

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.

Ajinomoto Foods North America
Alphabetical Index
Last Updated 12/1/2025

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv)	CMSP	2	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	CMSP	2	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	CMSP	2	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	NC	ANTIVIRALS
ABILIFY MYCITE PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	CMSP-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRILADA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ABRYSVO INJ (QL= 1 dose/lifetime)	QL-VAC	\$0	VACCINES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB	-	NC	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCU-CHEK GUIDE CARE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2	DIURETICS
acetazolamide tab	-	1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
acitretin cap (SORIATANE equiv)	-	2	DERMATOLOGICALS
ACTHAR GEL AUTO-INJECTOR	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR GEL INJ (QL= 4 vials/fill)	MSP-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHIB INJ, HIBERIX INJ	VAC	\$0	VACCINES
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTIQ LOZENGE	-	NC	ANALGESICS - OPIOID

NC = Not Covered**NC/3P** = Not Covered, Third Party Reviewer

Costco Mandatory Specialty Pharmacy Program

generic = small letters**BRANDS** = CAPITAL LETTERS

CMSP

MSP

QL

SF

VAC

Mandatory Specialty Pharmacy Program

Quantity Limit

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

Vaccine Program

INF

OTC

RDX

SMKG

¢

Infertility

Over-the-Counter

Restricted to Diagnosis

Smoking Cessation

RxCENTS

LD

PA

RS

ST

Limited Distribution

Prior Authorization

Restricted to Specialist

Step Therapy

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ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACUVAIL OPTH SOLN	-	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	NC	DERMATOLOGICALS
acyclovir oint (ZOVIRAX equiv)	-	1	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	\$0	TOXOIDS
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (QL= 2 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (QL= 2 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (QL= 2 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT (YUFLYMA equiv) (QL= 1 kit/fill; 1 fill/plan year)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ PFS INJ (HYRIMOZ equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT (QL= 2 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ	-	NC	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	2	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
ADAPALENE PAD	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	2	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	2	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADBRY INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S	DERMATOLOGICALS
ADBRY INJ (QL= 4 inj/28 days)	CMSP-PA-QL	S	DERMATOLOGICALS
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	CMSP	2	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	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

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

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ADVAIR HFA INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
ADVATE, KOVALTRY INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
ADVICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
ADYNOVATE INJ	-	NC	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	2	MEDICAL DEVICES AND SUPPLIES
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	\$0	VACCINES
AFSTYLA KIT (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
AGAMREE SUSP	-	NC	CORTICOSTEROIDS
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
AIRSUPRA INH	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2	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	2	ANTIEMETICS
ALA-SCALP LOTION	-	NC	DERMATOLOGICALS
albendazole tab (ALBENZA equiv)	-	NC	ANTHELMINTICS
ALBENZA TAB	-	NC	ANTHELMINTICS
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1	ASTHMA AND BRONCHODILATOR AGENTS
ALBUTEROL HFA INHALER	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
albuterol neb soln	-	1	ASTHMA AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	1	ASTHMA AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ASTHMA AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	2	ASTHMA AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	2	DERMATOLOGICALS
ALCLOMETASONE OINT	-	2	DERMATOLOGICALS

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MSP	NC/3P = Not Covered, Third Party Reviewer	INF	PA	Limited Distribution
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SF	Mandatory Specialty Pharmacy Program	RDX	ST	Restricted to Specialist
VAC	Quantity Limit	SMKG		Step Therapy
	Limited to two 15 day fills per month for first 3 months	¢		
	Vaccine Program	RxCENTS		

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Drug Name	Special Code	Tier	Category
alclometasone oint (ACLOVATE OINT equiv)	-	2	DERMATOLOGICALS
ALCOHOL SWABS	OTC	1	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	NC	DERMATOLOGICALS
ALFERON-N INJ (Only available through Lumicera 855-847-3553)	LD	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv)	-	2	ANTIHYPERTENSIVES
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	S	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	S	CORTICOSTEROIDS
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALLOPURINOL TAB	-	NC	GOUT AGENTS
ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv)	-	NC	MIGRAINE PRODUCTS
ALOCRIL OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ALOGLIPTIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN TAB, NESINA TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC	ANTIDIABETICS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	3	ESTROGENS
alosetron tab (LOTROXEX equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
ALPHANATE, HUMATE-P INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	2	ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	3	ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTIANXIETY AGENTS
ALPROLIX INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
ALREX OPHTH SUSP	-	2	OPHTHALMIC AGENTS
ALREX OPHTH SUSP 0.2%	-	NC	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS

