagnosis SMKG Smoking Cessation TS Tablet Splitting	BRANDS = CAPITAL LETTERS INF Infertility M Medical Benefit PA Prior Authorization RS Restricted to Specialist SP Available through Specialty Pharmacy Program VAC Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
metronidazole lotion (METROLOTION equiv)	-	3
FINACEA GEL	-	4
METROCREAM	-	4
METROGEL 1%	-	4
METROLOTION	-	4
brimonidine tartrate gel (MIRVASO equiv)	-	EXC
MIRVASO GEL	-	EXC
RHOFADE CREAM	-	EXC
DAZOMON GEL	-	NC
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	NC
EMROSI CAP	-	NC
IVERMECTIN CREAM	-	NC
NORITATE CREAM	-	NC
ORACEA CAP	-	NC
ROSDAN KIT	-	NC
SOOLANTRA CREAM	-	NC
ZILXI FOAM	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	2
ELIMITE CREAM	-	3
LINDANE SHAMPOO	-	3
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	4
OVIDE LOTION (QL= 2 bottles/fill)	QL	4
CROTAN LOTION	-	NC
IVERMECTIN LOTION	-	NC
SKLICE LOTION	-	NC
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	QL	3
ALEVICYN SOLN DERMAL	-	NC
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
COLLANEX EXTERNAL POWDER	-	NC
FILSUVEZ GEL	-	NC
KERAMATRIX	-	NC
KERASTAT CREAM	-	NC
KERASTAT GEL	-	NC
REXASIL KIT	-	NC
WOUND-DRESSING GELS	-	NC

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MSP	Affordable Care Act	Plan Exclusion	Infertility
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SF	Mandatory Specialty Pharmacy Program	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
ST	Quantity Limit	OTC	PA
	Limited to two 15 day fills per month for first 3 months	Over-the-Counter	Prior Authorization
	Step Therapy	RDX	RS
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		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
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DIAGNOSTIC PRODUCTS

DIAGNOSTIC BIOLOGICALS

TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
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DIAGNOSTIC DRUGS

GLUCAGEN INJ	-	3
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC

DIAGNOSTIC PRODUCTS, MISC.

FREESTYLE LITE TEST STRIP	OTC	3
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DIAGNOSTIC TESTS

CLINISTIX TEST STRIP	OTC	2
KETO-DIASTIX TEST STRIP	OTC	2
KETOSTIX	OTC	2
ACCU-CHEK GUIDE TEST STRIP	OTC	3
FREESTYLE INSULINX TEST STRIP	OTC	3
FREESTYLE PRECISION NEO TEST STRIP	OTC	3
FREESTYLE TEST STRIP	OTC	3
PRECISION XTRA TEST STRIP	OTC	3
COVID-19 TEST	OTC	EXC
CUE COVID-19 TEST CARTRIDGE	OTC	EXC
CUE HEALTH MONITOR	OTC	EXC
PRECISION XTRA KETONE TEST STRIP	OTC	NC
TEST STRIP (all other test strips)	OTC	NC

RADIOGRAPHIC CONTRAST MEDIA

OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

ASTAMED MYO CAP	-	EXC
DEPLIN CAP	-	EXC
ELIGEN B12 TAB	-	EXC
FALESSA TAB	-	EXC
FOLTANX TAB	-	EXC
GLYGEST PAK	-	EXC
L-METHYLFOLATE TAB	-	EXC
LUVIRA CAP	-	EXC
METANX CAP	-	EXC
OLLIZAC POWDER	-	EXC
PODIAPN CAP	-	EXC
XAQUIL XR TAB	-	EXC
XYZBAC TAB	-	EXC

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP	-	3
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC

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Prime 4 Tier Formulary

Category/Class

Last Updated* 12/1/2025

DrugName	Special Code	Tier
DIGESTIVE AIDS Cont.		
SUCRAID SOLN	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide tab	-	2
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	3
methazolamide tab (NEPTAZANE equiv)	-	3
NEPTAZANE TAB	-	4
dichlorphenamide tab (KEVEYIS equiv)	-	NC
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	2
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	2
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	2
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	2
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	2
ALDACTAZIDE TAB	-	4
ALDACTAZIDE TAB 50-50MG	-	4
MAXZIDE TAB	-	4
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	2
FUROSEMIDE SOLN	-	2
furosemide soln (LASIX equiv)	-	2
furosemide tab (LASIX equiv)	-	2
torsemide tab (DEMADEX equiv)	-	2
ethacrynic tab (EDECIN equiv)	-	3
EDECIN TAB	-	4
LASIX TAB	-	4
FUROSCIX KIT (QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633)	LD-QL	5
ENBUMYST SOLN	-	NC
LASIX ONYU INJ 80MG/2.67ML	-	NC
SOAANZ TAB	-	NC
OSMOTIC DIURETICS		
mannitol soln (OSMITROL equiv)	-	NC
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	2
spironolactone tab (ALDACTONE equiv)	-	2
spironolactone susp (CAROSPIR equiv)	PA	3
triamterene cap (DYRENIUM equiv)	-	3
ALDACTONE TAB	-	4
CAROSPIR SUSP	PA	4
DYRENIUM CAP	-	4
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab	-	2
hydrochlorothiazide cap (MICROZIDE equiv)	-	2

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Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
DIURETICS Cont.		
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	2
indapamide tab (LOZOL equiv)	-	2
metolazone tab (ZAROXOLYN equiv)	-	2
DIURIL SUSP	-	3
INZIRQO SUSP (Prior Authorization required for members age 9 years and older)	PA	4
THALITONE TAB	-	NC

ENDOCRINE AND METABOLIC AGENTS - MISC.

ADRENAL STEROID INHIBITORS

ISTURISA TAB (QL= 12 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	5
RECORLEV TAB	-	NC

BONE DENSITY REGULATORS

alendronate tab (FOSAMAX equiv)	-	2
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	2
teriparatide (recombinant) soln pen-inj (FORTEO equiv)	LMSP	2
alendronate sodium oral soln (FOSAMAX equiv)	-	3
ALENDRONATE TAB 40MG	-	3
calcitonin nasal spray (MIACALCIN equiv)	-	3
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	3
risedronate tab (ACTONEL equiv)	-	3
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	4
BONIVA TAB 150MG (QL= 1 tab/30 days)	QL	4
FOSAMAX TAB	-	4
TYMLOS INJ	LMSP	5
ACTONEL TAB	-	NC
BINOSTO TAB	-	NC
BONSITY INJ	-	NC
calcitonin inj (MIACALCIN equiv)	-	NC
FORTEO INJ	-	NC
FOSAMAX+D TAB	-	NC
MIACALCIN INJ	-	NC
pamidronate inj	-	NC
PROLIA INJ	-	NC
ZOMETA INJ	-	NC

CORTICOTROPIN

ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	5
ACTHAR GEL AUTO-INJECTOR	-	NC
CORTROPHIN INJ	-	NC
CORTROPHIN INJ GEL	-	NC

CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS

CRENESSITY CAP (QL= 2 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	5
CRENESSITY SOLN (QL= 2ml/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	5

FERTILITY REGULATORS

clomiphene citrate tab (CLOMID equiv) (QL= 30 days supply/fill)	INF-PA-QL	5
CLOMIPHENE TAB (QL= 30 days supply/fill)	INF-PA-QL	5
FOLLISTIM AQ INJ (QL= 30 days supply/fill)	INF-PA-QL	5

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LD	NC/3P = Not Covered, Third Party Reviewer	EXC	INF
MSP	Affordable Care Act	Plan Exclusion	Infertility
QL	Limited Distribution	LMSP	M
SF	Mandatory Specialty Pharmacy Program	Over-the-Counter	Medical Benefit
ST	Quantity Limit	OTC	PA
	Limited to two 15 day fills per month for first 3 months	Restricted to Diagnosis	Prior Authorization
	Step Therapy	RDX	RS
		Smoking Cessation	Restricted to Specialist
		SMKG	SP
		Tablet Splitting	Available through Specialty Pharmacy Program
		TS	VAC
			Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
GONAL-F RFF INJ (QL= 30 days supply/fill)	INF-PA-QL	5
GONAL-F RFF INJ, GONAL-F INJ (QL= 30 days supply/fill)	INF-PA-QL	5
MENOPUR INJ (QL= 30 days supply/fill)	INF-PA-QL	5
OVIDREL INJ (QL= 30 days supply/fill)	INF-PA-QL	5
PREGNYL INJ, NOVAREL INJ (QL= 30 days supply/fill)	INF-PA-QL	5
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	3
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	3
CETROTIDE KIT (QL= 30 days supply/fill)	INF-PA-QL	5
cetorelix acetate for inj kit (CETROTIDE equiv)	-	NC
ganirelix ac inj (GANIRELIX equiv)	-	NC
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	5
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	EXC
EGRIFTA WR KIT	-	EXC
GROWTH HORMONES		
GENOTROPIN INJ	LMSP-PA	5
GENOTROPIN INJ 5MG	LMSP-PA	5
OMNITROPE INJ	LMSP-PA	5
SKYTROFA INJ	LMSP-PA	5
SOGROYA INJ	LMSP-PA	5
HUMATROPE INJ, ZOMACTON INJ	-	NC
NGENLA INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
ZOMACTON INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	ACA	1
EVISTA TAB	-	4
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	-	NC
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA PACK	-	NC
LUPRON DEPOT PED INJ	-	NC
SYNAREL NASAL SOLN	-	NC
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
LYNKUET CAP	-	NC
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	2
calcitriol soln (ROCALTROL equiv)	-	2
carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)	LD-PA	2

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MSP	Affordable Care Act	Plan Exclusion	Infertility
QL	Limited Distribution	LMSP	Medical Benefit
SF	Mandatory Specialty Pharmacy Program	Lumicera Mandatory Specialty Pharmacy Program	PA
ST	Quantity Limit	OTC	Prior Authorization
	Limited to two 15 day fills per month for first 3 months	RDX	RS
		Restricted to Diagnosis	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
levocarnitine soln (CARNITOR equiv)	-	2
levocarnitine tab (CARNITOR equiv)	-	2
nitisinone cap (ORFADIN equiv)	LMSP-PA	2
cinacalcet tab (SENSIPAR equiv) (Restricted to Endocrinology or Nephrology Specialist)	RS	3
DOXERCALCIFEROL CAP	-	3
doxercalciferol cap (HECTOROL equiv)	-	3
paricalcitol cap (ZEMPLAR equiv)	-	3
sapropterin dihydrochloride powder packet (KUVAN equiv)	LMSP-PA	3
sapropterin dihydrochloride soluble tab (KUVAN equiv)	LMSP-PA	3
sodium phenylbutyrate powder (BUPHENYL equiv)	-	3
sodium phenylbutyrate tab (BUPHENYL equiv)	-	3
BUPHENYL POWDER	-	4
CARNITOR SOLN	-	4
CARNITOR TAB	-	4
HECTOROL CAP	-	4
ROCALTROL CAP	-	4
ROCALTROL SOLN	-	4
ZEMPLAR CAP	-	4
betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416)	LD	5
IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	5
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD	5
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	5
TRYNGOLZA INJ (QL= 1 inj/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	5
XPHOZAH TAB (QL= 2 tabs/day)	MSP-PA-QL	5
YORVIPATH INJ (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	5
YORVIPATH INJ 294MCG (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	5
YORVIPATH INJ 420MCG (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	5
ALDURAZYME INJ	-	NC
BUPHENYL TAB	-	NC
CALCITRIOL INJ	-	NC
CARBAGLU TAB	-	NC
CITRULLINE EASY TAB	-	NC
CYSTADANE POWDER	-	NC
FABRAZYME INJ	-	NC
FORZINITY INJ	-	NC
GALAFOLD CAP	-	NC
glycerol phenylbutyrate liquid (RAVICTI equiv)	-	NC
HARLIKU TAB	-	NC
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
MYALEPT INJ	-	NC
NITYR TAB	-	NC
OLPRUVA PACK	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
PALYNZIQ INJ	-	NC

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ACA	NC = Not Covered	EXC	Plan Exclusion	INF	Infertility
LD	NC/3P = Not Covered, Third Party Reviewer	LMS	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Affordable Care Act	OTC	Over-the-Counter	PA	Prior Authorization
QL	Limited Distribution	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Mandatory Specialty Pharmacy Program	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Quantity Limit	TS	Tablet Splitting	VAC	Vaccine Program
	Limited to two 15 day fills per month for first 3 months				
	Step Therapy				

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
SENSIPAR TAB	-	NC
SEPHIENCE POWDER	-	NC
VYKAT XR TAB	-	NC
XURIDEN POWDER	-	NC
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3
NATRIURETIC PEPTIDES		
VOXZOGO INJ	-	NC
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray (DDAVP equiv)	-	3
desmopressin acetate tab (DDAVP equiv)	-	3
DESMOPRESSIN NASAL SPRAY	-	3
STIMATE NASAL SOLN	-	3
VASOPRESSIN INJ	-	4
vasopressin iv inj (VASOSTRICT equiv)	-	4
VASOSTRICT INJ	-	4
DDAVP INJ	-	NC
DDAVP NASAL SPRAY	-	NC
DDAVP TAB	-	NC
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200mg (MIFIPREX equiv)	-	EXC
MIFIPREX TAB	-	EXC
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	2
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	LMSP	2
OCTREOTIDE INJ 100MCG	LMSP	5
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
PALSONIFY TAB	-	NC
SANDOSTATIN INJ	-	NC
SIGNIFOR INJ	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tab (SAMSCA, JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
tolvaptan tab therapy pack (JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
TOLVAPTAN TAB	MSP	5
JYNARQUE PAK	-	NC
SAMSCA TAB	-	NC

ESTROGENS

ESTROGEN COMBINATIONS

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ESTROGENS Cont.		
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	2
jinteli tab (FEMHRT equiv)	-	2
COMBIPATCH	-	3
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	3
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	3
PREMPHASE TAB, PREMPRO TAB	-	3
BIJUVA CAP (QL= 1 cap/day)	QL	4
ACTIVEVELLA TAB	-	NC
ANGELIQ TAB	-	NC
CLIMARA PRO PATCH	-	NC
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC
ESTRATEST TAB	-	NC
FEMHRT TAB	-	NC
PREFEST TAB	-	NC

ESTROGENS

estradiol patch (CLIMARA equiv)	-	2
estradiol patch (VIVELLE-DOT, MINIVELLE equiv)	-	2
estradiol tab (ESTRACE equiv)	-	2
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	3
estrogens, conjugated tab (PREMARIN equiv)	-	3
MENEST TAB	-	4
ALORA PATCH	-	NC
CLIMARA PATCH	-	NC
DELESTROGEN INJ	-	NC
DIVIGEL GEL	-	NC
DIVIGEL GEL, ELESTRIN GEL	-	NC
ESTRACE TAB	-	NC
estradiol td gel (DIVIGEL equiv)	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
PREMARIN TAB	-	NC
VIVELLE-DOT, MINIVELLE PATCH	-	NC

FLUOROQUINOLONES

FLUOROQUINOLONES

ciprofloxacin tab (CIPRO equiv)	-	2
levofloxacin soln (LEVAQUIN equiv)	-	2
levofloxacin tab (LEVAQUIN equiv)	-	2
OFLOXACIN TAB	-	2
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	3
ciprofloxacin susp (CIPRO equiv)	-	3
moxifloxacin tab (AVELOX equiv)	-	3
CIPRO SUSP	-	4
CIPROFLOXACIN 100MG TAB	-	4
AVELOX TAB	-	NC
CIPRO TAB	-	NC

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LD	NC/3P = Not Covered, Third Party Reviewer	LMSPP	Plan Exclusion	M	Infertility
MSP	Affordable Care Act	OTC	Lumicera Mandatory Specialty Pharmacy Program	PA	Medical Benefit
QL	Limited Distribution	RDX	Over-the-Counter	RS	Prior Authorization
SF	Mandatory Specialty Pharmacy Program	SMKG	Restricted to Diagnosis	SP	Restricted to Specialist
ST	Quantity Limit	TS	Smoking Cessation	VAC	Available through Specialty Pharmacy Program
	Limited to two 15 day fills per month for first 3 months		Tablet Splitting		Vaccine Program
	Step Therapy				

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
FLUOROQUINOLONES Cont.		
FACTIVE TAB	-	NC
LEVAQUIN TAB	-	NC
PROQUIN XR TAB	-	NC

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

MOTEGRITY TAB (QL= 1 tab/day)	PA-QL	4
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day)	PA-QL	4

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB (QL= 1 tab/day)	PA-QL	3
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BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	5
CHENODAL TAB, CTEXLI TAB	-	NC

FARNESOID X RECEPTOR (FXR) AGONISTS

OCALIVA TAB	-	NC
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GALLSTONE SOLUBILIZING AGENTS

ursodiol cap (ACTIGALL equiv)	-	2
ursodiol tab (URSO (FORTE) equiv)	-	2
ACTIGALL CAP	-	4
URSO FORTE TAB	-	4
CHENODAL TAB, CTEXLI TAB	-	NC
RELTONE CAP	-	NC
URSODIOL CAP	-	NC

GASTROINTESTINAL ANTIALLERGY AGENTS

cromolyn conc (GASTROCROM equiv)	-	3
GASTROCROM CONC	-	4

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	QL	2
AMITIZA CAP	-	NC

GASTROINTESTINAL STIMULANTS

metoclopramide soln (REGLAN equiv)	-	2
metoclopramide tab (REGLAN equiv)	-	2
REGLAN TAB	-	4
GIMOTI NASAL SPRAY	-	NC
METOSOLV ODT	-	NC

HEPATOTROPICS

REZDIFFRA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	5
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ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS

BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	5
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	5
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	5
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	5
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	5
LIVMARLI SOLN 19MG/ML (QL= 60ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	5
LIVMARLI TAB (QL= 2 tabs/day; Only available through Eversana 866-849-4481)	LD-PA-QL	5

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ST	Quantity Limit	OTC	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	RDX	Available through Specialty Pharmacy Program
		Restricted to Diagnosis	Vaccine Program
		SMKG	
		Smoking Cessation	
		TS	
		Tablet Splitting	

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
LIVMARLI TAB 30MG (QL= 1 tab/day; Only available through Eversana 866-849-4481)	LD-PA-QL	5
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	2
sulfasalazine EC tab (AZULFIDINE equiv)	-	2
sulfasalazine tab (AZULFIDINE equiv)	-	2
DIPENTUM CAP	-	3
mesalamine DR cap (DELZICOL equiv)	-	3
mesalamine DR tab (LIALDA equiv)	-	3
mesalamine enema (ROWASA equiv)	-	3
mesalamine ER cap (APRISO equiv)	-	3
mesalamine supp (CANASA equiv)	-	3
mesalamine tab (ASACOL equiv)	-	3
AZULFIDINE EN TAB	-	4
AZULFIDINE TAB	-	4
COLAZAL CAP	-	4
SFROWASA ENEMA	-	4
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5
CIMZIA INJ 200MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	5
ENTYVIO SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	LMSP-PA-QL	5
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	LMSP-PA-QL	5
TREMFYA INDUCTION INJ 200MG/ML (QL= 2 inj/28 days; 6 inj/year)	LMSP-PA-QL	5
TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	5
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
LIALDA TAB	-	NC
mesalamine ER cap (PENTASA CR equiv)	-	NC
OMVOH INJ	-	NC
OTULFI INJ	-	NC
PENTASA CR CAP	-	NC
PENTASA CR CAP 500MG	-	NC
ROWASA KIT	-	NC
VELSIPITY TAB	-	NC
ZYMFENTRA INJ	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	2
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTRONEX equiv)	-	3
LINZESS CAP (QL= 1 cap/day)	PA-QL	4
LOTRONEX TAB	-	4
IBSRELA TAB	-	NC
VIBERZI TAB	-	NC
LIVE FECAL MICROBIOTA		