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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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
ALTOPREV TAB	-	NC	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
ALTUVIII INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVAIZ TAB	-	NC	HEMATOPOIETIC AGENTS
ALVESCO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALYFTREK TAB (QL= 2 tabs/day)	MSP-PA-QL	S	RESPIRATORY AGENTS - MISC.
ALYFTREK TAB 4-20-50MG (QL= 3 tabs/day)	MSP-PA-QL	S	RESPIRATORY AGENTS - MISC.
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine soln (AMANTADINE equiv)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine tab	-	2	ANTIPARKINSON AGENTS
AMBIEN TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	1	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	NC	DERMATOLOGICALS
AMCINONIDE OINTMENT	-	NC	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
AMILORIDE/HCTZ TAB	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	2	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	2	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP (QL= 2 caps/day)	QL	3	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	EXC	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	EXC	DERMATOLOGICALS
amnesteeem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	2	DERMATOLOGICALS

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amoxapine tab (AMOXAPINE equiv)	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	NC	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
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)	-	1	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
ampicillin cap (AMPICILLIN equiv)	-	1	PENICILLINS
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	3	ANORECTAL AND RELATED PRODUCTS
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)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDEMBRY INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ANDROGEL 1% 25MG	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1% 50MG, TESTIM GEL 1%	-	NC	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS
ANNOVERA RING (QL= 1 ring/year)	QL	\$0	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC	ANTIHYPERTENSIVES
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERTENSIVES
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANTIVERT TAB, MECLIZINE TAB	-	NC	ANTIEMETICS
ANZEMET TAB (QL= 9 tabs/fill)	QL	3	ANTIEMETICS
ANZUPGO CREAM	-	NC	DERMATOLOGICALS
APADAZ TAB	-	NC	ANALGESICS - OPIOID
APAP/CODEINE SOLN	-	2	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APIDRA INJ	-	NC	ANTIDIABETICS
APIDRA SOLOSTAR INJ	-	NC	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
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	-	2	OPHTHALMIC AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	2	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	2	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	2	ANTIEMETICS
APRETUDE SUSP (QL= 7 inj/year; Only available through Lumicera 855-847-3553)	LD-PA-QL	\$0	ANTIVIRALS
APRISO CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC	DERMATOLOGICALS
APTOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	CMSP	S	ANTIVIRALS
APTIVUS SOLN	CMSP	S	ANTIVIRALS
AQNEURSA POWDER (QL= 4 packets/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARAKODA TAB	-	NC	ANTIMALARIALS
ARANELLE TAB	-	\$0	CONTRACEPTIVES
ARANESP INJ	-	NC	HEMATOPOIETIC AGENTS
ARAZLO LOTION	-	NC	DERMATOLOGICALS
ARBLI SUSP (QL= 330mL/30 days; Prior Authorization required for members age 9 years and older)	PA-QL	3	ANTIHYPERTENSIVES
ARCALYST INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AREXVY INJ (QL= 1 dose/lifetime)	QL-VAC	\$0	VACCINES
arformoterol tartrate neb soln (BROVANA equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	S	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARIXTRA INJ	-	NC	ANTICOAGULANTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	1	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	-	1	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES