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MSP	Affordable Care Act	Plan Exclusion	Infertility
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SF	Mandatory Specialty Pharmacy Program	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
ST	Quantity Limit	OTC	PA
	Limited to two 15 day fills per month for first 3 months	Over-the-Counter	Prior Authorization
	Step Therapy	RDX	RS
		Restricted to Diagnosis	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)	LD-PA-QL	5
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTI K TAB (QL= 1 tab/day)	PA-QL	3
SYMPROIC TAB (QL= 1 tab/day)	PA-QL	3
alvimopan cap (ENTEREG equiv)	-	NC
ENTEREG CAP	-	NC
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB (QL= 1 tab/day; Only available through Caremark/CVS Specialty 800-378-0695 or Walgreens 888-347-3416)	LD-PA-QL	5
LIVDELZI CAP (QL= 1 cap/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	5
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	2
calcium acetate tab (ELIPHOS equiv)	-	2
FOSRENOL POWDER PACK	-	3
lanthanum carbonate chew tab (FOSRENOL equiv)	-	3
SEVELAMER CARBONATE TAB	-	3
sevelamer powder pak (RENVELA equiv)	-	3
sevelamer tab (RENVELA TAB equiv)	-	3
AURYXIA TAB	-	4
ELIPHOS TAB	-	4
FOSRENOL CHEW TAB	-	4
PHOSLO CAP	-	4
VELPHORO CHEW TAB	-	4
FERRIC CITRATE TAB	-	NC
RENAGEL TAB 800MG	-	NC
RENVELA TAB	-	NC
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	NC

GENERAL ANESTHETICS

ANESTHETICS - MISC.		
KETAMINE HCL TROCHES	-	NC

GENITOURINARY AGENTS - MISCELLANEOUS

ALKALINIZERS		
CYTRA K CRYSTALS	-	2
CYTRA-3 SYRUP	-	2
ORACIT SOLN	-	2
potassium citrate CR tab (UROKIT-K equiv)	-	2
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	2
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	2

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LD	NC/3P = Not Covered, Third Party Reviewer	LMSP	Plan Exclusion	M	Infertility
MSP	Affordable Care Act	OTC	Lumicera Mandatory Specialty Pharmacy Program	PA	Medical Benefit
QL	Limited Distribution	RDX	Over-the-Counter	RS	Prior Authorization
SF	Mandatory Specialty Pharmacy Program	SMKG	Restricted to Diagnosis	SP	Restricted to Specialist
ST	Quantity Limit	TS	Smoking Cessation	VAC	Available through Specialty Pharmacy Program
	Limited to two 15 day fills per month for first 3 months		Tablet Splitting		Vaccine Program
	Step Therapy				

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
sodium citrate/citric acid soln (BICITRA equiv)	-	2
tricitrates soln (POLYCITRA-LC equiv)	-	2
UROKIT-K TAB	-	4
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	5
PROCYSBI GRANULES PACKET	-	NC
GENITOURINARY IRRIGANTS		
RENACIDIN SOLN	-	NC
SODIUM CHLORIDE 0.9% IRR SOLN	-	NC
HYPEROXALURIA AGENTS		
RIVFLOZA INJ (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	5
RIVFLOZA INJ 160MG (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	5
RIVFLOZA VIAL (QL= 2 vials/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	5
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB (QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	5
VANRAFIA TAB	-	NC
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	4
PENTOSAN CAP	-	NC
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	2
dutasteride cap (AVODART equiv)	-	2
finasteride tab (PROSCAR equiv)	-	2
silodosin cap (RAPAFLO equiv)	-	2
tamsulosin cap (FLOMAX equiv)	-	2
AVODART CAP	-	4
FLOMAX CAP	-	4
PROSCAR TAB	-	4
UROXATRAL TAB	-	4
CARDURA XL TAB	-	NC
dutasteride/tamsulosin cap (JALYN equiv)	-	NC
ENTADFI CAP	-	NC
JALYN CAP	-	NC
RAPAFLO CAP	-	NC
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIDIUM equiv)	-	2
URINARY STONE AGENTS		
tiopronin tab (THIOLA equiv)	LMSP-PA	2
tiopronin tab delayed release (THIOLA EC equiv)	LMSP-PA	2
LITHOSTAT TAB	-	4
THIOLA EC TAB	-	NC
THIOLA TAB	-	NC

GOUT AGENTS

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

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**Prime 4 Tier Formulary
Category/Class**

Last Updated* 12/1/2025

DrugName	Special Code	Tier
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GOUT AGENTS Cont.

GOUT AGENT COMBINATIONS

colchicine/probenecid tab (COL-BENEMID equiv)	-	2
DUZALLO TAB	-	NC

GOUT AGENTS

allopurinol tab (ZYLOPRIM equiv)	-	2
colchicine tab (COLCRYS equiv)	-	2
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	2
GLOPERBA SOLN (Prior Authorization required for members age 9 years and older)	PA	4
ZYLOPRIM TAB	-	4
allopurinol tab 200mg	-	NC
COLCHICINE CAP	-	NC
colchicine cap (COLCHICINE equiv)	-	NC
COLCRYS TAB	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC

URICOSURICS

probenecid tab (BENEMID equiv)	-	2
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HEMATOLOGICAL AGENTS - MISC.

ANTIHEMOPHILIC PRODUCTS

ALHEMO INJ	LMSP-PA	5
HEMLIBRA INJ	LMSP-PA	5
ADVATE, KOVALTRY INJ	-	EXC
ADYNOVATE INJ	-	EXC
AFSTYLA KIT	-	EXC
ALPHANATE, HUMATE-P INJ	-	EXC
ALPHANINE SD INJ	-	EXC
ALPROLIX INJ	-	EXC
ALTUVIIIIO INJ	-	EXC
BENEFIX INJ	-	EXC
COAGADEX INJ	-	EXC
CORIFACT KIT	-	EXC
ELOCTATE INJ	-	EXC
ESPEROCT INJ	-	EXC
FEIBA INJ	-	EXC
FIBRYGA, RIASTAP INJ	-	EXC
HEMOFIL M, KOATE INJ	-	EXC
IDELVION INJ	-	EXC
IXINITY INJ	-	EXC
JIVI INJ	-	EXC
KOGENATE FS INJ	-	EXC
NOVOEIGHT INJ	-	EXC
NOVOSEVEN RT INJ	-	EXC
NUWIQ INJ	-	EXC
NUWIQ KIT	-	EXC
OBIZUR INJ	-	EXC

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
PROFILNINE INJ	-	EXC
REBINYN INJ	-	EXC
RECOMBINATE INJ	-	EXC
RIXUBIS INJ	-	EXC
SEVENFACT INJ	-	EXC
TRETTEN INJ	-	EXC
VONVENDI INJ	-	EXC
WILATE INJ	-	EXC
XYNTHA INJ	-	EXC
HYMPAVZI INJ	-	NC
QFITLIA INJ	-	NC
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (FIRAZYR equiv)	PA-SP	3
FIRAZYR INJ	-	NC
COMPLEMENT INHIBITORS		
BERINERT INJ (Only available through Accredo 800-803-2523)	LD-PA	5
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5
RUCONEST INJ (Only available through Accredo 800-803-2523)	LD-PA	5
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	5
VOYDEYA TAB (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5
VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	5
ZILBRYSQ INJ (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	5
ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	5
ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	5
EMPAVELI INJ	-	NC
FABHALTA CAP	-	NC
HAEGARDA INJ	-	NC
HEMATOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB	-	NC
WAYRILZ TAB	-	NC
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENAL equiv)	-	2
PLASMA FACTOR XIII INHIBITORS		
ANDEMBRY INJ	-	NC
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5
EKTERLY TAB	-	NC
ORLADEYO CAP	-	NC
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	2
cilostazol tab (PLETAL equiv)	-	2
clopidogrel tab 75mg (PLAVIX equiv)	-	2
dipyridamole tab (PERSANTINE equiv)	-	2

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
prasugrel tab (EFFIENT equiv)	-	2
aspirin/dipyridamole cap (AGGRENOX equiv)	-	3
ticagrelor tab (BRILINTA equiv)	-	3
AGRYLIN CAP	-	4
EFFIENT TAB	-	4
PLAVIX TAB 75MG	-	4
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
BRILINTA TAB	-	NC
CABLIVI INJ KIT	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
ZONTIVITY TAB	-	NC
PREKALLIKREIN-DIRECTED ANTISENSE OLIGONUCLEOTIDES (ASO)		
DAWNZERA INJ	-	NC

PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
CERDELGA CAP (QL= 2 caps/day)	LMSP-PA-QL	5
ZAVESCA CAP	-	NC

AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	3
SIKLOS TAB	-	NC

AGENTS FOR SICKLE CELL DISEASE		
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	LMSP-PA-QL	2
XROMI SOLN (Prior Authorization required for members age 9 years and older)	PA	4
OXBRYTA TAB	LD-PA-QL	5
ENDARI POWDER PACKET	-	NC
OXBRYTA TAB FOR ORAL SUSP	-	NC

COBALAMINS		
cyanocobalamin inj	-	2
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	4
NASCOBAL SPRAY	-	4

FOLIC ACID/FOLATES		
folic acid tab 1mg (\$0 copay for female members only; All other members covered at generic copay)	ACA	1
folic acid tab 400mcg (Covered for female members only)	ACA-OTC	1
folic acid tab 800mcg (Covered for female members only)	ACA-OTC	1

HEMATOPOIETIC GROWTH FACTORS		
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 1 packet/day)	LMSP-PA-QL	2
eltrombopag olamine tab (PROMACTA equiv) (QL= 1 tab/day)	LMSP-PA-QL	2
eltrombopag olamine tab 50mg (PROMACTA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	2

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LD	LMS	M
MSP	OTC	PA
QL	RDX	RS
SF	SMKG	SP
ST	TS	VAC
Affordable Care Act	Plan Exclusion	Infertility
Limited Distribution	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
Mandatory Specialty Pharmacy Program	Over-the-Counter	Prior Authorization
Quantity Limit	Restricted to Diagnosis	Restricted to Specialist
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Category/Class
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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
eltrombopag olamine tab 75mg (PROMACTA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	2
DOPTELET SPRINKLE CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5
FULPHILA INJ	LMSP	5
NIVESTYM INJ	LMSP	5
NYVEPRIA INJ	LMSP	5
RETACRIT INJ	MSP-PA	5
ZARXIO INJ	LMSP	5
ALVAIZ TAB	-	NC
ARANESP INJ	-	NC
FYLNETRA INJ	-	NC
GRANIX INJ	-	NC
JESDUVROQ TAB	-	NC
LEUKINE INJ	-	NC
MIRCERA INJ	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
NYPOZI INJ	-	NC
PROCRIT INJ	-	NC
PROMACTA POWDER	-	NC
PROMACTA TAB	-	NC
REBLOZYL INJ	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
STIMUFEND INJ	-	NC
UDENYCA INJ	-	NC
VAFSEO TAB	-	NC
ZIEXTENZO INJ	-	NC

HEMATOPOIETIC MIXTURES

ferrex 150 forte cap	-	2
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	2
MULTIGEN FOLIC TAB	-	2
MULTIGEN PLUS TAB	-	2
MULTIGEN TAB	-	2
tricon cap (TRINSICON equiv)	-	2
NEPHRON FA TAB	-	3
FERREX 28 TAB	-	4
ICAR-C PLUS TAB 100-250-0.025-1 MG	-	4
BENTIVITE TAB	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CORVITE TAB	-	NC
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
FERIVA 21/7 TAB	-	NC
FERRO-PLEX TAB	-	NC

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DrugName	Special Code	Tier																																																				
HEMATOPOIETIC AGENTS Cont.																																																						
folbee tab (FOLGARD RX equiv)	-	NC																																																				
FOLGARD RX TAB	-	NC																																																				
FOLITE TAB	-	NC																																																				
FOLVITE-FE TAB	-	NC																																																				
OVEEZA CAP	-	NC																																																				
PUREFOLIX TAB	-	NC																																																				
IRON																																																						
ACCRUFER CAP	-	NC																																																				
ferrous sulfate elixir	ACA-OTC	NC																																																				
FERROUS SULFATE LIQUID	OTC	NC																																																				
ferrous sulfate soln	ACA-OTC	NC																																																				
STEM CELL MOBILIZERS																																																						
XOLREMDI CAP (QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	5																																																				
MOZOBIL INJ	-	NC																																																				
plerixafor subcutaneous inj (MOZOBIL equiv)	-	NC																																																				
HEMOSTATICS																																																						
HEMOSTATICS - SYSTEMIC																																																						
tranexamic acid tab (LYSTEDA equiv)	-	2																																																				
aminocaproic acid soln (AMICAR equiv)	-	3																																																				
aminocaproic acid tab (AMICAR equiv)	-	3																																																				
AMICAR SOLN	-	4																																																				
AMICAR TAB	-	4																																																				
LYSTEDA TAB	-	4																																																				
CYKLOKAPRON INJ	-	NC																																																				
tranexamic acid inj (CYKLOKAPRON equiv)	-	NC																																																				
HYPNOTICS																																																						
NON-BARBITURATE HYPNOTICS																																																						
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	2																																																				
OREXIN RECEPTOR ANTAGONISTS																																																						
BELSOMRA TAB	-	NC																																																				
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS																																																						
BARBITURATE HYPNOTICS																																																						
phenobarbital elixir	-	2																																																				
phenobarbital tab	-	2																																																				
HYPNOTICS - TRICYCLIC AGENTS																																																						
doxepin tab (SILENOR equiv)	-	3																																																				
SILENOR TAB	-	4																																																				
NON-BARBITURATE HYPNOTICS																																																						
estazolam tab (PROSOM equiv)	-	2																																																				
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	2																																																				
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	2																																																				
temazepam cap 15mg (RESTORIL equiv)	-	2																																																				
temazepam cap 30mg (RESTORIL equiv)	-	2																																																				
triazolam tab (HALCION equiv)	-	2																																																				
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Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	2
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2
midazolam syrup	-	3
temazepam cap 22.5mg (RESTORIL equiv)	-	3
temazepam cap 7.5mg (RESTORIL equiv)	-	3
AMBIEN CR TAB (QL= 1 tab/day)	QL	4
AMBIEN TAB (QL= 1 tab/day)	QL	4
FLURAZEPAM CAP	-	4
HALCION TAB	-	4
LUNESTA TAB (QL= 1 tab/day)	QL	4
RESTORIL CAP 15MG	-	4
RESTORIL CAP 22.5MG	-	4
RESTORIL CAP 30MG	-	4
RESTORIL CAP 7.5MG	-	4
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
QUAZEPAM TAB	-	NC
ZOLPIDEM CAP	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
OREXIN RECEPTOR ANTAGONISTS		
DAYVIGO TAB	-	NC
QUVIVIQ TAB	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	3
ROZEREM TAB (QL= 1 tab/day)	QL	4
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC
tasimelteon cap (HETLIOZ equiv)	-	NC

LAXATIVES

LAXATIVE COMBINATIONS

GAVILYTE-C SOLN (\$0 copay for members age 45-75 years; all other members covered at preferred brand copay; Limited to 2 fills/calendar year)	ACA-QL	1
GOLYTELY SOLN (\$0 copay for members age 45-75 years; all other members covered at preferred brand copay; Limited to 2 fills/calendar year)	ACA-QL	1
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	ACA-QL	1
peg 3350/electrolytes soln (NULYTELY equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	ACA-QL	1
sodium/magnesium/potassium soln (SUPREP equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1
SUFLAVE SOLN (QL= 2 fills/calendar year)	QL	3
CLENPIQ SOLN	-	NC
MOVIPREP SOLN	-	NC

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LD	NC/3P = Not Covered, Third Party Reviewer	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Affordable Care Act	OTC	Over-the-Counter	PA	Prior Authorization
QL	Limited Distribution	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Mandatory Specialty Pharmacy Program	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Quantity Limit	TS	Tablet Splitting	VAC	Vaccine Program
	Limited to two 15 day fills per month for first 3 months				

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
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LAXATIVES Cont.

PEG-PREP KIT	-	NC
PLENVU SOLN	-	NC
SUPREP BOWEL PREP PACK	-	NC
SUTAB TAB	-	NC

LAXATIVES - MISCELLANEOUS

lactulose soln	-	2
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	2
MIRALAX PACKET	OTC	4
MIRALAX POWDER	OTC	4
GIALAX KIT	-	NC
lactulose oral crystal packet	-	NC

SALINE LAXATIVES

OSMOPREP TAB	-	NC
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LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
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MACROLIDES

AZITHROMYCIN

azithromycin susp (ZITHROMAX equiv)	-	2
azithromycin tab (ZITHROMAX equiv)	-	2
ZITHROMAX POWDER PACK	-	4
ZITHROMAX SUSP	-	NC
ZITHROMAX TAB	-	NC

CLARITHROMYCIN

clarithromycin tab (BIAXIN equiv)	-	2
clarithromycin ER tab (BIAXIN XL equiv)	-	3
CLARITHROMYCIN SUSP	-	3
BIAXIN TAB	-	NC

ERYTHROMYCINS

E.E.S. TAB	-	3
ERYTHROMYCIN CAP DR	-	3
erythromycin DR cap (ERYC equiv)	-	3
ERYTHROMYCIN EC CAP	-	3
erythromycin ethylsuccinate susp (ERYPED equiv)	-	3
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	3
erythromycin tab (ERY-TAB equiv)	-	3
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	3
ERYPED SUSP	-	NC

FIDAXOMICIN

DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	3
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	3
DIFICID TAB	-	NC

MEDICAL DEVICES

PARENTERAL THERAPY SUPPLIES

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ACA	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
LD	NC/3P = Not Covered, Third Party Reviewer	EXC	INF
MSP	Affordable Care Act	Plan Exclusion	Infertility
QL	Limited Distribution	LMSP	M
SF	Mandatory Specialty Pharmacy Program	Lumicera Mandatory Specialty Pharmacy Program	Medical Benefit
ST	Quantity Limit	OTC	PA
	Limited to two 15 day fills per month for first 3 months	Over-the-Counter	Prior Authorization
	Step Therapy	RDX	RS
		Restricted to Diagnosis	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
MEDICAL DEVICES Cont.		
INPEN INSULIN INJECTION DEVICE	-	NC

MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES

CERVICAL CAP	ACA	1
DIAPHRAGM	ACA	1
FEMALE CONDOMS (QL= 12 condoms/fill)	ACA-OTC-QL	1
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	1

DIABETIC SUPPLIES

ACCU-CHEK GUIDE CARE METER	OTC	1
ACCU-CHEK GUIDE ME KIT	OTC	1
FREESTLY LITE METER	OTC	1
FREESTYLE FREEDOM LITE METER	OTC	1
FREESTYLE PRECISION NEO METER	OTC	1
PRECISION XTRA METER	OTC	1
CALIBRATION LIQUID	OTC	2
LANCET DEVICE	OTC	2
LANCET KIT	OTC	2
LANCETS	OTC	2
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
DEXCOM G7 SENSOR (15-DAY) (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	3

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
OMNIPOD 5 DEX G7G6 PODS (QL= 10 pods/month)	QL	3
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	3
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	3
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	3
OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 10 pods/30 days)	QL	3
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	3
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	3
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	3
OMNIPOD GO KIT (QL= 10 pods/month)	QL	3
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	3
V-GO INJ KIT (QL= 1 kit/day)	QL	3
DIABETIC METER (all other diabetic meters)	OTC	NC
OMNIPOD DASH PDM KIT	-	NC
TEMPO SMART BUTTON	-	NC
TWIIST REFILL KIT	-	NC
TWIIST STARTER KIT	-	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	2
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	--OTC	2
B-D PEN NEEDLE	OTC	2
EMBECTA INSULIN SYRINGE	--OTC	2
EMBECTA PEN NEEDLE	OTC	2
NOVOFINE PEN NEEDLE	OTC	2
NOVOTWIST PEN NEEDLE	OTC	2
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	2
CEQUR SIMPLICITY	-	NC
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	OTC	3
AEROCHAMBER SUPPLIES	-	3
PEAK FLOW METER	-	NC
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)	PA-QL	3
QULIPTA TAB	-	NC
UBRELVY TAB	-	NC
MIGRAINE COMBINATIONS		
ergotamine tartrate/cafeine tab (CAFERGOT equiv)	-	3
ERGOTAMINE/CAFFEINE TAB	-	3
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC

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MSP	Affordable Care Act	OTC	Plan Exclusion	PA	Infertility
QL	Limited Distribution	RDX	Lumicera Mandatory Specialty Pharmacy Program	RS	Medical Benefit
SF	Mandatory Specialty Pharmacy Program	SMKG	Over-the-Counter	SP	Prior Authorization
ST	Quantity Limit	TS	Restricted to Diagnosis	VAC	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Available through Specialty Pharmacy Program
	Step Therapy		Tablet Splitting		Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
MIGERGOT SUPP	-	NC
PRODRIN TAB	-	NC
SUMANSETRON PAK	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
SYMBRAVO TAB	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8 sprays/fill)	QL	4
ERGOMAR SL TAB (QL= 20 tablets/28 days)	PA-QL	4
MIGRANAL SPRAY (QL= 8 sprays/fill)	QL	4
BREKIYA INJ	-	NC
D.H.E. INJ	-	NC
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
TRUDHESA NASAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	3
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	3
EMGALITY INJ	-	NC
EMGALITY INJ 100MG/ML	-	NC
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER	-	NC
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC
ELYXYB SOLN	-	NC
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	3
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	3
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	3
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	4
IMITREX INJ 4MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	4
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4
IMITREX VIAL INJ (QL= 5 inj/fill, 2 fills/30 days)	QL	4

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LD	NC/3P = Not Covered, Third Party Reviewer	EXC	INF
MSP	Affordable Care Act	Plan Exclusion	Infertility
QL	Limited Distribution	LMSP	M
SF	Mandatory Specialty Pharmacy Program	Over-the-Counter	Medical Benefit
ST	Quantity Limit	OTC	PA
	Limited to two 15 day fills per month for first 3 months	Restricted to Diagnosis	Prior Authorization
	Step Therapy	RDX	RS
		Restricted to Specialist	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	4
MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	4
RELPAK TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4
ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4
ZOMIG ZMT (QL= 9 tabs/fill, 2 fills/30 days)	QL	4
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
AXERT TAB	-	NC
FROVA TAB	-	NC
ONZETRA XSAIL	-	NC
SUMAVEL DOSEPRO INJ	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC

MINERALS & ELECTROLYTES

BICARBONATES		
sodium bicarbonate inj	-	3
FLUORIDE		
FLUORABON SOLN (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	ACA	1
sodium fluoride chew tab (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	ACA	1
sodium fluoride soln (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	ACA	1
SODIUM FLUORIDE TAB (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	ACA	1
MAGNESIUM		
MAGNESIUM SULF INJ	-	NC
magnesium sulfate inj	-	NC
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	2
potassium phosphate monobasic tab (K-PHOS equiv)	-	3
K-PHOS NEUTRAL TAB	-	4
K-PHOS TAB	-	4
POTASSIUM		
K-TAB	-	2
potassium bicarbonate effer tab (K-LYTE equiv)	-	2
potassium chloride ER cap (MICRO-K equiv)	-	2
potassium chloride ER tab (K-TAB equiv)	-	2
potassium chloride micro tab (K-DUR equiv)	-	2
POTASSIUM CHLORIDE TAB ER	-	2
potassium chloride powder packet (KLOR-CON equiv)	-	3
potassium chloride soln	-	3
POKONZA POWDER	-	NC
SODIUM		

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MSP	Affordable Care Act	OTC		PA	
QL	Limited Distribution	RDX		RS	
SF	Mandatory Specialty Pharmacy Program	SMKG		SP	
ST	Quantity Limit	TS		VAC	
	Limited to two 15 day fills per month for first 3 months				
	Step Therapy				

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
SOD CHLORIDE INJ	M	6
sodium chloride inj	-	NC
ZINC		
zinc gluconate tab	OTC	2
GALZIN CAP	-	NC
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
trientine cap (SYPRINE equiv)	LMSP-PA	2
penicillamine tab (DEPEN TITRATAB equiv)	-	3
DEPEN TITRATAB	-	4
CUPRIMINE CAP	-	NC
CUVRIOR TAB	-	NC
penicilliamine cap (CUPRIMINE equiv)	-	NC
SYPRINE CAP	-	NC
TRIENTINE CAP	-	NC
IMMUNOMODULATORS		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Onco360 877-662-6633)	LD-QL-RS	2
JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	5
VYVGART HYTRULO INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5
REVLIMID CAP	-	NC
REZUROCK TAB	-	NC
RHAPSIDO TAB	-	NC
IMMUNOSUPPRESSIVE AGENTS		
everolimus tab (ZORTRESS equiv)	PA	5
LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	5
RAPAMUNE SOLN	-	5
sirolimus soln (RAPAMUNE equiv)	-	5
ZORTRESS TAB	PA	5
ASTAGRAF XL CAP	-	NC
azathioprine tab 100mg (AZASAN equiv)	-	NC
azathioprine tab 75mg (AZASAN equiv)	-	NC
ENSPRYNG INJ	-	NC
MYHIBBIN SUSP	-	NC
PROGRAF PACKET	-	NC
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE GRANULES PACKET (QL= 1 packet/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5
VIJOICE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5
VIJOICE TAB 250MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5
POTASSIUM REMOVING AGENTS		
LOKELMA PAK (QL= 1 packet/day)	PA-QL	3
VELTASSA POWDER 1GM (QL= 4 packets/day)	PA-QL	3
LOKELMA PAK 10GM	-	NC
LOKELMA PAK 5GM	-	NC

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
SPS	-	NC
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP	-	NC
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR	-	NC
BENLYSTA INJ	-	NC
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)	-	2
FIRST MOUTHWASH BLM	-	4
LIDOCAINE ORAL SOLN	-	NC
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	2
nystatin susp	-	2
NYSTATIN SUSP	-	NC
ORAVIG TAB	-	NC
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	2
PERIDEX SOLN	-	4
DEBACTEROL SOLN	-	NC
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	ACA	1
sodium fluoride cream (PREVIDENT 5000 PLUS equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	ACA	1
FLUORIDEX SENSITIVITY PASTE	-	2
sodium fluoride gel (PREVIDENT equiv)	-	2
sodium fluoride paste (PREVIDENT equiv)	-	2
sodium fluoride rinse (PREVIDENT equiv)	-	2
PREVIDENT GEL	-	3
PREVIDENT PASTE	-	3
PREVIDENT SOLN	-	3
FRAICHE 5000 SENSITIVE GEL	-	NC
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	2
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	2
cevimeline cap (EVOXAC equiv)	-	3
GELCLAIR GEL	-	3
SALAGEN TAB	-	3
EVOXAC CAP	-	4
PROTHELIAL PASTE	-	NC
SILATRIX GEL	-	NC

MULTIVITAMINS

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LD	NC/3P = Not Covered, Third Party Reviewer	LMSPP		M	
MSP	Affordable Care Act	OTC		PA	
QL	Limited Distribution	RDX	Plan Exclusion	RS	Infertility
SF	Mandatory Specialty Pharmacy Program	SMKG	Lumicera Mandatory Specialty Pharmacy Program	SP	Medical Benefit
ST	Quantity Limit	TS	Over-the-Counter	VAC	Prior Authorization
	Limited to two 15 day fills per month for first 3 months		Restricted to Diagnosis		Restricted to Specialist
	Step Therapy		Smoking Cessation		Available through Specialty Pharmacy Program
			Tablet Splitting		Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
B-COMPLEX VITAMINS		
EB-N3 DR CAP	-	NC
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	2
DIALYVITE/ZINC TAB	-	2
FOLBEE PLUS CZ TAB	-	2
dialyvite tab (NEPHRO-VITE equiv)	-	NC
FIBRIK CAP	-	NC
renaphro cap (NEPHROCAP equiv)	-	NC
TERAVAX CAP	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	NC
V-C FORTE CAP	-	NC
v-c forte cap (V-C FORTE equiv)	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
ESCAVITE CHEW TAB	-	NC
MULTIPLE-VITAMIN/FL-FE DROPS	-	NC
pediatric multiple vitamins/fluoride/iron soln	-	NC
PED MV W/ FLUORIDE		
FLORIVA PLUS DROPS	-	NC
MULTIVITAMIN CHEW TAB	-	NC
pediatric multiple vitamins/fluoride soln	-	NC
POLY-VI-FLOR SUSP	-	NC
TRI-VITAMIN FLUORIDE DROPS	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
CONCEPT DHA CAP	-	2
PRENATABS RX TAB	-	2
PRENATAL 19 CHEW TAB	-	2
PRENATAL 19 TAB	-	2
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	2
VP-PNV-DHA CAP	-	2
MYNATAL-Z TAB	-	4
NEONATAL 19 TAB	-	4
NEONATAL FE TAB	-	4
PRENATAL VITAMINS (NON-PREFERRED)	-	4
VITAFOL STRIPS	-	4
AZESCHEW TAB 13-1MG	-	NC
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
JENLIVA CAP	-	NC

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
MATERVIA CAP	-	NC
MULTI-MAC TAB	-	NC
PREGEN DHA CAP	-	NC
PREGENNA TAB	-	NC
PRENARA CAP	-	NC
PRENATE MAX TAB	-	NC
PRENATOL-M TAB 27-1.2MG	-	NC
PRENATRIX TAB	-	NC
PRENATRYL TAB	-	NC

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tab (BACLOFEN equiv)	-	2
carisoprodol tab (SOMA equiv)	-	2
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	2
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	2
methocarbamol tab (ROBAXIN equiv)	-	2
orphenadrine citrate ER tab (NORFLEX equiv)	-	2
tizanidine tab (ZANAFLEX equiv)	-	2
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	3
chlorzoxazone tab 500mg	-	3
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3
metaxalone tab (SKELAXIN equiv)	-	3
tizanidine cap (ZANAFLEX equiv)	-	3
baclofen oral soln 10MG/5ML (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	4
BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization required for members age 9 years and older)	PA	4
baclofen oral soln 5mg/5ml (Prior Authorization required for members age 9 years and older)	PA	4
BACLOFEN SUSP (Prior Authorization required for members age 9 years and older)	PA	4
FLEQSUVY SUSP (Prior Authorization required for members age 9 years and older)	PA	4
LYVISPAH GRANULE PACKET (Prior Authorization required for members age 9 years and older)	PA	4
ROBAXIN TAB	-	4
SOMA TAB	-	4
ZANAFLEX TAB	-	4
AMRIX CAP	-	NC
BACLOFEN SOLN	-	NC
baclofen tab 15mg	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
chlorzoxazone tab	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
METAXALONE TAB	-	NC
METHOCARBAMOL TAB	-	NC
methocarbamol tab 1000mg (ROBAXIN equiv)	-	NC
SKELAXIN TAB	-	NC
SOMA TAB 250MG	-	NC

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MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
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**Prime 4 Tier Formulary
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Last Updated* 12/1/2025**

DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
ZANAFLEX CAP	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	3
DANTRIUM CAP	-	4
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP 1.5MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5
SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5
SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5
SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5
SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	5
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL/ASPIRIN TAB	-	NC
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
NORGESIC TAB FORTE	-	NC
NORGESIC TAB, ORPHENADRINE/ASPIRIN/CAFFEINE TAB 25-385-30MG	-	NC
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
DYMISTA SPRAY	-	NC
RYALTRIS SPRAY	-	NC
NASAL AGENTS - MISC.		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		
COCAINE HCL SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill)	QL	2
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill)	QL	3
olopatadine nasal spray (PATANASE equiv)	-	3
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY (QL= 2 bottles/fill)	QL	4
PATANASE NASAL SPRAY	-	4
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	2
NASAL STEROIDS		
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)	OTC-QL	2
flunisolide nasal soln (QL= 2 bottles/fill)	QL	2
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	2
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	2
FLONASE SENSIMIST NASAL SPRAY	OTC	3

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SF	Quantity Limit	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
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	Step Therapy				

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DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	4
BECONASE AQ NASAL SPRAY	-	NC
mometasone nasal spray (NASONEX equiv)	-	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN NASAL SOLN	-	NC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	3
RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5
RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	5
EXSERVAN FILM	-	NC
RILUTEK TAB	-	NC
TIGLUTIK SUSP	-	NC
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	5
MUSCULAR DYSTROPHY AGENTS		
DUVYZAT ORAL SUSP	-	NC
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	M-PA	6
CHENODAL TAB, CTEXLI TAB	-	NC
RETT SYNDROME AGENTS		
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	5
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5
EVRYSDI SOLN	-	NC
NUTRIENTS		
LIPIDS		
DOJOLVI ORAL LIQUID	-	NC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	NC
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
betaxolol ophth soln (BETOPTIC-S equiv) (QL= 2 bottles/fill)	QL	2
CARTEOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
carteolol ophth soln (OCUPRESS equiv) (QL= 2 bottles/fill)	QL	2
dorzolamide/timolol (pf) ophth soln (COSOPT equiv) (QL= 60 units/30 days)	QL	2
LEVOBUNOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
levobunolol ophth soln (BETAGAN equiv) (QL= 2 bottles/fill)	QL	2

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Last Updated* 12/1/2025**

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
timolol maleate ophth soln (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	2
BETIMOL OPHTH SOLN 0.25% (QL= 2 bottles/fill)	QL	3
BETOPTIC-S OPHTH SOLN (QL= 2 bottles/fill)	QL	3
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	3
DORZOLAMIDE/TIMOLOL OPHTH SOLN (QL= 60 units/30 days)	QL	3
ISTALOL OPHTH SOLN (QL= 2 bottles/fill)	QL	3
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	3
timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL= 2 bottles/fill)	QL	3
timolol maleate ophth soln 0.5% (ISTALOL equiv) (QL= 2 bottles/fill)	QL	3
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	3
timolol ophth soln (BETIMOL equiv) (QL= 2 bottles/fill)	QL	3
BETAGAN OPHTH SOLN (QL= 2 bottles/fill)	QL	4
COMBIGAN OPHTH SOLN	-	4
COSOPT (PF) OPHTH SOLN (QL= 60 units/30 days)	QL	4
TIMOPTIC OCUDOSE OPHTH SOLN 0.5% (QL= 2 bottles/fill)	QL	4
TIMOPTIC OPHTH SOLN (QL= 2 bottles/fill)	QL	4
TIMOPTIC-XE OPHTH GEL (QL= 2 bottles/fill)	QL	4
CHOLINERGIC AGONISTS		
TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint (QL= 2 bottles/fill)	QL	2
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 2 bottles/fill)	QL	2
ATROPINE SULFATE OPHTH OINT (QL= 2 tubes/fill)	QL	2
cyclopentolate ophth soln (CYCLOGYL equiv) (QL= 2 bottles/fill)	QL	2
phenylephrine ophth soln (MYDFRIN equiv) (QL= 2 bottles/fill)	QL	2
tropicamide ophth soln (MYDRIACYL equiv) (QL= 2 bottles/fill)	QL	2
CYCLOMYDRIL OPHTH SOLN (QL= 2 bottles/fill)	QL	3
HOMATROPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3
ATROPINE SUL SOLN 1% OPHTH (QL= 2 bottles/fill)	QL	4
CYCLOGYL OPHTH SOLN (QL= 2 bottles/fill)	QL	4
MYDRIACYL OPHTH SOLN (QL= 2 bottles/fill)	QL	4
MYDCOMBI OPHTH SOLN	-	NC
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv) (QL= 2 bottles/fill)	QL	2
ISOPTO CARPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	4
PHOSPHOLINE OPHTH SOLN	-	NC
pilocarpine hcl ophth soln 1.25% (VUIITY equiv)	-	NC
QLOSI OPHTH SOLN, VUIITY OPHTH SOLN	-	NC
VIZZ OPHTH SOLN	-	NC
VUIITY OPHTH SOLN 1.25%	-	NC
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2% (QL= 2 bottles/fill)	QL	2
APRACLONIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3
apraclonidine ophth soln (IOPIDINE equiv) (QL= 2 bottles/fill)	QL	3

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ST	Mandatory Specialty Pharmacy Program	TS	Over-the-Counter	VAC	Prior Authorization
	Quantity Limit		Restricted to Diagnosis		Restricted to Specialist
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Last Updated* 12/1/2025**

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (QL= 2 bottles/fill)	QL	3
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv) (QL= 2 bottles/fill)	QL	3
IOPIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3
SIMBRINZA OPHTH SUSP (QL= 2 bottles/fill)	QL	3
ALPHAGAN P OPHTH SOLN 0.15% (QL= 2 bottles/fill)	QL	4
IOPIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	4
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) (QL= 2 bottles/fill)	QL	2
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) (QL= 2 bottles/fill)	QL	2
ciprofloxacin ophth soln (CILOXAN equiv) (QL= 2 bottles/fill)	QL	2
erythromycin ophth oint (QL= 2 bottles/fill)	QL	2
GENTAK OPHTH OINT (QL= 2 tubes/fill)	QL	2
gentamicin ophth soln (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	2
levofloxacin ophth soln (QUIXIN equiv) (QL= 2 bottles/fill)	QL	2
LEVOFLOXACIN OPHTH SOLN 0.5% (QL= 2 bottles/fill)	QL	2
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) (QL= 2 bottles/fill)	QL	2
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN (QL= 2 bottles/fill)	QL	2
ofloxacin ophth soln (OCUFLOX equiv) (QL= 2 bottles/fill)	QL	2
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) (QL= 2 bottles/fill)	QL	2
SULFACETAMIDE SOD OPHTH SOLN (QL= 2 bottles/fill)	QL	2
sulfacetamide sodium ophth soln (BLEPH-10 equiv) (QL= 2 bottles/fill)	QL	2
tobramycin ophth soln (TOBREX equiv) (QL= 2 bottles/fill)	QL	2
AZASITE SOLN (QL= 2 bottles/fill)	QL	3
BACITRACIN OPHTH OINT (QL= 2 bottles/fill)	QL	3
gatifloxacin ophth soln (ZYMAXID equiv) (QL= 2 bottles/fill)	QL	3
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	3
TRIFLURIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3
ZIRGAN OPHTH GEL (QL= 2 bottles/fill)	QL	3
BLEPH-10 OPHTH SOLN (QL= 2 bottles/fill)	QL	4
CILOXAN OPHTH OINT (QL= 2 bottles/fill)	QL	4
CILOXAN OPHTH SOLN (QL= 2 bottles/fill)	QL	4
NEOSPORIN OPHTH SOLN (QL= 2 bottles/fill)	QL	4
OCUFLOX OPHTH SOLN (QL= 2 bottles/fill)	QL	4
POLYTRIM OPHTH SOLN (QL= 2 bottles/fill)	QL	4
TOBREX OPHTH OINT (QL= 2 bottles/fill)	QL	4
TOBREX OPHTH SOLN (QL= 2 bottles/fill)	QL	4
VIGAMOX OPHTH SOLN (QL= 2 bottles/fill)	QL	4
ZYMAXID OPHTH SOLN (QL= 2 bottles/fill)	QL	4
XDEMVIY DROP (QL= 1 bottle/42 days; Restricted to Ophthalmology or Optometry Specialist; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416)	LD-QL-RS	5
BESIVANCE OPHTH SUSP	-	NC
ERYTHROMYCIN OPHTH OINT	-	NC
LEVOFLOXACIN OPHTH SOLN	-	NC
MOXEZA OPHTH SOLN 0.5%	-	NC
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC
MOXIFLOXACIN SOLN	-	NC

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

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
VANCOMYCIN SOLN	-	NC
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2
CEQUA (PF) OPHTH SOLN, VEVEYE OPHTH SOLN	-	NC
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC
RESTASIS MULTIDOSE	-	NC
RESTASIS OPHTH EMULSION	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	PA	4
ROCKLATAN OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv) (QL= 2 bottles/fill)	QL	2
tetracaine hcl ophth soln	-	2
TETRACAINE OPHTH SOLN	-	2
ALCAINE OPHTH SOLN (QL= 2 bottles/fill)	QL	4
IHEEZO GEL	-	NC
TETRACAINE OPHTH SOLN	-	NC
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN	-	NC
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	2
fluorometholone ophth soln (FML LIQUIFILM equiv) (QL= 2 bottles/fill)	QL	2
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) (QL= 2 bottles/fill)	QL	2
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) (QL= 2 bottles/fill)	QL	2
prednisolone acetate ophth susp (PRED FORTE equiv) (QL= 2 bottles/fill)	QL	2
PREDNISOLONE OPHTH SUSP (QL= 2 bottles/fill)	QL	2
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) (QL= 2 bottles/fill)	QL	2
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
tobramycin/dexamethasone ophth soln (TOBRADEX equiv) (QL= 2 bottles/fill)	QL	2
ALREX OPHTH SUSP (QL= 2 bottles/fill)	QL	3
BLEPHAMIDE OPHTH SOLN (QL= 2 bottles/fill)	QL	3
DEXAMETHASONE OPHTH SOLN (QL= 2 bottles/fill)	QL	3
difluprednate ophth emulsion (DUREZOL equiv) (QL= 2 bottles/fill)	QL	3
LOTEMAX OPHTH OINT (QL= 2 tubes/fill)	QL	3
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 2 bottles/fill)	QL	3
loteprednol ophth susp (LOTEMAX, ALREX equiv) (QL= 2 bottles/fill)	QL	3
MAXIDEX OPHTH SOLN (QL= 2 bottles/fill)	QL	3