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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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
ASMANEX HFA INHALER	-	2	ASTHMA/BRONCHODILATOR AGENTS
ASMANEX INHALER	-	2	ASTHMA/BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for female members only)	OTC	\$0	ANALGESICS - NONNARCOTIC
ASPIRIN EC TAB 325MG	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for female members only)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOLX equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRazole ER TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ASPRUZO SPRINKLE GRANULES	-	NC	ANTIANGINAL AGENTS
ASTAGRAF XL CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ATACAND TAB	-	NC	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	CMSP	2	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA CAP equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ATORVALIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	3	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRIPLA TAB	-	NC	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS
atropine ophth oint	-	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1	OPHTHALMIC AGENTS
ATROPINE SUL OPTH OINT 1%	-	1	OPHTHALMIC AGENTS
ATROPINE SUL SOLN 1% OPTH	-	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2	ASTHMA/BRONCHODILATOR AGENTS
AUBAGIO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUDENZ INJ	-	EXC	VACCINES
AUGTYRO CAP (QL= 8 caps/day)	CMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AUGTYRO CAP 160MG (QL= 4 caps/day)	CMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AURANOFIN CAP, RIDAURA CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AURYXIA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB (QL= 4 tabs/day)	CMSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB (QL= 1 tab/day)	CMSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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MSP	NC/3P = Not Covered, Third Party Reviewer		
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SF	Mandatory Specialty Pharmacy Program	OTC	Prior Authorization
VAC	Quantity Limit	RDX	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	SMKG	Step Therapy
	Vaccine Program	¢	
		RxCENTS	

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Drug Name	Special Code	Tier	Category
AUSTEDO XR TAB TITRATION PACK (QL= 1 pack/28 days)	CMSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVELITY TAB	-	NC	ANTIDEPRESSANTS
AUVI-Q INJ	-	NC	VASOPRESSORS
avanafil tab (STENDRA equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVAR-E LS CREAM 10-2%	-	NC	DERMATOLOGICALS
AVERI TAB	-	\$0	CONTRACEPTIVES
AVMAPKI FAKZYNJA CO-PACK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVONEX INJ	CMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB	-	NC	MIGRAINE PRODUCTS
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azathioprine tab 100mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv)	-	2	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	1	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
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZOPT OPHTH SUSP	-	3	OPHTHALMIC AGENTS
AZSTARYS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	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	3	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization required for members age 9 years and older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
baclofen oral soln 5mg/5ml (Prior Authorization required for members age 9 years and older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SOLN 10MG/5ML (Prior Authorization required for members age 9 years and older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS

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MSP	Costco Mandatory Specialty Pharmacy Program	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	ST	Step Therapy
VAC	Limited to two 15 day fills per month for first 3 months	¢	RxCENTS		
	Vaccine Program				

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Drug Name	Special Code	Tier	Category
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	NC	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	-	NC	ANTICONVULSANTS
BANZEL TAB	-	NC	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2	ANTIDIABETICS
BARACLUDE SOLN (Prior Authorization required for members age 9 years and older)	PA	3	ANTIVIRALS
BASAGLAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC	ANTIDIABETICS
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2	FLUOROQUINOLONES
BCG INJ	VAC	EXC	VACCINES
B-D INSULIN SYRINGE	--OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	--OTC	NC	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	-	2	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
BENEFIX INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 days; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 days; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTHELMINTICS
benzonatate cap (TESSALON equiv)	-	1	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	-	1	ANTIPARKINSON AGENTS
bepotastine ophth soln (BEPREVE equiv)	-	NC	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
BERINERT INJ	MSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIVANCE OPTH 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	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
betaine powder for oral solution (CYSTADANE equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	2	DERMATOLOGICALS
betamethasone augmented gel	-	NC	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETASERON INJ	CMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETAXOLOL OPTH SOLN	-	1	OPHTHALMIC AGENTS
betaxolol ophth soln (BETOPTIC-S equiv)	-	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETIMOL OPTH SOLN 0.25%	-	2	OPHTHALMIC AGENTS
BETOPTIC-S OPTH SOLN	-	2	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEXAGLIFLOZN TAB	-	NC	ANTIDIABETICS
bexarotene cap (TARGRETIN equiv)	CMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv)	CMSP-PA	1	DERMATOLOGICALS
BEXSERO INJ	VAC	\$0	VACCINES
BEYAZ TAB	-	NC	CONTRACEPTIVES
BEYFORTUS INJ	VAC	\$0	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC	ESTROGENS
BIKTARVY TAB	CMSP	S	ANTIVIRALS
BILTRICIDE TAB	-	3	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
bimatoprost ophth soln	-	EXC	DERMATOLOGICALS
BIMZELX INJ	-	NC	DERMATOLOGICALS
BIMZELX SYRINGE	-	NC	DERMATOLOGICALS