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN (QL= 2 bottles/fill)	-	3
PRED MILD OPHTH SOLN (QL= 2 bottles/fill)	QL	3
PRED-G OPHTH SOLN (QL= 2 bottles/fill)	QL	3
TOBRADEX OPHTH OINT (QL= 2 bottles/fill)	QL	3
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	3
ALREX OPHTH SUSP 0.2%	-	4
BLEPHAMIDE S.O.P. OPHTH OINT (QL= 2 bottles/fill)	QL	4
DUREZOL OPHTH EMULSION (QL= 2 bottles/fill)	QL	4
FLAREX OPHTH SUSP (QL= 2 bottles/fill)	QL	4
FML FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	4
FML LIQUIFLIM OPHTH SUSP (QL= 2 bottles/fill)	QL	4
FML S.O.P. OPHTH OINT (QL= 2 bottles/fill)	QL	4
LOTEMAX GEL (QL= 2 bottle/fill)	QL	4
MAXITROL OPHTH OINT (QL= 2 bottles/fill)	QL	4
MAXITROL OPHTH SUSP (QL= 2 bottles/fill)	QL	4
PRED FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	4
TOBRADEX OPHTH SOLN (QL= 2 bottles/fill)	QL	4
TOBRADEX ST OPHTH SUSP (QL= 2 bottles/fill)	QL	4
CLOBETASOL OPHTH SUSP	-	NC
DEXTENZA OPHTH INSERT	-	NC
EYSUVIS OPHTH SUSP	-	NC
INVELTYS OPHTH SUSP	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX OPHTH SUSP	-	NC
LOTEMAX SM GEL 0.38%	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC

OPHTHALMIC SURGICAL AIDS

DUOVISC KIT	-	NC
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OPHTHALMICS - MISC.

azelastine ophth soln (OPTIVAR equiv) (QL= 2 bottles/fill)	QL	2
cromolyn ophth soln (CROLOM equiv) (QL= 2 bottles/fill)	QL	2
CROMOLYN SODIUM OPHTH SOLN (QL= 2 bottles/fill)	QL	2
diclofenac sodium ophth soln (VOLTAREN equiv) (QL= 2 bottles/fill)	QL	2
dorzolamide ophth soln (TRUSOPT equiv) (QL= 2 bottles/fill)	QL	2
epinastine ophth soln (ELESTAT equiv) (QL= 2 bottles/fill)	QL	2
ketorolac ophth soln (ACULAR (LS) equiv) (QL= 10ml/fill)	QL	2
bepotastine ophth soln (BEPREVE equiv) (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
brinzolamide ophth susp (AZOPT equiv) (QL= 2 bottles/fill)	QL	3

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program

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Last Updated* 12/1/2025**

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
bromfenac ophth soln (BROMDAY equiv) (QL= 2 bottles/fill)	QL	3
FLURBIPROFEN OPHTH SOLN (QL= 2 bottles/fill)	QL	3
MIEBO OPHTH SOLN (QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3
NEVANAC OPHTH SUSP (QL= 2 bottles/fill)	QL	3
PROLENSA OPHTH SOLN (QL= 2 bottles/fill)	QL	3
ACULAR (LS) OPHTH SOLN (QL= 2 bottles/fill)	QL	4
ACUVAIL OPHTH SOLN (QL= 2 bottles/fill)	QL	4
AZOPT OPHTH SUSP (QL= 2 bottles/fill)	QL	4
BEPREVE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	4
ELESTAT OPHTH SOLN (QL= 2 bottles/fill)	QL	4
TRUSOPT OPHTH SOLN (QL= 2 bottles/fill)	QL	4
ZERVIAE OPHTH SOLN (QL= 60 single use containers/30 days)	QL	4
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	5
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	5
UPNEEQ SOLN	-	EXC
ALOCRILOPHTH SOLN	-	NC
bromfenac sodium ophth soln 0.07%	-	NC
bromfenac sodium ophth soln 0.075% (BROMSITE equiv)	-	NC
BROMSITE DROP 0.075%	-	NC
ILEVRO OPHTH SUSP	-	NC
olopatadine ophth soln (PATANOL equiv)	-	NC
TRYPTYR SOLN	-	NC

PROSTAGLANDINS - OPHTHALMIC

latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	2
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	3
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	3
TRAVATAN Z DROPS (QL= 2.5ml/30 days)	QL	4
VYZULTA SOLN (QL= 2.5ml/30 days)	PA-QL	4
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	4
IYUZEH OPHTH DROPS	-	NC
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv)	-	NC
XELPROS OPHTH EMULSION	-	NC
ZIOPTAN OPHTH SOLN	-	NC

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

acetic acid otic soln (VOSOL equiv) (QL= 2 bottles/fill)	QL	2
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OTIC ANTI-INFECTIVES

ofloxacin otic soln (FLOXIN equiv) (QL= 2 bottles/fill)	QL	2
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	3

OTIC COMBINATIONS

antipyrine/ benzocaine/ polycosanol otic soln (TREAGAN OTIC equiv) (QL= 2 bottles/fill)	QL	2
CORTIC-ND DROPS (QL= 2 bottles/fill)	QL	2

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

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Last Updated* 12/1/2025**

DrugName	Special Code	Tier
OTIC AGENTS Cont.		
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	2
neomycin/polymixin/hydrocortisone otic susp (QL= 2 bottles/fill)	QL	2
otomax-HC otic soln (CORTANE-B equiv) (QL= 2 bottles/fill)	QL	2
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) (QL= 2 bottles/fill)	QL	3
COLY-MYCIN S OTIC SUSP (QL= 2 bottles/fill)	QL	3
AURALGAN OTIC SOLN (QL= 2 bottles/fill)	QL	4
CIPRO HC OTIC SUSP (QL= 2 bottles/fill)	QL	4
CIPRODEX OTIC SUSP (QL= 2 bottles/fill)	QL	4
CORTANE-B OTIC SOLN (QL= 2 bottles/fill)	QL	4
TREAGAN OTIC (QL= 2 bottles/fill)	QL	4
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv) (QL= 2 bottles/fill)	QL	2
fluocinolone otic oil (DERMOTIC equiv) (QL= 2 bottles/fill)	QL	3
DERMOTIC OIL (QL= 2 bottles/fill)	QL	4
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
MPM PAK	-	EXC
OXYTOCICS		
methylegonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	3
oxytocin inj	-	4
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	MSP-PA	5
CUVITRU INJ	-	NC
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	-	NC
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	-	NC
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	MSP-PA	5
CUTAQUIG INJ	-	NC
XEMBIFY INJ	-	NC
MONOCLONAL ANTIBODIES		
ENFLONSA INJ	VAC	1
BEYFORTUS INJ	VAC	NC
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	2
AMOXICILLIN CHEW TAB	-	2
amoxicillin susp (TRIMOX equiv)	-	2

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**Prime 4 Tier Formulary
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DrugName	Special Code	Tier																																										
PENICILLINS Cont.																																												
amoxicillin tab (AMOXIL equiv)	-	2																																										
ampicillin cap (AMPICILLIN equiv)	-	2																																										
MOXATAG TAB	-	NC																																										
MOXATAG TAB 775MG	-	NC																																										
NATURAL PENICILLINS																																												
PENICILLIN VK SOLN	-	2																																										
penicillin vk tab (VEETIDS equiv)	-	2																																										
PENICILLIN COMBINATIONS																																												
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	2																																										
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	2																																										
AMOXICILLIN/CLAVULANATE CHEW TAB	-	3																																										
AMOXICILLIN/CLAVULANATE ER TAB	-	4																																										
AUGMENTIN SUSP	-	4																																										
AUGMENTIN ES-600 SUSP	-	NC																																										
AUGMENTIN TAB	-	NC																																										
PENICILLINASE-RESISTANT PENICILLINS																																												
dicloxacillin cap (DYNAPEN equiv)	-	2																																										
PHARMACEUTICAL ADJUVANTS																																												
LIQUID VEHICLES																																												
TRICHOSOL SOLN	-	NC																																										
SEMI SOLID VEHICLES																																												
POLYETHYLENE GLYCOL 8000 GRANULES	-	3																																										
PROGESTINS																																												
PROGESTINS																																												
medroxyprogesterone tab (PROVERA equiv)	-	2																																										
norethindrone tab (AYGESTIN equiv)	-	2																																										
progesterone cap (PROMETRIUM equiv)	-	2																																										
progesterone oil inj	-	2																																										
megestrol ES susp (MEGACE ES equiv)	-	3																																										
MEGESTROL SUSP	-	3																																										
AYGESTIN TAB	-	NC																																										
PROMETRIUM CAP	-	NC																																										
PROVERA TAB	-	NC																																										
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.																																												
AGENTS FOR CHEMICAL DEPENDENCY																																												
disulfiram tab (ANTABUSE equiv)	-	2																																										
acamprosate calcium DR tab (CAMPRAL equiv)	-	3																																										
ANTABUSE TAB	-	4																																										
lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days)	PA-QL	4																																										
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	4																																										
disulfiram tab 500mg	-	NC																																										
ANTI-CATAPLECTIC AGENTS																																												
LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5																																										
LUMRYZ STARTER PACK (QL= 1 packet/day; Only available through Accredo 800-803-2523)	LD-PA-QL	5																																										
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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	5
XYREM SOLN	-	NC
XYWAV SOLN	-	NC
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	2
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
galantamine tab (RAZADYNE equiv)	-	2
memantine tab (NAMENDA equiv)	-	2
MEMANTINE TITRATION PAK	-	2
rivastigmine cap (EXELON equiv)	-	2
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	3
GALANTAMINE SOLN	-	3
memantine ER cap (NAMENDA XR equiv)	-	3
memantine sol (NAMENDA equiv)	-	3
NAMENDA XR TITRATION PACK	-	3
rivastigmine patch (EXELON equiv)	-	3
ARICEPT TAB (QL= 2 tabs/day)	QL	4
ARICEPT TAB 23MG (QL= 1 tab/day)	QL	4
EXELON PATCH	-	4
NAMENDA TAB	-	4
RAZADYNE SOLN	-	4
RAZADYNE TAB	-	4
ADLARITY PATCH	-	NC
LEQEMBI IQLK INJ	-	NC
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv)	-	NC
NAMENDA XR CAP	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
ZUNVEYL TAB	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	2
PERPHENAZINE/ AMITRIPTYLINE TAB	-	2
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	3
SYMBYAX CAP	-	4
DULOXICAINE PACK	-	NC
LYBALVI TAB	-	NC
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	3
SAVELLA TAB (QL= 2 tabs/day)	QL	3
TONMYA SUB	-	NC
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	NC
VYLEESI INJ	-	NC
MOVEMENT DISORDER DRUG THERAPY		

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	Step Therapy				

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
gabapentin (once-daily) tab (GRALISE equiv)	-	NC
GRALISE TAB	-	NC
LIDOTIN PAK	-	NC
LYRICA CR TAB	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUDEXTA CAP (QL= 2 caps/day)	PA-QL	3
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	3
ERGOLOID MESYLATES TAB	-	4
ORAP TAB	-	4
AQNEURSA PACKET FOR SUSPENSION (QL= 4 packets/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL	5
MIPLYFFA CAP	-	NC
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	1
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	1
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	1
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	1
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	1
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	1
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	1
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	1
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	1
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	1
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	1
CHANTIX STARTER PACK	SMKG	NC
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
WAINUA INJ (QL= 1 inj/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	5
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST/PROLASTIN/ZEMAIRA INJ	-	NC
CYSTIC FIBROSIS AGENTS		
ALYFTREK TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5

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

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
ALYFTREK TAB 4-20-50MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5
PULMOZYME INH SOLN	LMSP	5
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	5
TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5
BRONCHITOL CAP	-	NC
KALYDECO PAK	-	NC
KALYDECO TAB	-	NC
ORKAMBI GRANULES PACKET	-	NC
ORKAMBI TAB	-	NC
SYMDEKO TAB	-	NC
PULMONARY FIBROSIS AGENTS		
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	LMSP-PA-QL	2
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	LMSP-PA-QL	2
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	LMSP-PA-QL	2
ESBRIET CAP	-	NC
ESBRIET TAB	-	NC
JASCAYD TAB	-	NC
OFEV CAP	-	NC
PIRFENIDONE TAB	-	NC
RESPIRATORY AGENTS - MISC.		
BRINSUPRI TAB	-	NC
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab	-	3
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB	-	NC
TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2
doxycycline hyclate tab (VIBRATAB equiv)	-	2
doxycycline monohydrate cap (MONODOX equiv)	-	2
doxycycline monohydrate tab (ADOXA equiv)	-	2
minocycline cap (MINOCIN equiv)	-	2
demeclocycline tab (DECLOMYCIN equiv)	-	3
doxycycline susp (VIBRAMYCIN equiv)	-	3
minocycline tab (DYNACIN equiv)	-	3
tetracycline cap	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
DORYX MPC TAB	-	NC
DORYX TAB	-	NC
doxycycline hyclate DR tab (DORYX equiv)	-	NC
doxycycline hyclate tab (TARGADOX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC

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MSP	Affordable Care Act	OTC	Over-the-Counter	PA	Prior Authorization
QL	Limited Distribution	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Mandatory Specialty Pharmacy Program	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Quantity Limit	TS	Tablet Splitting	VAC	Vaccine Program
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	Step Therapy				

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Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
TETRACYCLINES Cont.		
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
DYNACIN TAB	-	NC
MINOCIN CAP	-	NC
MINOCYCLINE ER CAP	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
MINOLIRA TAB	-	NC
MONODOX CAP	-	NC
SEYSARA TAB	-	NC
SOLODYN TAB	-	NC
TETRACYCLINE TAB	-	NC
VIBRAMYCIN CAP	-	NC
VIBRAMYCIN SUSP	-	NC

THYROID AGENTS

ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	2
propylthiouracil tab	-	2
TAPAZOLE TAB	-	4
SODIUM IODIDE I-131 SOLN	-	NC

THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	2
levothyroxine tab (SYNTHROID equiv)	-	2
liothyronine tab (CYTOMEL equiv)	-	2
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	2
CYTOMEL TAB	-	4
SYNTHROID TAB	-	4
ERMEZA SOLN 150 MCG/5ML	-	NC
LEVOTHYROXINE INJ	-	NC
LEVOTHYROXINE INJ 100MCG/ML	-	NC
THYQUIDITY SOLN	-	NC
TIROSINT CAP	-	NC

TOXOIDS

TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	1
DAPTACEL INJ, INFANRIX INJ	VAC	1
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	1
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	1
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	1
PEDIARIX INJ	VAC	1
PENTACEL INJ	VAC	1
TETANUS/DIPHTHERIA TOXOID INJ	VAC	1
VAXELIS INJ	VAC	1

ULCER DRUGS

ANTISPASMODICS		
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	Step Therapy	RDX	RS
		Restricted to Diagnosis	Restricted to Specialist
		SMKG	SP
		Smoking Cessation	Available through Specialty Pharmacy Program
		TS	VAC
		Tablet Splitting	Vaccine Program

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
dicyclomine cap (BENTYL equiv)	-	2
dicyclomine tab (BENTYL equiv)	-	2
hyoscyamine sulfate CR tab (LEVBIID equiv)	-	2
hyoscyamine sulfate elixir (LEVSIN equiv)	-	2
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	2
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	2
hyoscyamine sulfate soln (LEVSIN equiv)	-	2
hyoscyamine tab (LEVSIN equiv)	-	2
BELLADONNA ALKALOID/OPIUM SUPP	-	3
dicyclomine soln (BENTYL equiv)	-	3
glycopyrrolate tab (ROBINUL equiv)	-	3
methscopolamine tab (PAMINE equiv)	-	3
ANASPAZ ODT	-	4
BENTYL CAP	-	4
BENTYL SYRUP	-	4
LEVBIID TAB	-	4
LEVSIN SL TAB	-	4
LEVSIN TAB	-	4
ROBINUL TAB	-	4
b-donna tab (DONNATAL equiv)	-	NC
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
DONNATAL ELIXIR	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
LEVSIN INJ	-	NC
LIBRAX CAP	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC
H-2 ANTAGONISTS		
cimetidine soln (CIMETIDINE equiv)	-	2
cimetidine tab (TAGAMET equiv)	OTC	2
famotidine tab (PEPCID equiv)	OTC	2
nizatidine cap (AXID equiv)	-	2
famotidine susp (PEPCID equiv)	-	3
AXID CAP	-	4
PEPCID SUSP	-	4
PEPCID TAB	OTC	4
TAGAMET TAB	-	4
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	2
CARAFATE TAB	-	4
PROTON PUMP INHIBITORS		
esomeprazole cap (NEXIUM equiv)	OTC	2
lansoprazole cap (PREVACID equiv)	OTC	2
omeprazole DR cap (PRILOSEC equiv)	-	2
pantoprazole EC tab (PROTONIX equiv)	-	2

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	Step Therapy				

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Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
rabeprazole EC tab (ACIPHEX equiv)	-	2
ACIPHEX TAB	-	4
PREVACID CAP	OTC	4
PREVACID OTC CAP	OTC	4
ACIPHEX SPRINKLE CAP	-	NC
FIRST OMEPRAZOLE SUSP	-	NC
LANSOPRAZOLE SUSP	-	NC
PRILOSEC CAP	-	NC
PROTONIX EC TAB	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	2
CYTOTEC TAB	-	4
ULCER THERAPY COMBINATIONS		
HELIDAC PACK	-	NC
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
ZEGERID POWDER PACK	-	NC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
glycopyrrolate oral soln (CUVPOSA equiv)	-	3
CUVPOSA SOLN	-	4
DARTISLA ODT TAB	-	NC
DICYCLOMINE TAB	-	NC
GLYCATE TAB	-	NC
HYOSCYAMINE INJ	-	NC
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	2
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	3
CARAFATE SUSP	-	4
PROTON PUMP INHIBITORS		
omeprazole tab	OTC	2
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	3
lansoprazole odt (PREVACID SOLUTAB equiv) (Prior Authorization required for members age 9 years and older)	PA	3
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	3
esomeprazole DR granule pack (NEXIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	4
NEXIUM 24HR TAB	OTC	4
PRILOSEC OTC DR TAB	OTC	4
DEXILANT DR CAP	-	NC
dexlansoprazole DR cap (DEXILANT equiv)	-	NC
FIRST PANTOPRAZOLE SUSP	-	NC
NEXIUM GRANULE PACK	-	NC
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC

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Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025

DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
PREVACID SOLUTAB	-	NC
VOQUEZNA TAB	-	NC
ULCER THERAPY COMBINATIONS		
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	3
bismuth/metro/tetra cap (PYLERA equiv)	-	NC
KONVOMEK SUSP	-	NC
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC
PYLERA CAP	-	NC
TALICIA CAP	-	NC
VOQUEZNA DUAL PAK	-	NC
VOQUEZNA TRIP PAK	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
PROSED DS TAB	-	4
URITACT DS TAB	-	4
URITACT EC TAB	-	4
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
tropium chloride SR cap (SANCTURA XR equiv)	-	3
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2
oxybutynin syrup	-	2
oxybutynin tab (DITROPAN equiv)	-	2
solifenacin tab (VESICARE equiv)	-	2
tolterodine SR cap (DETROL LA equiv)	-	2
tolterodine tab (DETROL equiv)	-	2
tropium tab (SANCTURA equiv)	-	2
darifenacin SR tab (ENABLEX equiv)	-	3
oxybutynin ER tab (DITROPAN XL equiv) (QL= 2 tabs/day)	QL	3
DETROL LA CAP	-	4
DETROL TAB	-	4
DITROPAN XL TAB	-	4
ENABLEX TAB	-	4
TOVIAZ TAB	-	4
VESICARE TAB	-	4
OXYBUTYNIN TAB	-	NC
VESICARE LS SUSP	-	NC
URINARY ANTISPASMODIC COMBINATIONS		
URELIEF PLUS TAB	-	NC
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
mirabegron tab er (MYRBETRIQ equiv)	-	3
GEMTESA TAB	-	NC
MYRBETRIQ SUSP	-	NC
MYRBETRIQ TAB	-	NC

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	Step Therapy				

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**Prime 4 Tier Formulary
Category/Class
Last Updated* 12/1/2025**

DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	2
URECHOLINE TAB	-	4
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	4

VACCINES

BACTERIAL VACCINES		
ACTHIB INJ, HIBERIX INJ	VAC	1
BEXSERO INJ	VAC	1
CAPVAXIVE INJ	VAC	1
MENACTRA INJ	VAC	1
MENQUADFI INJ	VAC	1
MENVEO INJ	VAC	1
PEDVAXHIB INJ	VAC	1
PENBRAYA INJ	VAC	1
PENMENVY INJ	VAC	1
PNEUMOVAX INJ	VAC	1
PREVNAR 20 INJ	VAC	1
TRUMENBA INJ	VAC	1
VAXNEUVANCE INJ	VAC	1
BCG INJ	VAC	EXC
TYPHIM VI INJ	VAC	EXC
VAXCHORA SUSP	VAC	EXC
VIVOTIF CAP	VAC	EXC

VIRAL VACCINES		
ABRYSCO INJ (QL= 1 dose/lifetime)	QL-VAC	1
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	1
AREXVY INJ (QL= 1 dose/lifetime)	QL-VAC	1
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	1
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	1
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	1
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	1
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	1
DENG VAXIA SUSP	VAC	1
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	1
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	1
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	1
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	1
FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days)	QL-VAC	1
FLUMIST NASAL (QL= 1 dose/28 days)	QL-VAC	1
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	1
GARDASIL 9 INJ	VAC	1
HAVRIX INJ, VAQTA INJ	VAC	1
HEPLISAV-B INJ	VAC	1
IPOL INJ	VAC	1

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DrugName	Special Code	Tier
VACCINES Cont.		
JYNNEOS INJ	VAC	1
M-M-R II INJ	VAC	1
MNEXSPIKE INJ 10MCG/0.2ML (QL= 1 dose/24 days)	QL-VAC	1
MRESVIA INJ (QL= 1 dose/lifetime)	QL-VAC	1
NOVAVAX INJ (QL= 1 dose/24 days)	QL-VAC	1
PREHEVBRIO SUSP	VAC	1
PRIORIX INJ	VAC	1
ROTARIX SUSP	VAC	1
ROTATEQ INJ	VAC	1
SHINGRIX INJ (Covered for members age 19 years and older)	VAC	1
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	1
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	1
TWINRIX INJ	VAC	1
VARIVAX INJ	VAC	1
IMOVAX INJ	VAC	EXC
IXCHIQ INJ	VAC	EXC
IXIARO INJ	VAC	EXC
RABAVERT INJ	VAC	EXC
TICOVAC INJ	VAC	EXC
VIMKUNYA INJ	VAC	EXC
YF-VAX INJ	VAC	EXC

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	3
XACIATO GEL (QL= 1 applicator/fill)	QL	3

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL (QL= 1 box/fill)	QL	1
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VAGINAL PROGESTINS

progesterone vaginal insert (ENDOMETRIN equiv)	PA	3
ENDOMETRIN SUPP	-	NC

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

FEM PH GEL	-	4
INTRAROSA SUPP	-	NC

SPERMICIDES

CONTRACEPTIVE FILM	ACA-OTC	1
CONTRACEPTIVE FOAM	ACA-OTC	1
CONTRACEPTIVE GEL	ACA-OTC	1
CONTRACEPTIVE SUPP	ACA-OTC	1
TODAY SPONGE	ACA-OTC	1

VAGINAL ANTI-INFECTIVES

clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)	QL	2
metronidazole vaginal gel (METROGEL equiv)	-	2
terconazole cream (TERAZOL equiv)	-	2

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DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
TERCONAZOLE CREAM 0.8%	-	2
terconazole supp (TERAZOL equiv)	-	2
CLEOCIN VAGINAL CREAM	-	4
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	4
GYNAZOLE CREAM	-	4
METROGEL VAGINAL GEL	-	4
MICONAZOLE 3 SUPP 200MG	-	4
TERAZOL CREAM	-	4
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	2
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3
ESTRING (3 copays per Rx)	-	3
PREMARIN VAGINAL CREAM	-	3
FEMRING (3 copays per Rx)	-	4
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	4
ESTRACE VAGINAL CREAM	-	NC
IMVEXXY SUPP	-	NC
VAGINAL PROGESTINS		
CRINONE GEL	PA	3
ENDOMETRIN INSERT	PA	3
PROGESTERONE SUPP	PA	4
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	2
NEFFY SPRAY (QL= 2 doses/fill)	QL	3
ADRENALCLICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
EPIPEN (JR) INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	-	NC
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	2
VITAMINS		
MISC. NUTRITIONAL FACTORS		
PRENATAL VITAMINS (NON-PREFERRED)	-	4
OIL SOLUBLE VITAMINS		
vitamin D cap (Rx covered Only)	-	2
phytonadione tab (MEPHYTON equiv)	-	3
DRISDOL CAP	-	4
MEPHYTON TAB	-	4
cholecalciferol cap 50000 unit	-	NC
ERGOCAL CAP	-	NC
vitamin D cap 1000unit	OTC	NC

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

ACA	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandator Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	TS	Tablet Splitting	VAC	Vaccine Program

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**Prime 4 Tier Formulary
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DrugName	Special Code	Tier
VITAMINS Cont.		
vitamin D cap 400unit	OTC	NC
VITAMIN D TAB 400UNIT	OTC	NC
WATER SOLUBLE VITAMINS		
POTABA CAP	-	4

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
NC/3P = Not Covered, Third Party Reviewer		
ACA Affordable Care Act	EXC Plan Exclusion	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	PA Prior Authorization
QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	TS Tablet Splitting	VAC Vaccine Program

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**Prime 4 Tier Formulary
Prior Authorization Drug List
Last Updated* 12/1/2025**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ACTHAR GEL INJ	5
ACTIMMUNE INJ	5
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML	5
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	5
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT	5
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	5
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	5
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT	5
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML	5
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	5
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	5
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML	5
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML	5
adapalene cream	3
adapalene gel	3
ADBRY INJ	5
AIMOVIG INJ	3
AJOVY INJ	3
ALECENSA CAP	5
ALHEMO INJ	5
ALKINDI SPRINKLE CAP 0.5MG	5
ALKINDI SPRINKLE CAP 1MG	5
ALYFTREK TAB	5
ALYFTREK TAB 4-20-50MG	5
ambrisentan tab	2
APRETUDE SUSP	1
AQNEURSA PACKET FOR SUSPENSION	5
ARBLI SUSP	4
ARIKAYCE SUSP	5
aripiprazole ODT	3
ATORVALIQ SUSP	4
ATRALIN GEL, RETIN-A GEL	4
ATTRUBY PACK	5
AUGTYRO CAP	5
AUGTYRO CAP 160MG	5
AUSTEDO XR TAB	5
AUSTEDO XR TAB TITRATION KIT	5
AUSTEDO XR TITRATION PACK	5
AYVAKIT TAB	5

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**Prime 4 Tier Formulary cont.
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
baclofen oral soln 10MG/5ML	4
BACLOFEN ORAL SOLN 5 MG/5ML	4
baclofen oral soln 5mg/5ml	4
baclofen susp	3
BALVERSA TAB 3MG	5
BALVERSA TAB 4MG	5
BALVERSA TAB 5MG	5
BANZEL SUSP	4
BARACLUDE SOLN	4
BERINERT INJ	5
BESREMI INJ	5
bexarotene cap	2
bexarotene gel	2
bosentan tab	2
bosentan tab for oral susp	2
BOSULIF CAP	5
BOTOX INJ	6
BRAFTOVI CAP 75MG	5
BRUKINSA CAP	5
BRUKINSA TAB	5
budesonide ER tab	3
budesonide rectal foam	3
BYLVAY CAP 1200MCG	5
BYLVAY CAP 400MCG	5
BYLVAY SPRINKLE CAP 200MCG	5
BYLVAY SPRINKLE CAP 600MCG	5
CABOMETYX TAB	5
CAPRELSA TAB	5
CAPRELSA TAB 300MG	5
carglumic acid tab	2
CAROSPIR SUSP	4
CERDELGA CAP	5
CETROTIDE KIT	5
CHOLBAM CAP	5
CIBINQO TAB	5
CIMZIA INJ	5
CIMZIA INJ 200MG/ML	5
CINRYZE INJ	5
clobazam susp	3
clomiphene citrate tab	5
CLOMIPHENE TAB	5

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**Prime 4 Tier Formulary cont.
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
COMETRIQ KIT	5
CONTRACE TAB	3
COPIKTRA CAP	5
CORLANOR SOLN	4
CRENESSITY CAP	5
CRENESSITY SOLN	5
CRINONE GEL	3
CYCLOSERINE CAP	3
DAYBUE SOLN	5
deferiprone tab	2
DESCOVY TAB	1
DIACOMIT CAP	5
DIACOMIT POWDER PACK	5
diclofenac gel	3
DIFFERIN CREAM	4
DIFFERIN GEL	4
DIFFERIN OTC GEL 0.1%	2
DOPTELET SPRINKLE CAP	5
DOPTELET TAB	5
DOXEPIN HCL CREAM	4
dronabinol cap	3
DUPIXENT INJ	5
DUPIXENT PEN INJ	5
EBGLYSS INJ	5
EBGLYSS PEN INJ	5
eltrombopag olamine powder pack for susp	2
eltrombopag olamine tab	2
eltrombopag olamine tab 50mg	2
eltrombopag olamine tab 75mg	2
enalapril maleate oral soln	3
ENDOMETRIN INSERT	3
ENTYVIO SC INJ	5
EPANED SOLN	4
EPIDIOLEX SOLN	5
ERGOMAR SL TAB	4
ERIVEDGE CAP	5
ERLEADA TAB	5
ERLEADA TAB 240MG	5
erlotinib tab	2
erlotinib tab 25mg	2
esomeprazole DR granule pack	4

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**Prime 4 Tier Formulary cont.
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
everolimus tab	2
everolimus tab (ZORTRESS equiv)	5
everolimus tab for oral susp	2
EVRYSDI TAB	5
EZALLOR SPRINKLE CAP	4
FANAPT TAB	4
FANAPT TITRATION PACK	4
FANAPT TITRATION PACK 1MG/2MG/6MG/8MG	4
FERRIPROX SOLN	5
FILSPARI TAB	5
FINTEPLA SOLN	5
FIRDAPSE TAB	5
FLEQSUVY SUSP	4
FLOLIPID SUSP	4
FOLLISTIM AQ INJ	5
FRUZAQLA CAP 1MG	5
FRUZAQLA CAP 5MG	5
GAVRETO CAP	5
gefitinib tab	2
GENOTROPIN INJ	5
GENOTROPIN INJ 5MG	5
GILOTRIF TAB	5
GLOPERBA SOLN	4
GONAL-F RFF INJ	5
GONAL-F RFF INJ, GONAL-F INJ	5
HEMLIBRA INJ	5
HIZENTRA INJ	5
HYCAMTIN CAP	5
HYFTOR GEL	5
icatibant inj	3
ICLUSIG TAB	5
IDHIFA TAB	5
IMBRUVICA CAP 140MG	5
IMBRUVICA CAP 70MG	5
IMBRUVICA SUSP	5
IMBRUVICA TAB 420MG	5
IMCIVREE INJ	5
INBRIJA INH POWDER	4
INLYTA TAB	5
INLYTA TAB 1MG	5
INZIRQO SUSP	4

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
IQIRVO TAB	5
ISTURISA TAB	5
itraconazole soln	3
IWILFIN TAB	5
JAKAFI TAB	5
JAYPIRCA TAB	5
JOENJA TAB	5
JYLAMVO SOLN, XATMEP SOLN	4
KATERZIA SUSP	4
KERENDIA TAB	3
KEVZARA INJ	5
KHINDIVI SOLN	5
KISQALI PAK	5
KISQALI TAB	5
KOSELUGO CAP	5
KOSELUGO CAP 10MG	5
KOSELUGO SPRINKLE CAP	5
KOSELUGO SPRINKLE CAP 5MG	5
KRAZATI TAB	5
lansoprazole odt	3
lapatinib ditosylate tab	2
LEDIPASVIR/SOFOSBUVIR TAB	3
LENVIMA CAP	5
l-glutamine powder packet	2
LIKMEZ SUSP	4
LINZESS CAP	4
LITFULO CAP	5
lithium oral solution	2
LIVDELZI CAP	5
LIVMARLI SOLN	5
LIVMARLI SOLN 19MG/ML	5
LIVMARLI TAB	5
LIVMARLI TAB 30MG	5
lofexidine hcl tab	4
LOKELMA PAK	3
LONSURF TAB	5
LOPRESSOR SOLN	4
LUCEMYRA TAB	4
LUMAKRAS TAB	5
LUMAKRAS TAB 240MG	5
LUMAKRAS TAB 320MG	5

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
LUMRYZ PACK	5
LUMRYZ STARTER PACK	5
LUPKYNIS CAP	5
LYNPARZA TAB	5
LYTGOBI THERAPY PACK	5
LYVISPAH GRANULE PACKET	4
MARINOL CAP	4
MAVYRET PAK	3
MAVYRET TAB	3
MEKINIST SOLN	5
MEKINIST TAB 0.5MG	5
MEKINIST TAB 2MG	5
MEKTOVI TAB	5
MENOPUR INJ	5
mercaptopurine susp	3
METHITEST TAB	4
mifepristone tab	2
miglustat cap	2
MOTEGRITY TAB	4
MOVANTIK TAB	3
MYFEMBREE TAB	3
NEMLUVIO INJ	5
NERLYNX TAB	5
nilotinib hcl cap	2
NINLARO CAP	5
nitazoxanide tab	3
nitisinone cap	2
nitrofurantoin susp	3
NORLIQVA ORAL SOLN	4
NUBEQA TAB	5
NUCALA INJ	5
NUEDEXTA CAP	3
ODOMZO CAP	5
OGSIVEO TAB	5
OGSIVEO TAB 50MG	5
OHTUVAYRE SUSP	5
OJEMDA SUSP	5
OJEMDA TAB	5
OJJAARA TAB	5
OLUMIANT TAB	5
OMNITROPE INJ	5

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ONFI SUSP	4
OPSUMIT TAB	5
OPZELURA CREAM	4
ORENCIA CLICK INJ	5
ORENCIA SC INJ 125MG/ML	5
ORENCIA SC INJ 50MG/0.4ML	5
ORENCIA SC INJ 87.5MG/0.7ML	5
ORIAHNN CAP	3
ORILISSA TAB 150MG	3
ORILISSA TAB 200MG	3
ORSERDU TAB	5
ORSERDU TAB 345MG	5
OTEZLA STARTER PACK	5
OTEZLA TAB	5
OTEZLA XR TAB	5
OTEZLA/OTEZLA XR STARTER PACK	5
OVIDREL INJ	5
OXBRYTA TAB	5
pazopanib tab	2
phentermine cap	2
phentermine hcl-topiramate cap er 24hr	3
phentermine tab	2
pirfenidone cap	2
pirfenidone tab 267mg	2
pirfenidone tab 801mg	2
POMALYST CAP	5
PREGNYL INJ, NOVAREL INJ	5
PREVYMIS PAK	5
PROGESTERONE SUPP	4
progesterone vaginal insert	3
prucalopride succinate tab	4
pyrimethamine tab	2
PYRUKYND TAB	5
PYRUKYND TAPER PACK	5
QBRELIS SOLN	4
QINLOCK TAB	5
RADICAVA ORS STARTER KIT	5
RADICAVA ORS SUSP	5
RETACRIT INJ	5
RETEVMO CAP	5
RETEVMO CAP 40MG	5

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
RETEVMO TAB	5
RETEVMO TAB 40MG	5
RETIN-A CREAM	4
REVATIO SUSP	4
REVATIO TAB	4
REVUFORJ TAB	5
REVUFORJ TAB 110MG	5
REVUFORJ TAB 25MG	5
REYVOW TAB	3
REZDIFFRA TAB	5
REZLIDHIA CAP	5
RHOPRESSA OPHTH SOLN	4
RINVOQ ER TAB	5
RINVOQ ORAL SOLN	5
RIVFLOZA INJ	5
RIVFLOZA INJ 160MG	5
RIVFLOZA VIAL	5
ROZLYTREK CAP	5
ROZLYTREK PAK	5
RUBRACA TAB	5
RUCONEST INJ	5
rufinamide susp	3
rufinamide tab	3
RYDAPT CAP	5
sapropterin dihydrochloride powder packet	3
sapropterin dihydrochloride soluble tab	3
SCEMBLIX TAB	5
SCEMBLIX TAB 100 MG	5
sildenafil susp	3
sildenafil tab 20mg	2
SIMPONI AUTO-INJECTOR 100MG	5
SIMPONI INJ 100MG	5
SKYCLARYS CAP	5
SKYRIZI INJ 150MG/ML	5
SKYRIZI INJ 180 MG/1.2ML	5
SKYRIZI INJ 360MG/2.4ML	5
SKYTROFA INJ	5
SODIUM OXYBATE SOLN	5
SOFOSBUVIR/VELPATASVIR TAB	3
SOGROYA INJ	5
SOHONOS CAP 1.5MG	5

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
SOHONOS CAP 10MG	5
SOHONOS CAP 1MG	5
SOHONOS CAP 2.5MG	5
SOHONOS CAP 5MG	5
SOLOSEC GRANULES PACKET	4
SOMAVERT INJ	5
sorafenib tosylate tab	2
SOTYLIZE SOLN 5MG/ML	4
SPEVIGO INJ	5
spironolactone susp	3
STEQEYMA INJ	5
STEQEYMA INJ 90MG	5
STIVARGA TAB	5
STRENSIQ INJ	5
sunitinib malate cap	2
SUNOSI TAB	3
SYMPROIC TAB	3
tadalafil tab (PAH)	2
TADLIQ SUSP	4
TAFINLAR CAP	5
TAFINLAR TAB	5
TAKHZYRO INJ	5
TAKHZYRO INJ 150MG/ML	5
TALTZ INJ	5
TALTZ INJ 20MG/0.25ML	5
TALTZ INJ 40 MG/0.5ML	5
TAVNEOS CAP	5
TESTOSTERONE GEL 1% 25MG	3
testosterone gel 1% 50mg	3
testosterone gel 1% pump	3
testosterone gel 1.62% 1.25gm	3
testosterone gel 1.62% 2.5gm	3
TESTOSTERONE GEL 20.25MG/1.25GM	3
TESTOSTERONE GEL PUMP 1%	3
testosterone gel pump 1.62%	3
testosterone soln	3
TEZSPIRE INJ	5
tiopronin tab	2
tiopronin tab delayed release	2
TOBI PODHALER	5
tolvaptan tab	2

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
tolvaptan tab therapy pack	2
topiramate oral soln	3
TREMFYA INDUCTION INJ 200MG/ML	5
TREMFYA INJ	5
TREMFYA INJ 200MG/2ML	5
tretinoin cream	3
tretinoin gel	3
tretinoin gel 0.08%	3
TRETINOIN MICROSPHERE GEL 0.04%	3
TRETINOIN MICROSPHERE GEL 0.1%	3
TRETINOIN MICROSPHERE GEL PUMP 0.04%	3
TRETINOIN MICROSPHERE GEL PUMP 0.1%	3
trientine cap	2
TRIKAFTA TAB	5
TRIKAFTA THERAPY PACK	5
TRULANCE TAB	3
TRUQAP TAB	5
TRUQAP THERAPY PACK	5
TRYNGOLZA INJ	5
TUKYSA TAB	5
TURALIO CAP	5
TYENNE INJ	5
TYVASO DPI POWDER	5
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	5
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG	5
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG	5
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	5
TYVASO DPI POWDER TITRATION KIT 16-32MCG	5
TYVASO INH SOLN 0.6 MG/ML	5
UCERIS RECTAL FOAM	4
UPTRAVI TAB	5
USTEKINUMAB-AEKN 45MG/0.5ML	5
USTEKINUMAB-AEKN 90MG/ML	5
VALCHLOR GEL	5
VANFLYTA TAB	5
VANFLYTA TAB 26.5MG	5
VELTASSA POWDER	3
VELTASSA POWDER 1GM	3
VERZENIO TAB	5
vigabatrin powder pack	2
vigabatrin tab	2