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BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bismuth/metro/tetra cap (PYLERA equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
BISOPROLOL FUMARATE TAB	-	NC	BETA BLOCKERS
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPHAMIDE OPTH SOLN	-	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPTH OINT	-	3	OPHTHALMIC AGENTS
BLUJEPA TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
BONSITY INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	1	CARDIOVASCULAR AGENTS - MISC.
bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	1	CARDIOVASCULAR AGENTS - MISC.
BOSULIF CAP	MSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOSULIF TAB	MSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 75MG (QL= 6 caps/day)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREKIYA INJ	-	NC	MIGRAINE PRODUCTS
BREO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB	-	NC	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	2	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	1	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	1	OPHTHALMIC AGENTS
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	2	OPHTHALMIC AGENTS
BRINSUPRI TAB	-	NC	RESPIRATORY AGENTS - MISC.
brinzolamide ophth susp (AZOPT equiv)	-	2	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv)	-	2	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.07% (PROLENSA equiv)	-	2	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.075% (BROMSITE equiv)	-	NC	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
BROMSITE DROPS 0.075%	-	NC	OPHTHALMIC AGENTS

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VAC	Vaccine Program	¢	RxCENTS		

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BRONCHITOL CAP	-	NC	RESPIRATORY AGENTS - MISC.
BRUKINSA CAP (QL= 4 caps/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRUKINSA TAB (QL= 2 tabs/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION	-	NC	DERMATOLOGICALS
BRYNOVIN SOLN	-	NC	ANTIDIABETICS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
BUCAPSOL CAP	-	NC	ANTIANKXIETY AGENTS
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	3	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	3	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	2	CORTICOSTEROIDS
budesonide/formoterol inhaler (SYMBICORT equiv)	-	2	ASTHMA AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
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)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	1	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	1	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	2	ANALGESICS - OPIOID
BUTRANS PATCH	-	NC	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	S	GASTROINTESTINAL AGENTS - MISC.
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.

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BYNFEZIA PEN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
CABENUVA IM SUSP (QL= 1 kit/30 days)	CMSP-QL	S	ANTIVIRALS
CABENUVA IM SUSP 600-900 (QL= 1 kit/30 days)	CMSP-QL	S	ANTIVIRALS
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	2	DERMATOLOGICALS
calcipotriene cream (TRIONEX equiv)	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint	-	2	DERMATOLOGICALS
CALCIPOTRIENE SOLN	-	2	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	2	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)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	3	DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES AND SUPPLIES
CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALSODORE PAK	-	NC	DERMATOLOGICALS
CAMBIA POWDER	-	NC	MIGRAINE PRODUCTS
CAMZYOS CAP (QL= 1 cap/day)	MSP-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	1	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	CMSP	1	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	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	2	ANTIHYPERTENSIVES
CAPVAXIVE INJ	VAC	\$0	VACCINES
CARAC CREAM	-	2	DERMATOLOGICALS
CARAC CREAM	-	NC	DERMATOLOGICALS
CARAFATE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
CARBAMAZEPINE CHEW TAB	-	NC	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	2	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbinoxamine maleate tab 6mg	-	NC	ANTIHISTAMINES
CARBINOXAMINE SOLN	-	1	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	3	ANTIHISTAMINES
CARBZAH SOLN 4MG/5ML	-	NC	ANTIHISTAMINES
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
carglumic acid tab (CARBAGLU equiv)	MSP-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CAROSPIR SUSP	-	NC	DIURETICS
CARTEOLOL OPTH SOLN	-	1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	1	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CATAPRES-TTS PATCH	-	3	ANTIHYPERTENSIVES
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	2	ANTI-INFECTIVE AGENTS - MISC.
CEFACLOL CAP	-	1	CEPHALOSPORINS

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cefaclor cap (CECLOR equiv)	-	3	CEPHALOSPORINS
CEFACLOR ER TAB	-	3	CEPHALOSPORINS
CEFACLOR SUSP	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
CEFADROXIL TAB	-	2	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	1	CEPHALOSPORINS
CEFDITOREN TAB	-	3	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)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin tab	-	NC	CEPHALOSPORINS
CEQUA (PF) OPTH SOLN, VEVYE OPTH SOLN	-	NC	OPHTHALMIC AGENTS
CEQUR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP (QL= 2 caps/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS
cetorelix acetate for inj kit (CETROTIDE equiv) (Members of non-female gender require Prior Authorization)	INF-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT (Members of non-female gender require Prior Authorization)	INF-PA	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
CHANTIX STARTER PACK	SMKG	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	2	ANTIDOTES
CHENODAL TAB, CTEXLI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	2	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
CHLOROQUINE TAB	-	1	ANTIMALARIALS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	1	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS