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
vigadrone powder pack	2
VIJOICE GRANULES PACKET	5
VIJOICE TAB	5
VIJOICE TAB 250MG	5
VITRAKVI CAP 100MG	5
VITRAKVI CAP 25MG	5
VITRAKVI SOLN	5
VORANIGO TAB	5
VORANIGO TAB 10MG	5
VOSEVI TAB	3
VOWST CAP	5
VOYDEYA TAB	5
VOYDEYA TAB THERAPY PACK	5
VYNDAQEL CAP	5
VYVGART HYTRULO INJ	5
VYZULTA SOLN	4
WAINUA INJ	5
WINREVAIR INJ	5
XADAGO TAB	4
XALKORI CAP	5
XALKORI SPRINKLE CAP	5
XELJANZ SOLN	5
XELJANZ TAB	5
XELJANZ XR TAB	5
XOLAIR INJ	5
XOLAIR INJ 150MG/ML	5
XOLAIR INJ 300MG/2ML	5
XOLAIR SYRINGE	5
XOLAIR SYRINGE 150MG/ML	5
XOLAIR SYRINGE 300MG/2ML	5
XOLREMDI CAP	5
XPHOZAH TAB	5
XPOVIO PAK	5
XROMI SOLN	4
YESINTEK INJ	5
YESINTEK SYRINGE	5
YESINTEK SYRINGE 90MG	5
YEZTUGO INJ	1
YEZTUGO TAB	1
YORVIPATH INJ	5
YORVIPATH INJ 294MCG	5

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**Prime 4 Tier Formulary cont.
 Prior Authorization Drug List
 Last Updated* 12/1/2025**

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)
YORVIPATH INJ 420MCG	5
YUTREPIA CAP	5
ZAVZPRET NASAL SPRAY	3
ZEJULA TAB	5
ZELBORAF TAB	5
ZEPOSIA CAP	5
ZEPOSIA STARTER PACK	5
ZILBRYSQ INJ	5
ZILBRYSQ INJ 23MG	5
ZILBRYSQ INJ 32.4MG	5
ZOLINZA CAP	5
ZONISADE SUSP	4
ZORTRESS TAB	5
ZORYVE CREAM	3
ZORYVE FOAM	3
ZTALMY SUSP	5
ZURZUVAE CAP 20MG, 25MG	5
ZURZUVAE CAP 30MG	5
ZYDELIG TAB	5
ZYKADIA TAB	5

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**Prime 4 Tier Formulary
Last Updated* 12/1/2025
Tablet Splitting Program**

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

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

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

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

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

Tablet Splitting Program Medications

JANUVIA TAB

lurasidone hcl tab

TRINTELLIX TAB

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**Prime 4 Tier Formulary
Last Updated* 12/1/2025
Over-the-Counter (OTC)**

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

Over-the-Counter (OTC) Medications

ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT	ACCU-CHEK GUIDE TEST STRIP	AEROCHAMBER
ALCOHOL SWABS	ammonium lactate cream	ammonium lactate lotion	aspirin chew tab 81mg
aspirin ec tab 81mg	B-D INSULIN SYRINGE	B-D PEN NEEDLE	budesonide nasal spray
CALIBRATION LIQUID	cimetidine tab	CLINISTIX TEST STRIP	clotrimazole cream
CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP
DIFFERIN OTC GEL 0.1%	EMBECTA INSULIN SYRINGE	EMBECTA PEN NEEDLE	esomeprazole cap
esomeprazole magnesium DR tab	famotidine tab	FEMALE CONDOMS	FLONASE SENSIMIST NASAL SPRAY
folic acid tab 400mcg	folic acid tab 800mcg	FREESTLY LITE METER	FREESTYLE FREEDOM LITE METER
FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE TEST STRIP	FREESTYLE PRECISION NEO METER	FREESTYLE PRECISION NEO TEST STRIP
FREESTYLE TEST STRIP	guaifenesin/codeine syrup	HUMULIN MIX INJ	HUMULIN MIX PEN INJ
HUMULIN N INJ	HUMULIN N PEN INJ	HUMULIN R INJ	KETO-DIASTIX TEST STRIP
KETOSTIX	LANCET DEVICE	LANCET KIT	LANCETS
lansoprazole cap	levonorgestrel tab	MALE CONDOMS	meclizine chew tab
meclizine tab	MIRALAX PACKET	MIRALAX POWDER	naloxone hcl nasal spray
NARCAN NASAL SPRAY	NASACORT OTC NASAL SPRAY	NEXIUM 24HR TAB	NICODERM PATCH
NICORETTE GUM	NICORETTE LOZENGE	nicotine gum	NICOTINE KIT
nicotine lozenge	nicotine patch	NOVOFINE PEN NEEDLE	NOVOLIN 70/30 FLEXPEN INJ
NOVOLIN 70/30 INJ	NOVOLIN N FLEXPEN INJ	NOVOLIN N INJ	NOVOLIN R FLEXPEN INJ
NOVOLIN R INJ	NOVOTWIST PEN NEEDLE	NOVOTWIST/NOVOFINE PEN NEEDLE	omeprazole magnesium DR tab 20mg
omeprazole tab	OPILL TAB	PEPCID TAB	PLAN B TAB
polyethylene glycol 3350 powder	PRECISION XTRA METER	PRECISION XTRA TEST STRIP	PREVACID CAP
PREVACID OTC CAP	PRILOSEC OTC DR TAB	RIVIVE, REXTOVY SPRAY	TODAY SPONGE
triamcinolone OTC nasal spray	zinc gluconate tab		

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Prime 4 Tier Formulary
Last Updated* 12/1/2025
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

abiraterone tab 250mg	ACTHAR GEL INJ	ACTIMMUNE INJ	ADALIMUMAB FKJP KIT INJ 20MG/0.4ML
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT	ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT	ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT	ADALIMUMAB-FKJP AUTO-INJECTOR KIT	ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEV/ 80MG/0.8ML	ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEV/ 40MG/0.4ML
ADBRY INJ	ALECENSA CAP	ALHEMO INJ	ALKINDI SPRINKLE CAP 0.5MG
ALKINDI SPRINKLE CAP 1MG	ALYFTREK TAB	ALYFTREK TAB 4-20-50MG	ambrisentan tab
AQNEURSA PACKET FOR SUSPENSION	ARIKAYCE SUSP	ATTRUBY PACK	AUGTYRO CAP
AUGTYRO CAP 160MG	AUSTEDO XR TAB	AUSTEDO XR TAB TITRATION KIT	AUSTEDO XR TITRATION PACK
AVONEX INJ	AYVAKIT TAB	BALVERSA TAB 3MG	BALVERSA TAB 4MG
BALVERSA TAB 5MG	BERINERT INJ	BESREMI INJ	betaine powder for oral solution
BETASERON INJ	bexarotene cap	bexarotene gel	bosentan tab
bosentan tab for oral susp	BOSULIF CAP	BRAFTOVI CAP 75MG	BRUKINSA CAP
BRUKINSA TAB	BYLVAY CAP 1200MCG	BYLVAY CAP 400MCG	BYLVAY SPRINKLE CAP 200MCG
BYLVAY SPRINKLE CAP 600MCG	CABENUVA IM SUSP	CABENUVA SUSP 600MG-900MG/3ML	CABOMETYX TAB
capecitabine tab	CAPRELSA TAB	CAPRELSA TAB 300MG	carglumic acid tab
CAYSTON INH SOLN	CERDELGA CAP	CHOLBAM CAP	CIBINQO TAB
CIMZIA INJ	CIMZIA INJ 200MG/ML	CINRYZE INJ	COMETRIQ KIT
COPIKTRA CAP	CRENESSITY CAP	CRENESSITY SOLN	CYSTADROPS SOLN
CYSTAGON CAP	CYSTARAN OPHTH SOLN	dalfampridine ER tab	DAYBUE SOLN
deferiasirox granules packet	deferiasirox tab	deferiasirox tab for oral susp	deferiprone tab
DIACOMIT CAP	DIACOMIT POWDER PACK	dimethyl fumarate DR cap	dimethyl fumarate DR starter pack
DOPTELET SPRINKLE CAP	DOPTELET TAB	DUPIXENT INJ	DUPIXENT PEN INJ

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EBGLYSS INJ	EBGLYSS PEN INJ	eltrombopag olamine powder pack for susp	eltrombopag olamine tab
eltrombopag olamine tab 50mg	eltrombopag olamine tab 75mg	ENBREL INJ 25MG	ENBREL INJ 50MG
ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	entecavir tab	ENTYVIO SC INJ
EPIDIOLEX SOLN	ERIVEDGE CAP	ERLEADA TAB	ERLEADA TAB 240MG
erlotinib tab	erlotinib tab 25mg	ETOPOSIDE CAP	everolimus tab
everolimus tab for oral susp	EVRYSDI TAB	FERRIPROX SOLN	FILSPARI TAB
fingolimod hcl cap 0.5mg	FINTEPLA SOLN	FIRDAPSE TAB	FRUZAQLA CAP 1MG
FRUZAQLA CAP 5MG	FULPHILA INJ	FUROSCIX KIT	GAVRETO CAP
gefitinib tab	GENOTROPIN INJ	GENOTROPIN INJ 5MG	GILENYA CAP 0.25MG
GILOTRIF TAB	glatiramer inj	HEMLIBRA INJ	HIZENTRA INJ
HYCAMTIN CAP	HYFTOR GEL	ICLUSIG TAB	IDHIFA TAB
imatinib tab	IMBRUVICA CAP 140MG	IMBRUVICA CAP 70MG	IMBRUVICA SUSP
IMBRUVICA TAB 420MG	IMCIVREE INJ	INLYTA TAB	INLYTA TAB 1MG
INTRON-A INJ	IQIRVO TAB	ISTURISA TAB	IWILFIN TAB
JAKAFI TAB	JAYPIRCA TAB	JOENJA TAB	KESIMPTA INJ
KEVZARA INJ	KHINDIVI SOLN	KISQALI PAK	KISQALI TAB
KOSELUGO CAP	KOSELUGO CAP 10MG	KOSELUGO SPRINKLE CAP	KOSELUGO SPRINKLE CAP 5MG
KRAZATI TAB	lapatinib ditosylate tab	LEDIPASVIR/SOFOSBUVIR TAB	lenalidomide cap
LENVIMA CAP	l-glutamine powder packet	LITFULO CAP	LIVDELZI CAP
LIVMARLI SOLN	LIVMARLI SOLN 19MG/ML	LIVMARLI TAB	LIVMARLI TAB 30MG
LONSURF TAB	LUMAKRAS TAB	LUMAKRAS TAB 240MG	LUMAKRAS TAB 320MG
LUMRYZ PACK	LUMRYZ STARTER PACK	LUPKYNIS CAP	LYNPARZA TAB
LYSODREN TAB	LYTGOBI THERAPY PACK	MAVENCLAD THERAPY PAK	MAVYRET PAK
MAVYRET TAB	MAYZENT TAB	MAYZENT TAB STARTER PACK	MEKINIST SOLN
MEKINIST TAB 0.5MG	MEKINIST TAB 2MG	MEKTOVI TAB	mifepristone tab
miglustat cap	MYLERAN TAB	NEMLUVIO INJ	NERLYNX TAB
nilotinib hcl cap	nilutamide tab	NINLARO CAP	nitisinone cap
NIVESTYM INJ	NUBEQA TAB	NUCALA INJ	NYVEPRIA INJ
octreotide inj	OCTREOTIDE INJ 100MCG	ODOMZO CAP	OGSIVEO TAB
OGSIVEO TAB 50MG	OHTUVAYRE SUSP	OJEMDA SUSP	OJEMDA TAB
OJJAARA TAB	OLUMIANT TAB	OMNITROPE INJ	OPSUMIT TAB
ORENCIA CLICK INJ	ORENCIA SC INJ 125MG/MI	ORENCIA SC INJ 50MG/0.4ML	ORENCIA SC INJ 87.5MG/0.7ML
ORGOVYX TAB	ORSERDU TAB	ORSERDU TAB 345MG	OTEZLA STARTER PACK
OTEZLA TAB	OTEZLA XR TAB	OTEZLA/OTEZLA XR STARTER PACK	OXBRYTA TAB
pazopanib tab	PEGASYS INJ	PHEBURANE ORAL PELLETS	pirfenidone cap
pirfenidone tab 267mg	pirfenidone tab 801mg	POMALYST CAP	PREVYMIS PAK
PULMOZYME INH SOLN	pyrimethamine tab	PYRUKYND TAB	PYRUKYND TAPER PACK
QINLOCK TAB	RADICAVA ORS STARTER KIT	RADICAVA ORS SUSP	RETACRIT INJ
RETEVMO CAP	RETEVMO CAP 40MG	RETEVMO TAB	RETEVMO TAB 40MG

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REVUFORJ TAB	REVUFORJ TAB 110MG	REVUFORJ TAB 25MG	REZDIFFRA TAB
REZLIDHIA CAP	ribavirin cap	RIBAVIRIN TAB	RINVOQ ER TAB
RINVOQ ORAL SOLN	RIVFLOZA INJ	RIVFLOZA INJ 160MG	RIVFLOZA VIAL
ROZLYTREK CAP	ROZLYTREK PAK	RUBRACA TAB	RUCONEST INJ
RYDAPT CAP	sapropterin dihydrochloride powder packet	sapropterin dihydrochloride soluble tab	SCEMBLIX TAB
SCEMBLIX TAB 100 MG	SIMPONI AUTO-INJECTOR 100MG	SIMPONI INJ 100MG	SIRTURO TAB
SKYCLARYS CAP	SKYRIZI INJ 150MG/ML	SKYRIZI INJ 180 MG/1.2ML	SKYRIZI INJ 360MG/2.4ML
SKYTROFA INJ	SODIUM OXYBATE SOLN	SOFOSBUVIR/VELPATASVIR TAB	SOGROYA INJ
SOHONOS CAP 1.5MG	SOHONOS CAP 10MG	SOHONOS CAP 1MG	SOHONOS CAP 2.5MG
SOHONOS CAP 5MG	SOMAVERT INJ	sorafenib tosylate tab	SPEVIGO INJ
STEQEYMA INJ	STEQEYMA INJ 90MG	STIVARGA TAB	STRENSIQ INJ
SUBLOCADE SOLN, BRIXADI SOLN	sunitinib malate cap	SUNLENCA INJ	SUNLENCA TAB
SUNLENCA TAB 300MG	TAFINLAR CAP	TAFINLAR TAB	TAKHZYRO INJ
TAKHZYRO INJ 150MG/ML	TALTZ INJ	TALTZ INJ 20MG/0.25ML	TALTZ INJ 40 MG/0.5ML
TAVNEOS CAP	temozolomide cap	teriflunomide tab	teriparatide (recombinant) soln pen-inj
tetrabenazine tab	TEZSPIRE INJ	tiopronin tab	tiopronin tab delayed release
TOBI PODHALER	tobramycin neb soln	tolvaptan tab	tolvaptan tab therapy pack
TREMFYA INDUCTION INJ 200MG/ML	TREMFYA INJ	TREMFYA INJ 200MG/2ML	tretinoin cap
trientine cap	TRIKAFTA TAB	TRIKAFTA THERAPY PACK	TRUQAP TAB
TRUQAP THERAPY PACK	TRYNGOLZA INJ	TUKYSA TAB	TURALIO CAP
TYENNE INJ	TYMLOS INJ	TYVASO DPI POWDER	TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG	TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG	TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	TYVASO DPI POWDER TITRATION KIT 16-32MCG
TYVASO INH SOLN 0.6 MG/ML	UPTRAVI TAB	USTEKINUMAB-AEKN 45MG/0.5ML	USTEKINUMAB-AEKN 90MG/ML
VALCHLOR GEL	VANFLYTA TAB	VANFLYTA TAB 26.5MG	VERZENIO TAB
vigabatrin powder pack	vigabatrin tab	vigadrone powder pack	VIJOICE GRANULES PACKET
VIJOICE TAB	VIJOICE TAB 250MG	VITRAKVI CAP 100MG	VITRAKVI CAP 25MG
VITRAKVI SOLN	VIVITROL INJ	VORANIGO TAB	VORANIGO TAB 10MG
VOSEVI TAB	VOWST CAP	VOYDEYA TAB	VOYDEYA TAB THERAPY PACK
VYNDAQEL CAP	VYVGART HYTRULO INJ	WAINUA INJ	WINREVAIR INJ
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 SYRINGE	XOLAIR SYRINGE 150MG/ML	XOLAIR SYRINGE 300MG/2ML
XOLREMDI CAP	XPHOZAH TAB	XPOVIO PAK	YESINTEK INJ
YESINTEK SYRINGE	YESINTEK SYRINGE 90MG	YEZTUGO INJ	YEZTUGO TAB
YORVIPATH INJ	YORVIPATH INJ 294MCG	YORVIPATH INJ 420MCG	YUTREPIA CAP
ZARXIO INJ	ZEJULA TAB	ZELBORAF TAB	ZEPOSIA CAP

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ZEPOSIA STARTER PACK
ZOLINZA CAP

ZILBRYSQ INJ
ZTALMY SUSP

ZILBRYSQ INJ 23MG
ZURZUVAE CAP 20MG,
25MG

ZILBRYSQ INJ 32.4MG
ZURZUVAE CAP 30MG

ZYDELIG TAB

ZYKADIA TAB

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**Prime 4 Tier Formulary
Last Updated* 12/1/2025
Step Therapy (ST)**

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ARCAPTA NEOHALER	Step Therapy requires trial of Foradil or Serevent
ATELVIA TAB	Step Therapy requires trial of alendronate
bepotastine ophth soln	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
BEPREVE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
buprenorphine patch	QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
BUTRANS PATCH	QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
CIALIS TAB 2.5MG, 5MG	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 SENSOR (15-DAY)	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DIFICID SUSP	QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
EDARBI TAB	Step therapy requires trial of losartan (hctz)
EDARBYCLOR TAB	Step Therapy requires trial of losartan (hctz)
febuxostat tab	Step Therapy requires trial of allopurinol
fentanyl patch	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
fidaxomicin tab	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin

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Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
FREESTYLE LIBRE 3 READER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
HUMULIN MIX INJ	Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	Step Therapy requires trial of NOVOLIN
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
HYDROCODONE BITARTRATE ER TAB	QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
hydromorphone ER tab	QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or a albuterol HFA product
liraglutide soln pen-injector	QL= 9ml/30 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
METHADONE SOLN	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
methadone tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
METHADOSE CONC	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
methadose tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
morphine sulfate ER tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
MOUNJARO INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
MS CONTIN TAB	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
NEXLETOL TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NEXLIZET TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NUCYNTA ER TAB	QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)

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**Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Step Therapy (ST)**

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
OZEMPIC INJ	QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
paliperidone ER tab	Step Therapy requires trial of risperidone, ziprasidone, quetiapine or olanzapine
REPATHA INJ	QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
risedronate DR tab	Step Therapy requires trial of alendronate
RYBELSUS TAB	QL=1 tab/day; Step Therapy requires trial of metformin IR, metformin ER or metform soln; Diagnosis Restricted – Type 2 Diabetes (E11)
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
tavorole soln	QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
tramadol ER tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
TRAMADOL HCL ER TAB	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine
TRULICITY INJ	QL= 4 pens/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
XTAMPZA ER CAP	QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)

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**Prime 4 Tier Formulary
Smoking Cessation Agents
Last Updated* 12/1/2025**

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	1
CHANTIX STARTER PACK	NC
NICODERM PATCH(Limited to 180 days/plan year)	1
NICORETTE GUM(Limited to 180 days/plan year)	1
NICORETTE LOZENGE(Limited to 180 days/plan year)	1
nicotine gum(Limited to 180 days/plan year)	1
NICOTINE KIT(Limited to 180 days/plan year)	1
nicotine lozenge(Limited to 180 days/plan year)	1
nicotine patch(Limited to 180 days/plan year)	1
NICOTROL INHALER(Limited to 180 days/plan year)	1
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	1
VARENICLINE TAB(Limited to 180 days/plan year)	1
varenicline tartrate tab(Limited to 180 days/plan year)	1
varenicline tartrate tab starter pack(Limited to 180 days/plan year)	1
ZYBAN TAB(Limited to 180 days/plan year)	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.

**Prime 4 Tier Formulary
Infertility Drug List
Last Updated* 12/1/2025**

Drug Name	Tier # for Drug Copay
CETROTIDE KIT	5
clomiphene citrate tab	5
CLOMIPHENE TAB	5
FOLLISTIM AQ INJ	5
GONAL-F RFF INJ	5
GONAL-F RFF INJ, GONAL-F INJ	5
MENOPUR INJ	5
OVIDREL INJ	5
PREGNYL INJ, NOVAREL INJ	5

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Prime 4 Tier Formulary
Last Updated* 12/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abiraterone tab 250mg	QL= 4 tabs/day
ABRYVO INJ	QL= 1 dose/lifetime
acetic acid otic soln	QL= 2 bottles/fill
acetic acid/hydrocortisone otic soln	QL= 2 bottles/fill
ACTHAR GEL INJ	QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
ACULAR (LS) OPHTH SOLN	QL= 2 bottles/fill
ACUVAIL OPHTH SOLN	QL= 2 bottles/fill
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (2 PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT	QL= 1 kit/fill; 1 fill/plan year
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	QL= 2 inj/28 days
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML	QL= 2 inj/28 days; Only available through Lumicera 855-847-3553
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML	QL= 2 inj/28 days; Only available through Lumicera 855-847-3553
ADBRY INJ	QL= 4 inj/28 days
AFLURIA INJ, FLUZONE INJ	QL= 1 inj/28 days
AIMOVIG INJ	QL= 1 pack/28 days
AJOVY INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
albuterol HFA inhaler	QL= 2 inhalers/30 days
ALCAINE OPHTH SOLN	QL= 2 bottles/fill
ALECENSA CAP	QL= 8 caps/day
ALKINDI SPRINKLE CAP 0.5MG	QL= 3 caps/day; Only available through AnovoRx 844-288-5007; Prior Authorization required for members age 9 years and older

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**Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ALKINDI SPRINKLE CAP 1MG	QL= 3 caps/day; Only available through AnovoRx 844-288-5007; Prior Authorization required for members age 9 years and older
almotriptan tab	QL= 9 tabs/fill, 2 fills/30 days
ALPHAGAN P OPHTH SOLN 0.15%	QL= 2 bottles/fill
ALREX OPHTH SUSP	QL= 2 bottles/fill
ALYFTREK TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ALYFTREK TAB 4-20-50MG	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
AMBIEN CR TAB	QL= 1 tab/day
AMBIEN TAB	QL= 1 tab/day
ambrisentan tab	QL= 1 tab/day; Only available through Lumicera 855-847-3553
AMERGE TAB	QL= 9 tabs/fill, 2 fills/30 days
ANNOVERA RING	QL= 1 ring/year
antipyrine/ benzocaine/ polycosanol otic soln	QL= 2 bottles/fill
ANZEMET TAB	QL= 9 tabs/fill
APRACLONIDINE OPHTH SOLN	QL= 2 bottles/fill
aprepitant cap	QL= 3 caps/fill
aprepitant pak	QL= 3 caps/fill
APRETUDE SUSP	QL= 7 inj/year
AQNEURSA PACKET FOR SUSPENSION	QL= 4 packets/day; Only available through CurantHealth 866-437-8040
ARBLI SUSP	QL= 330mL/30 days; Prior Authorization required for members age 9 years and older
AREXVY INJ	QL= 1 dose/lifetime
ARICEPT TAB	QL= 2 tabs/day
ARICEPT TAB 23MG	QL= 1 tab/day
ARIKAYCE SUSP	QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046
aripiprazole ODT	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/day
asenapine maleate SL tab	QL= 2 tabs/day
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	QL= 2 bottles/fill
atropine ophth oint	QL= 2 bottles/fill
atropine ophth soln	QL= 2 bottles/fill
ATROPINE SUL SOLN 1% OPHTH	QL= 2 bottles/fill
ATROPINE SULFATE OPHTH OINT	QL= 2 tubes/fill
ATROVENT HFA INHALER	QL= 2 inhalers/fill
ATTRUBY PACK	QL= 4 tabs/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-84
AUGTYRO CAP	QL= 8 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
AUGTYRO CAP 160MG	QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
AURALGAN OTIC SOLN	QL= 2 bottles/fill
AUSTEDO XR TAB	QL= 1 tab/day

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**Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AUSTEDO XR TAB TITRATION KIT	QL= 1 pack/28 days
AUSTEDO XR TITRATION PACK	QL= 1 pack/28 days
AYVAKIT TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
AZASITE SOLN	QL= 2 bottles/fill
azelastine nasal spray 0.1%	QL= 2 bottles/fill
azelastine nasal spray 0.15%	QL= 2 bottles/fill
azelastine ophth soln	QL= 2 bottles/fill
AZOPT OPHTH SUSP	QL= 2 bottles/fill
BACITRACIN OPHTH OINT	QL= 2 bottles/fill
bacitracin/neomycin/polymyxin b ophth oint	QL= 2 bottles/fill
bacitracin/polymyxin b ophth oint	QL= 2 bottles/fill
bacitracin/polymyxin/neomycin/hydrocortiso ne ophth oint	QL= 2 bottles/fill
BALVERSA TAB 3MG	QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG	QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG	QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BAXDELA TAB	QL= 2 tabs/day; Restricted to Infectious Disease Specialist
bepotastine ophth soln	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
BEPREVE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
BESREMI INJ	QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
BETAGAN OPHTH SOLN	QL= 2 bottles/fill
betaxolol ophth soln	QL= 2 bottles/fill
BETIMOL OPHTH SOLN 0.25%	QL= 2 bottles/fill
BETOPTIC-S OPHTH SOLN	QL= 2 bottles/fill
BIJUVA CAP	QL= 1 cap/day
bimatoprost ophth soln	QL= 2.5ml/30 days
BLEPH-10 OPHTH SOLN	QL= 2 bottles/fill
BLEPHAMIDE OPHTH SOLN	QL= 2 bottles/fill
BLEPHAMIDE S.O.P. OPHTH OINT	QL= 2 bottles/fill
BONIVA TAB 150MG	QL= 1 tab/30 days
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
bosentan tab for oral susp	QL= 4 tabs/day; Only available through Accredo 800-803-2523
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
brimonidine ophth soln 0.15%	QL= 2 bottles/fill
brimonidine ophth soln 0.2%	QL= 2 bottles/fill
brimonidine tartrate ophth soln 0.1%	QL= 2 bottles/fill
brinzolamide ophth susp	QL= 2 bottles/fill
bromfenac ophth soln	QL= 2 bottles/fill

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**Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BRUKINSA CAP	QL= 4 caps/day; Only available through Lumicera 855-847-3553
BRUKINSA TAB	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
budesonide ER tab	QL=1 tab/day
budesonide nasal spray	QL= 2 bottles/fill
buprenorphine patch	QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH	QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
BYLVAY CAP 1200MCG	QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG	QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG	QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG	QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
CABENUVA IM SUSP	QL= 1 kit/30 days
CABENUVA SUSP 600MG-900MG/3ML	QL= 1 kit/30 days
CABOMETYX TAB	QL= 1 tab/day
CAPRELSA TAB	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
CARTEOLOL OPHTH SOLN	QL= 2 bottles/fill
CERDELGA CAP	QL= 2 caps/day
CETROTIDE KIT	QL= 30 days supply/fill
CIALIS TAB 2.5MG, 5MG	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
CIBINQO TAB	QL= 1 tab/day
CILOXAN OPHTH OINT	QL= 2 bottles/fill
CILOXAN OPHTH SOLN	QL= 2 bottles/fill
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA INJ 200MG/ML	QL= 2 inj/28 days
CINRYZE INJ	QL= 16 vials/28 days; Only available through Accredo 800-803-2523
CIPRO HC OTIC SUSP	QL= 2 bottles/fill
CIPRODEX OTIC SUSP	QL= 2 bottles/fill
ciprofloxacin ophth soln	QL= 2 bottles/fill
ciprofloxacin/dexamethasone otic susp	QL= 2 bottles/fill
CLEOCIN VAGINAL SUPP	QL= 3 suppositories/fill
clindamycin vaginal cream	QL=1 tube/fill
CLINDESSE VAGINAL CREAM	QL= 1 applicator/fill
clocortolone pivalate cream	QL= 90gm/30 days
clomiphene citrate tab	QL= 30 days supply/fill
CLOMIPHENE TAB	QL= 30 days supply/fill
COLY-MYCIN S OTIC SUSP	QL= 2 bottles/fill

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Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COMIRNATY INJ	QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML	QL= 1 dose/17 days
CONTRACE TAB	QL= 4 tabs/day
COPIKTRA CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CORTANE-B OTIC SOLN	QL= 2 bottles/fill
CORTIC-ND DROPS	QL= 2 bottles/fill
COSOPT (PF) OPHTH SOLN	QL= 60 units/30 days
COVID-19 VACCINE INJ 5-11Y (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	QL= 1 dose/17 days
CRENESSITY CAP	QL= 2 caps/day; Only available through PantheRx 855-726-8479
CRENESSITY SOLN	QL= 2ml/day; Only available through PantheRx 855-726-8479
cromolyn ophth soln	QL= 2 bottles/fill
CROMOLYN SODIUM OPHTH SOLN	QL= 2 bottles/fill
CYCLOGYL OPHTH SOLN	QL= 2 bottles/fill
CYCLOMYDRIL OPHTH SOLN	QL= 2 bottles/fill
cyclopentolate ophth soln	QL= 2 bottles/fill
cyclosporine ophth emulsion	QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
CYSTADROPS SOLN	QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day; Restricted to Neurology Specialist
DAYBUE SOLN	QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DERMOTIC OIL	QL= 2 bottles/fill
DEXAMETHASONE OPHTH SOLN	QL= 2 bottles/fill
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 SENSOR (15-DAY)	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DIASTAT ACDL GEL	QL= 4 doses/fill

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Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 4 doses/fill
DIAZEPAM GEL	QL= 4 doses/fill
diazepam rectal gel	QL= 4 doses/fill
diclofenac gel	QL= 300gm/30 days
diclofenac sodium ophth soln	QL= 2 bottles/fill
diclofenac soln 1.5%	QL= 3 bottles/fill
DIFICID SUSP	QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
difluprednate ophth emulsion	QL= 2 bottles/fill
dihydroergotamine mesylate nasal spray	QL= 8 sprays/fill
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day
DOPTELET SPRINKLE CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523
DOPTELET TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
dorzolamide ophth soln	QL= 2 bottles/fill
dorzolamide/timolol (pf) ophth soln	QL= 60 units/30 days
DORZOLAMIDE/TIMOLOL OPHTH SOLN	QL= 60 units/30 days
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
DUREZOL OPHTH EMULSION	QL= 2 bottles/fill
EBGLYSS INJ	QL= 1 inj/28 days
EBGLYSS PEN INJ	QL= 1 inj/28 days
ELESTAT OPHTH SOLN	QL= 2 bottles/fill
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
eltrombopag olamine powder pack for susp	QL= 1 packet/day
eltrombopag olamine tab	QL= 1 tab/day
eltrombopag olamine tab 50mg	QL= 2 tabs/day
eltrombopag olamine tab 75mg	QL= 2 tabs/day
ENBREL INJ 25MG	QL= 8 inj/28 days; Restricted to Dermatology or Rheumatology Specialist
ENBREL INJ 50MG	QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist
ENBREL MINI INJ	QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist
entecavir tab	QL= 1 tab/day
ENTYVIO SC INJ	QL= 2 inj/28 days
epinastine ophth soln	QL= 2 bottles/fill
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
ERGOMAR SL TAB	QL= 20 tablets/28 days
ERIVEDGE CAP	QL= 1 cap/day
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab	QL= 1 tab/day

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Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
erlotinib tab 25mg	QL= 3 tabs/day
erythromycin ophth oint	QL= 2 bottles/fill
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days (18 tabs on first fill)
estradiol valerate inj	QL= 5ml/fill
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day
everolimus tab for oral susp	QL= 1 tab/day
EVRYSDI TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FANAPT TITRATION PACK 1MG/2MG/6MG/8MG	QL= 1 pack/plan year
FARXIGA TAB	QL= 1 tab/day
FEMALE CONDOMS	QL= 12 condoms/fill
fidaxomicin tab	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
FILSPARI TAB	QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CV Specialty 800-378-0695
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FLAREX OPHTH SUSP	QL= 2 bottles/fill
FLUAD INJ	QL= 1 inj/28 days
FLUBLOK INJ	QL= 1 inj/28 days
FLUCELVAX INJ	QL= 1 inj/28 days
FLULAVAL INJ, FLUARIX INJ	QL= 1 inj/28 days
FLUMIST NASAL	QL= 1 dose/28 days
flunisolide nasal soln	QL= 2 bottles/fill
fluocinolone otic oil	QL= 2 bottles/fill
fluorometholone ophth soln	QL= 2 bottles/fill
FLURBIPROFEN OPHTH SOLN	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
FLUZONE HIGH DOSE PF INJ	QL= 1 inj/28 days
FML FORTE OPHTH SUSP	QL= 2 bottles/fill
FML LIQUIFLIM OPHTH SUSP	QL= 2 bottles/fill
FML S.O.P. OPHTH OINT	QL= 2 bottles/fill
FOLLISTIM AQ INJ	QL= 30 days supply/fill
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin

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Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FREESTYLE LIBRE 3 READER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
frovatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
FRUZAQLA CAP 1MG	QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FRUZAQLA CAP 5MG	QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FUROSCIX KIT	QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633
gabapentin cap	QL= 9 caps/day
gabapentin soln	QL= 72 mls/day
gabapentin tab 600mg	QL= 6 tabs/day
gabapentin tab 800mg	QL= 4.5 tabs/day
gatifloxacin ophth soln	QL= 2 bottles/fill
GAVILYTE-C SOLN	\$0 copay for members age 45-75 years; all other members covered at preferred branch copay; Limited to 2 fills/calendar year
GAVRETO CAP	QL= 4 caps/day; Only available through Lumicera 855-847-3553
gefitinib tab	QL= 1 tab/day; Only available through Lumicera 855-847-3553
GENTAK OPHTH OINT	QL= 2 tubes/fill
gentamicin ophth soln	QL= 2 bottles/fill
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
glucagon (rdna) for inj kit	QL= 2 inj/fill
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day
GOLYTELY SOLN	\$0 copay for members age 45-75 years; all other members covered at preferred branch copay; Limited to 2 fills/calendar year
GONAL-F RFF INJ	QL= 30 days supply/fill
GONAL-F RFF INJ, GONAL-F INJ	QL= 30 days supply/fill
granisetron tab	QL= 14 tabs/fill
guaifenesin/codeine syrup	QL= 240ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill
HOMATROPINE OPHTH SOLN	QL= 2 bottles/fill

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**Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HYD POL/CPM SUSP	QL= 120ml/fill; 2 fills/30 days
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
HYDROCODONE BITARTRATE ER TAB	QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
hydrocortisone succinate inj 1000mg	QL= 2 vials/fill
hydromorphone ER tab	QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
HYFTOR GEL	QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
ibandronate tab 150mg	QL= 1 tab/30 days
ICLUSIG TAB	QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
icosapent ethyl cap	QL= 4 caps/day
IDHIFA TAB	QL= 1 tab/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA SUSP	QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
IMCIVREE INJ	QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days
IMITREX INJ 4MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
IMITREX TAB	QL= 9 tabs/fill, 2 fills/30 days
IMITREX VIAL INJ	QL= 5 inj/fill, 2 fills/30 days
INBRIJA INH POWDER	QL= 10 caps/day
INLYTA TAB	QL= 4 tabs/day
INLYTA TAB 1MG	QL= 8 tabs/day
IOPIDINE OPHTH SOLN	QL= 2 bottles/fill
IQIRVO TAB	QL= 1 tab/day; Only available through Caremark/CVS Specialty 800-378-0695 or Walgreens 888-347-3416
ISOPTO CARPINE OPHTH SOLN	QL= 2 bottles/fill
ISTALOL OPHTH SOLN	QL= 2 bottles/fill
ISTURISA TAB	QL= 12 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ivermectin cream	QL= 45 grams/30 days
IWILFIN TAB	QL= 8 tabs/day; Only available through CurantHealth 866-437-8040
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JAYPIRCA TAB	QL= 2 tabs/day
JOENJA TAB	QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
KERENDIA TAB	QL= 1 tab/day

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Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ketorolac inj 15mg/ml	QL= 20ml/5 days
ketorolac inj 30mg/ml	QL= 20ml/5 days
ketorolac inj 60mg/2ml	QL= 20ml/5 days
ketorolac ophth soln	QL= 10ml/fill
ketorolac tab	QL= 20 tabs/5 days
KEVZARA INJ	QL= 2 inj/28 days
KHINDIVI SOLN	QL= 90ml/30 days; Only available through AnovoRx 844-288-5007; Prior Authorization required for members age 9 years and older
KISQALI PAK	QL= 91 tabs/28 days; Only available through CVS Specialty 800-238-7828
KISQALI TAB	QL= 63 tabs/28 days; Only available through CVS Specialty 800-238-7828
KOSELUGO CAP	QL= 4 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG	QL= 8 caps/day; Only available through Onco360 877-662-6633
KOSELUGO SPRINKLE CAP	QL= 12 caps/day; Only available through Onco360 877-662-6633
KOSELUGO SPRINKLE CAP 5MG	QL= 20 caps/day; Only available through Onco360 877-662-6633
KRAZATI TAB	QL= 6 tabs/day; Only available through Biologics 800-850-4306
LAGEVRIO CAP (EUA)	QL= 40 caps/fill
LAGEVRIO CAP 200MG	QL= 40 caps/fill
latanoprost ophth soln	QL= 2.5ml/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
lenalidomide cap	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Onco360 877-662-6633
LENVIMA CAP	QL= 3 caps/day; Only available through Optum 877-445-6874
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product
levobunolol ophth soln	QL= 2 bottles/fill
LEVOFLOXACIN OPHTH SOLN 0.5%	QL= 2 bottles/fill
l-glutamine powder packet	QL= 6 packets/day
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
lidocaine patch 5%	QL= 3 patches/day
LIDODERM PATCH	QL= 3 patches/day
LINZESS CAP	QL= 1 cap/day
liraglutide soln pen-injector	QL= 9ml/30 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
LITFULO CAP	QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695
LIVDELZI CAP	QL= 1 cap/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-84
LIVMARLI SOLN	QL= 90ml/30 days; Only available through Eversana 866-849-4481
LIVMARLI SOLN 19MG/ML	QL= 60mL/30 days; Only available through Eversana 866-849-4481
LIVMARLI TAB	QL= 2 tabs/day; Only available through Eversana 866-849-4481
LIVMARLI TAB 30MG	QL= 1 tab/day; Only available through Eversana 866-849-4481
lofexidine hcl tab	QL= 96 tabs/7 days

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**Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LOKELMA PAK	QL= 1 packet/day
LOPRESSOR SOLN	QL= 45ml/day; Prior Authorization required for members age 9 years and older
LOTEMAX GEL	QL= 2 bottle/fill
LOTEMAX OPHTH OINT	QL= 2 tubes/fill
loteprednol etabonate ophth gel	QL= 2 bottles/fill
loteprednol ophth susp	QL= 2 bottles/fill
lubiprostone cap	QL= 2 caps/day
LUCEMYRA TAB	QL= 96 tabs/7 days
LUMAKRAS TAB	QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 240MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG	QL= 3 tabs/day; Only available through Biologics 800-850-4306
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LUMRYZ PACK	QL= 1 pack/day; Only available through Accredo 800-803-2523
LUMRYZ STARTER PACK	QL= 1 packet/day; Only available through Accredo 800-803-2523
LUNESTA TAB	QL= 1 tab/day
LUPKYNIS CAP	QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
lurasidone hcl tab	QL= 1 tab/day
LYNPARZA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYRICA CAP	QL= 3 caps/day
LYRICA CAP 225MG	QL= 2 caps/day
LYRICA CAP 300MG	QL= 2 caps/day
LYRICA SOLN	
LYTGOBI THERAPY PACK	QL= 5 tabs/day; Only available through Onco360 877-662-6633
malathion lotion	QL= 2 bottles/fill
MALE CONDOMS	QL= 12 condoms/fill
MAVYRET PAK	QL= 5 packs/day
MAVYRET TAB	QL= 3 tabs/day
MAXALT MLT TAB	QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB	QL= 12 tabs/fill, 3 fills/60 days
MAXIDEX OPHTH SOLN	QL= 2 bottles/fill
MAXITROL OPHTH OINT	QL= 2 bottles/fill
MAXITROL OPHTH SUSP	QL= 2 bottles/fill
medroxyprogesterone inj	QL= 1 inj/90 days
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
MEKTOVI TAB	QL= 6 tabs/day
MENOPUR INJ	QL= 30 days supply/fill
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
MIEBO OPHTH SOLN	QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist
mifepristone tab	QL= 4 tabs/day
miglustat cap	QL= 3 caps/day; Only available through Accredo 800-803-2523