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CHLORPROMAZINE CONC	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	1	DIURETICS
chlorzoxazone tab	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	2	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	S	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol tab (TRUE VIT D3 TAB equiv)	OTC	EXC	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
CIBINQO TAB (QL= 1 tab/day)	CMSP-PA-QL	S	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
CICLODAN KIT	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPTH OINT	-	3	OPHTHALMIC AGENTS
CIMDUO TAB	CMSP	S	ANTIVIRALS
cimetidine soln (CIMETIDINE equiv)	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	3	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
CIMZIA INJ 200MG/ML (QL= 2 inj/28 days)	CMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP	-	3	OTIC AGENTS
CIPRO SUSP	-	3	FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	NC	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	2	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	2	OTIC AGENTS
CITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CITRULLINE EASY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX TAB	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY

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CLARITHROMYC SUSP	-	2	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	3	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
CLARITIN CAP	OTC	EXC	ANTIHISTAMINES
CLARITIN CHEW TAB	OTC	EXC	ANTIHISTAMINES
CLEMASTINE SYRUP	-	NC	ANTIHISTAMINES
CLEMASTINE TAB	-	NC	ANTIHISTAMINES
CLEMASTINE TAB, CLEMAZ TAB	-	NC	ANTIHISTAMINES
CLENIA PLUS SUSP	-	NC	DERMATOLOGICALS
CLENPIQ SOLN	-	NC	LAXATIVES
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	3	VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	NC	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM (QL= 1 applicator (5 grams)/fill)	QL	2	VAGINAL AND RELATED PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv) (Prior Authorization required for members age 9 years and older)	PA	2	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	1	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	2	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	2	DERMATOLOGICALS
CLOBETASOL OPTH SUSP	-	NC	OPHTHALMIC AGENTS
clobetasol propionate cream (TEMOVATE equiv)	-	1	DERMATOLOGICALS
CLOBETASOL PROPIONATE CREAM, IMPOYZ CREAM	-	NC	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	2	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	2	DERMATOLOGICALS
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOBEX LOTION	-	NC	DERMATOLOGICALS
CLOBEX SHAMPOO	-	NC	DERMATOLOGICALS
CLOBEX SPRAY	-	NC	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	NC	DERMATOLOGICALS
clocortolone pivalate cream	-	NC	DERMATOLOGICALS

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VAC	Vaccine Program	¢	RxCENTS		