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**Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
MIGRANAL SPRAY	QL= 8 sprays/fill
MNEXSPIKE INJ 10MCG/0.2ML	QL= 1 dose/24 days
modafinil tab	QL= 2 tabs/day
MOTEGRITY TAB	QL= 1 tab/day
MOUNJARO INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
MOVANTIK TAB	QL= 1 tab/day
moxifloxacin ophth soln	QL= 2 bottles/fill
MRESVIA INJ	QL= 1 dose/lifetime
MYDRIACYL OPHTH SOLN	QL= 2 bottles/fill
MYFEMBREE TAB	QL= 1 tab/day
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NATACYN OPHTH SUSP	QL= 15ml/fill
NATROBA SUSP	QL= 1 bottle/fill
NAYZILAM SPRAY	QL= 4 doses/fill
NEFFY SPRAY	QL= 2 doses/fill
NEMLUVIO INJ	QL= 1 inj/56 days
NEOMYCIN/POLYMXIN/GRAMICIDIN OPHTH SOLN	QL= 2 bottles/fill
neomycin/polymixin/hydrocortisone otic soln	QL= 2 bottles/fill
neomycin/polymixin/hydrocortisone otic susp	QL= 2 bottles/fill
neomycin/polymyxin/dexamethasone ophth oint	QL= 2 bottles/fill
neomycin/polymyxin/dexamethasone ophth soln	QL= 2 bottles/fill
NEOSPORIN OPHTH SOLN	QL= 2 bottles/fill
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NEURONTIN CAP	QL= 9 caps/day
NEURONTIN SOLN	QL= 72 mls/day
NEURONTIN TAB 600MG	QL= 6 tabs/day
NEURONTIN TAB 800MG	QL= 4.5 tabs/day
NEVANAC OPHTH SUSP	QL= 2 bottles/fill
NEXLETOL TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NEXLIZET TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NICODERM PATCH	Limited to 180 days/plan year
NICORETTE GUM	Limited to 180 days/plan year
NICORETTE LOZENGE	Limited to 180 days/plan year

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**Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
nitazoxanide tab	QL= 6 tabs/3 days
NOVAVAX INJ	QL= 1 dose/24 days
NUBEQA TAB	QL= 4 tabs/day
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA ER TAB	QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid E Dependency)
NUEDEXTA CAP	QL= 2 caps/day
NUVIGIL TAB	QL= 1 tab/day
OCUFLOX OPHTH SOLN	QL= 2 bottles/fill
ODACTRA SL TAB	QL= 1 tab/day
ODOMZO CAP	QL= 1 cap/day
ofloxacin ophth soln	QL= 2 bottles/fill
ofloxacin otic soln	QL= 2 bottles/fill
OGSIVEO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OGSIVEO TAB 50MG	QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OHTUVAYRE SUSP	QL= 60 ampules/30 days; Only available through CVS Specialty 800-238-7828 or AcariaHealth 800-511-5144
OJEMDA SUSP	QL= 96ml/28 days; Only available through Onco360 877-662-6633
OJEMDA TAB	QL= 24 tabs/28 days; Only available through Onco360 877-662-6633
OJJAARA TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OLUMIANT TAB	QL= 1 tab/day
OMNIPOD 5 DEX G7G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 DEX G7G6 PODS	QL= 10 pods/month
OMNIPOD 5 G7 KIT INTRO	QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS	QL= 10 pods/30 days
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 LIBRE2 PLUS G6 PODS	QL= 10 pods/30 days
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH INTRO KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 10 pods/month
OMNIPOD GO KIT	QL= 10 pods/month
OMNIPOD STARTER KIT	QL= 1 kit/year
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523

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Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OPZELURA CREAM	QL= 12 tubes/year
ORALAIR SL TAB	QL= 1 tab/day
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORGOVYX TAB	QL= 30 tabs/28 days; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
ORIAHNN CAP	QL= 2 caps/day
ORILISSA TAB 150MG	QL= 1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/day
ORSERDU TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORSERDU TAB 345MG	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OTEZLA XR TAB	QL= 1 tab/day
OTEZLA/OTEZLA XR STARTER PACK	QL= 1 pack/28 days
otomax-HC otic soln	QL= 2 bottles/fill
OVIDE LOTION	QL= 2 bottles/fill
OVIDREL INJ	QL= 30 days supply/fill
OXBRYTA TAB	
oxybutynin ER tab	QL= 2 tabs/day
OZEMPIC INJ	QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
PAXLOVID PAK	QL= 11 tabs/90 days
PAXLOVID TAB 150-100MG	QL= 20 tabs/90 days
PAXLOVID TAB 300-100MG	QL= 30 tabs/90 days
pazopanib tab	QL= 4 tabs/day
peg 3350 soln (100 gram Moviprep equiv)	\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year
peg 3350/electrolytes soln	\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year
phentermine cap	QL= 1 cap/day
phentermine hcl-topiramate cap er 24hr	QL= 1 cap/day
phentermine tab	QL= 1 tab/day
phenylephrine ophth soln	QL= 2 bottles/fill
PHEXXI GEL	QL= 1 box/fill

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Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
pilocarpine ophth soln	QL= 2 bottles/fill
pirfenidone cap	QL= 9 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day
polymyxin b/trimethoprim ophth soln	QL= 2 bottles/fill
POLYTRIM OPHTH SOLN	QL= 2 bottles/fill
POMALYST CAP	QL= 21 caps/28 days
PRED FORTE OPHTH SUSP	QL= 2 bottles/fill
PRED MILD OPHTH SOLN	QL= 2 bottles/fill
PRED-G OPHTH SOLN	QL= 2 bottles/fill
prednisolone acetate ophth susp	QL= 2 bottles/fill
PREDNISOLONE OPHTH SUSP	QL= 2 bottles/fill
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	QL= 2 bottles/fill
pregabalin cap	QL= 3 caps/day
pregabalin cap 225mg	QL= 2 caps/day
pregabalin cap 300mg	QL= 2 caps/day
pregabalin soln	QL= 30ml/day
PREGNYL INJ, NOVAREL INJ	QL= 30 days supply/fill
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
PREVYMIS PAK	QL= 4 packets/day; Limit 800 packets/365 days
PROLENSA OPHTH SOLN	QL= 2 bottles/fill
proparacaine ophth soln	QL= 2 bottles/fill
PROVIGIL TAB	QL= 2 tabs/day
prucalopride succinate tab	QL= 1 tab/day
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
PYRUKYND TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND TAPER PACK	QL= 1 tab/day; Only available through Biologics 800-850-4306
QINLOCK TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
RADICAVA ORS STARTER KIT	QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP	QL= 50mL/28 days; Only available through Accredo 800-803-2523
RAGWITEK SL TAB	QL= 1 tab/day
ramelteon tab	QL= 1 tab/day
REGANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
RELPAK TAB	QL= 9 tabs/fill, 2 fills/30 days
REPATHA INJ	QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
RETEVMO CAP	QL= 2 caps/day
RETEVMO CAP 40MG	QL= 3 caps/day

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**Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
RETEVMO TAB	QL= 2 tabs/day
RETEVMO TAB 40MG	QL= 3 tabs/day
REVUFORJ TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
REVUFORJ TAB 110MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
REVUFORJ TAB 25MG	QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
REZDIFFRA TAB	QL= 1 tab/day; Only available through Optum 877-445-6874
REZLIDHIA CAP	QL= 2 caps/day; Only available through Biologics 800-850-4306
RINVOQ ER TAB	QL= 1 tab/day
RINVOQ ORAL SOLN	QL= 12ml/day
RIVFLOZA INJ	QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA INJ 160MG	QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA VIAL	QL= 2 vials/30 days; Only available through Orsini 800-410-8575
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
ROZEREM TAB	QL= 1 tab/day
ROZLYTREK CAP	QL= 3 caps/day
ROZLYTREK PAK	QL= 6 packs/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
RYBELSUS TAB	QL=1 tab/day; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
RYDAPT CAP	QL= 56 caps/28 days
sacubitril-valsartan tab	QL= 2 tabs/day
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days
SAPHRIS SL TAB	QL= 2 tabs/day
SAVELLA TAB	QL= 2 tabs/day
SCSEMBLIX TAB	QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SCSEMBLIX TAB 100 MG	QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SIMBRINZA OPHTH SUSP	QL= 2 bottles/fill
SIMPONI AUTO-INJECTOR 100MG	QL=1 inj/28 days
SIMPONI INJ 100MG	QL=1 inj/28 days
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKYCLARYS CAP	QL= 3 caps/day; Only available through Biologics 800-850-4306
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYRIZI INJ 180 MG/1.2ML	QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML	QL= 1 inj/56 days

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Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SODIUM OXYBATE SOLN sodium/magnesium/potassium soln	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688 \$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
SOHONOS CAP 1.5MG	QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 10MG	QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 1MG	QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 2.5MG	QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 5MG	QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOLIQUA INJ	QL= 15ml/25 days
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SOLU-CORTEF INJ	QL= 1 vial/fill
SOLU-CORTEF INJ 100MG	QL= 2 vials/fill
SPEVIGO INJ	QL= 2ml/28 days; Only available through Accredo 800-803-2523
SPIKEVAX INJ	QL= 1 dose/24 days
SPIKEVAX INJ 50MCG/0.5ML	QL= 1 dose/24 days
SPINOSAD SUSP	QL= 1 bottle/fill
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
STEQEYMA INJ	QL= 1 inj/84 days
STEQEYMA INJ 90MG	QL= 1 inj/84 days
STIVARGA TAB	QL= 4 tabs/day
STRATTERA CAP	QL= 2 caps/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUFLAVE SOLN	QL= 2 fills/calendar year
SULFACETAMIDE SOD OPHTH SOLN sulfacetamide sodium ophth soln	QL= 2 bottles/fill
sulfacetamide sodium/prednisolone ophth soln	QL= 2 bottles/fill
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	QL= 2 bottles/fill
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
sunitinib malate cap	QL= 1 cap/day
SUNLENCA INJ	QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist; Only available through CVS Specialty 800-238-7828
SUNLENCA TAB	QL= 4 tabs/28 days; Restricted to Infectious Disease Specialist; Only available through CVS Specialty 800-238-7828

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**Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SUNLENCA TAB 300MG	QL= 5 tabs/28 days; Restricted to Infectious Disease Specialist; Only available through CVS Specialty 800-238-7828
SUNOSI TAB	QL= 1 tab/day
SYMPROIC TAB	QL= 1 tab/day
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
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
TAFINLAR CAP	QL= 4 caps/day
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TALTZ INJ	QL= 1 inj/28 days
TALTZ INJ 20MG/0.25ML	QL= 1 inj/28 days
TALTZ INJ 40 MG/0.5ML	QL= 1 inj/28 days
tavorole soln	QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
TAVNEOS CAP	QL= 6 caps/day; Only available through PantheRx 855-726-8479
TESTOSTERONE ENANTHATE INJ 200MG/ML	QL= 5ml/fill
TESTOSTERONE GEL 1% 25MG	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
TESTOSTERONE GEL 20.25MG/1.25GM	QL= 1 packet/day
TESTOSTERONE GEL PUMP 1%	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days
testosterone soln	QL= 2 bottles/30 days
TEZSPIRE INJ	QL= 1 pen/28 days
timolol maleate (pf) ophth soln 0.5%	QL= 2 bottles/fill
timolol maleate ophth gel	QL= 2 bottles/fill
timolol maleate ophth soln	QL= 2 bottles/fill
timolol maleate ophth soln 0.5%	QL= 2 bottles/fill
timolol maleate preservative free ophth soln 0.25%	QL= 2 bottles/fill
timolol ophth soln	QL= 2 bottles/fill
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	QL= 2 bottles/fill
TIMOPTIC OPHTH SOLN	QL= 2 bottles/fill

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Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TIMOPTIC-XE OPHTH GEL	QL= 2 bottles/fill
TOBRADEX OPHTH OINT	QL= 2 bottles/fill
TOBRADEX OPHTH SOLN	QL= 2 bottles/fill
TOBRADEX ST OPHTH SUSP	QL= 2 bottles/fill
tobramycin ophth soln	QL= 2 bottles/fill
tobramycin/dexamethasone ophth soln	QL= 2 bottles/fill
TOBEX OPHTH OINT	QL= 2 bottles/fill
TOBEX OPHTH SOLN	QL= 2 bottles/fill
tolvaptan tab	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
tolvaptan tab therapy pack	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TRAVATAN Z DROPS	QL= 2.5ml/30 days
travoprost ophth soln	QL= 2.5ml/30 days
TREGAN OTIC	QL= 2 bottles/fill
TREMFYA INDUCTION INJ 200MG/ML	QL= 2 inj/28 days; 6 inj/year
TREMFYA INJ	QL= 1 inj/56 days
TREMFYA INJ 200MG/2ML	QL= 1 inj/28 days
triamcinolone OTC nasal spray	QL= 2 bottles/fill
TRIFLURIDINE OPHTH SOLN	QL= 2 bottles/fill
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG	QL= 1 tab/day
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG	QL= 2 tabs/day
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416
TRIKAFTA THERAPY PACK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine
tropicamide ophth soln	QL= 2 bottles/fill
TRULANCE TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
TRUQAP TAB	QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TRUQAP THERAPY PACK	QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TRUSOPT OPHTH SOLN	QL= 2 bottles/fill
TRYNGOLZA INJ	QL= 1 inj/28 days; Only available through PantheRx 855-726-8479
TUKYSA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
TYENNE INJ	QL= 2 inj/28 days
TYRVAYA NASAL SPRAY	QL= 2 bottles/30 days; Restricted to Ophthalmology or Optometry Specialist
TYVASO DPI POWDER	QL= 4 cartridges/day; Only available through Accredo 800-803-2523

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**Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG	QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG	QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32MCG	QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO INH SOLN 0.6 MG/ML	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
USTEKINUMAB-AEKN 45MG/0.5ML	QL= 1 inj/84 days; Only available through Lumicera 855-847-3553
USTEKINUMAB-AEKN 90MG/ML	QL= 1 inj/84 days; Only available through Lumicera 855-847-3553
VAGIFEM TAB	QL= 8 tabs/28 days (18 tabs on first fill)
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 800-803-2523
VALTOCO NASAL SPRAY	QL= 5 doses/fill
vancomycin cap	QL= 56 caps/fill
VANFLYTA TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VANFLYTA TAB 26.5MG	QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VARENICLINE TAB	Limited to 180 days/plan year
varenicline tartrate tab	Limited to 180 days/plan year
varenicline tartrate tab starter pack	Limited to 180 days/plan year
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VELTASSA POWDER	QL= 1 packet/day
VELTASSA POWDER 1GM	QL= 4 packets/day
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VERQUVO TAB	QL= 1 tab/day; Restricted to Cardiology Specialist
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VIGAMOX OPHTH SOLN	QL= 2 bottles/fill
VIJOICE GRANULES PACKET	QL= 1 packet/day; Only available through Biologics 800-850-4306
VIJOICE TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
VIJOICE TAB 250MG	QL= 2 tabs/day; Only available through Biologics 800-850-4306
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through Accredo 800-803-2523
VITRAKVI CAP 25MG	QL= 6 caps/day; Only available through Accredo 800-803-2523
VITRAKVI SOLN	QL= 10ml/day; Only available through Accredo 800-803-2523
VORANIGO TAB	QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306

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**Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VORANIGO TAB 10MG	QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VOSEVI TAB	QL= 1 tab/day
VOWST CAP	QL= 12 caps/fill; Only available through Orsini 800-410-8575
VOYDEYA TAB	QL= 6 tabs/day; Only available through Onco360 877-662-6633
VOYDEYA TAB THERAPY PACK	QL= 6 tabs/day; Only available through Onco360 877-662-6633
VYNDAQEL CAP	QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYTORIN TAB	QL= 1 tab/day (10/80mg is Not Covered)
VYVGART HYTRULO INJ	QL= 4 inj/28 days; Only available through Accredo 800-803-2523
VYZULTA SOLN	QL= 2.5ml/30 days
WAINUA INJ	QL= 1 inj/28 days; Only available through Orsini 800-410-8575
XACIATO GEL	QL= 1 applicator/fill
XADAGO TAB	QL= 1 tab/day
XALATAN OPHTH SOLN	QL= 2.5ml/30 days
XALKORI CAP	QL= 2 caps/day
XALKORI SPRINKLE CAP	QL= 4 caps/day
XCOPRI PAK 100-150MG	QL= 2 tabs/day
XCOPRI PAK 150-200MG	QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG	QL= 2 tabs/day
XCOPRI TAB 25MG	QL= 1 tab/day
XCOPRI TAB 50MG, 100MG	QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day
XDEMVY DROP	QL= 1 bottle/42 days; Restricted to Ophthalmology or Optometry Specialist; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416
XELJANZ SOLN	QL= 10ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XENLETA TAB	QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 60 tabs/30 days
XIGDUO XR TAB	QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG	QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XIIDRA OPHTH SOLN	QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
XOFLUZA TAB	QL= 1 tab/fill
XOLAIR INJ	QL= 2 inj/28 days
XOLAIR INJ 150MG/ML	QL= 2 inj/28 days

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Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XOLAIR INJ 300MG/2ML	QL= 1 inj/28 days
XOLAIR SYRINGE	QL= 2 inj/21 days OR 6 inj/63 days
XOLAIR SYRINGE 150MG/ML	QL= 4 inj/21 days OR 12 inj/63 days
XOLAIR SYRINGE 300MG/2ML	QL= 1 inj/28 days
XOLREMDI CAP	QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479
XPHOZAH TAB	QL= 2 tabs/day
XPOVIO PAK	QL= 32 tabs/28 days; Only available through Onco360 877-662-6633
XTAMPZA ER CAP	QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
XULTOPHY INJ	QL= 15ml/30 days
YESINTEK INJ	QL= 1 inj/84 days
YESINTEK SYRINGE	QL= 1 inj/84 days
YESINTEK SYRINGE 90MG	QL= 1 inj/84 days
YEZTUGO INJ	QL= 2 inj/180 days; Only available through Walgreens 888-347-3416
YEZTUGO TAB	QL= 4 tabs/28 days; Only available through Walgreens 888-347-3416
YORVIPATH INJ	QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YORVIPATH INJ 294MCG	QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YORVIPATH INJ 420MCG	QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YUTREPIA CAP	QL= 112 caps/28 days; Only available through CVS Specialty 800-237-2767
zaleplon cap	QL= 1 cap/day
ZAVZPRET NASAL SPRAY	QL= 6 units/fill; 60 units/365 days
ZEGALOGUE INJ	QL= 2 inj/fill
ZEJULA TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB	QL= 8 tabs/day
ZEPOSIA CAP	QL= 1 cap/day
ZEPOSIA STARTER PACK	QL= 1 cap/day
ZERVIAE OPHTH SOLN	QL= 60 single use containers/30 days
ZILBRYSQ INJ	QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 23MG	QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 32.4MG	QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZIRGAN OPHTH GEL	QL= 2 bottles/fill
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
ZOLMITRIPTAN SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem tab	QL= 1 tab/day
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZOMIG TAB	QL= 9 tabs/fill, 2 fills/30 days
ZOMIG ZMT	QL= 9 tabs/fill, 2 fills/30 days
ZORYVE CREAM	QL= 60 grams/30 days

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Prime 4 Tier Formulary Cont.
Last Updated* 12/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ZORYVE FOAM	QL= 60 grams/30 days
ZTALMY SUSP	QL= 1100ml/30 days; Only available through Orsini 800-410-8575
ZURZUVAE CAP 20MG, 25MG	QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-069
ZURZUVAE CAP 30MG	QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-069
ZYBAN TAB	Limited to 180 days/plan year
ZYKADIA TAB	QL= 3 tabs/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)
ZYMAXID OPHTH SOLN	QL= 2 bottles/fill

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