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CLODERM CREAM	-	NC	DERMATOLOGICALS
clomiphene citrate tab (CLOMID equiv) (Members of non-female gender require Prior Authorization)	INF-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE TAB (Members of non-female gender require Prior Authorization)	INF-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	3	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	3	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	2	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	3	ANTIANXIETY AGENTS
clotrimazole cream (LOTRIMIN AF equiv)	OTC	EXC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
CLOTTRIMAZOLE/BETAMETHASONE LOTION	-	NC	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE 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)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COAGADEX INJ (Only available through CVS/Caremark 800-237-2767 or OptionCare 877-686-2622)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
COBENFY CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COBENFY CAP STARTER PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COCAINE HCL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
codeine sulfate tab	-	1	ANALGESICS - OPIOID
colchicine cap (MITIGARE equiv)	-	NC	GOUT AGENTS
colchicine tab (COLCRYS equiv)	-	1	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLLANEX EXTERNAL POWDER	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COMBIPATCH	-	2	ESTROGENS
COMBIVENT RESPIMAT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB	-	NC	ANTIVIRALS
COMBOGESIC TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
COMETRIQ KIT	MSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COMPLERA TAB	-	NC	ANTIVIRALS
CONCEPT DHA CAP	-	1	MULTIVITAMINS
CONDYLOX GEL	-	NC	DERMATOLOGICALS
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FILM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
COPIKTRA CAP (QL= 2 caps/day)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDRAN CREAM 0.025%	-	NC	DERMATOLOGICALS
CORDRAN OINTMENT	-	NC	DERMATOLOGICALS
CORDRAN TAPE	-	NC	DERMATOLOGICALS
COREG CR CAP	-	NC	BETA BLOCKERS
CORIFACT KIT (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
CORLANOR SOLN (Prior Authorization required for members age 9 years and older)	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTIC-ND DROPS	-	NC	OTIC AGENTS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
CORTROPHIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
COSENTYX INJ (1-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ (2-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML	-	NC	DERMATOLOGICALS
COSENTYX UNO INJ	-	NC	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	CMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
COVID-19 TEST	OTC	EXC	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COXANTO CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CRENESSITY CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CRENESSITY SOLN	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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CREON CAP	-	2	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB	-	3	ANTIHYPERLIPIDEMICS
CREXONT CAP, RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
CRINONE GEL	PA	2	VAGINAL PRODUCTS
CRIXIVAN CAP	CMSP	S	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	1	OPHTHALMIC AGENTS
CROTAN LOTION	-	NC	DERMATOLOGICALS
cryselle tab	-	\$0	CONTRACEPTIVES
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR	OTC	EXC	DIAGNOSTIC PRODUCTS
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	3	DERMATOLOGICALS
CUVITRU INJ	-	NC	PASSIVE IMMUNIZING AGENTS
CUVRIOR TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray	-	2	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSERINE CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	2	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	1	OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYLTEZO AUTO-INJECTOR (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTADANE POWDER (Only available through AnovoRx 844-288-5007)	LD	S	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	2	OPHTHALMIC AGENTS
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	2	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	2	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2	ANTICOAGULANTS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	CMSP-QL-RS	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESPI TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
DANZITEN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAPAGLIFLOZIN PROPANEDIOL TAB 10M	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROPANEDIOL TAB 5MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-1000 MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-1000 MG	-	NC	ANTIDIABETICS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
DAPTACEL INJ, INFANRIX INJ	VAC	\$0	TOXOIDS
darifenacin SR tab (ENABLEX equiv)	-	2	URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
darunavir tab (PREZISTA equiv)	CMSP	1	ANTIVIRALS
dasatinib tab (SPRYCEL equiv)	CMSP-PA	1	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	S	NEUROMUSCULAR AGENTS
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DAZOMON GEL	-	NC	DERMATOLOGICALS
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
deferasirox granules packet (JADENU equiv)	CMSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	CMSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab for oral susp (EXJADE equiv)	CMSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through COSTCO1710 855-213-0070)	LD-PA	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deflazacort susp (EMFLAZA equiv)	-	NC	CORTICOSTEROIDS

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deflazacort tab (EMFLAZA equiv)	-	NC	CORTICOSTEROIDS
DEGLUDEC FLEXTOUCH INJ	-	NC	ANTIDIABETICS
DEGLUDEC INJ	-	NC	ANTIDIABETICS
DELESTROGEN INJ	-	NC	ESTROGENS
DELSTRIGO TAB	CMSP	S	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	3	TETRACYCLINES
DEMSER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	NC	DERMATOLOGICALS
DENGAXIA SUSP	VAC	\$0	VACCINES
DEPACON INJ	-	NC	ANTICONSULTANTS
DEPEN TITRATAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
DEPLIN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-MEDROL INJ	-	NC	CORTICOSTEROIDS
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	3	CORTICOSTEROIDS
DEPO-PROVERA INJ	-	NC	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
DERMACINRX CREAM	-	NC	DERMATOLOGICALS
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
DERMA-SMOOTH/FS OIL	-	NC	DERMATOLOGICALS
DESCOVY TAB	CMSP-PA	\$0	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	2	ANTIDEPRESSANTS
DESLORATADINE ODT	-	EXC	ANTIHISTAMINES
DESLORATADINE SOLN	-	EXC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	EXC	ANTIHISTAMINES
desmopressin acetate tab (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESMOPRESSIN NASAL SPRAY	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	2	DERMATOLOGICALS
desonide gel	-	NC	DERMATOLOGICALS
desonide lotion (DESOWEN equiv)	-	NC	DERMATOLOGICALS
desonide oint (DESOWEN equiv)	-	2	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)	-	2	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
DESOXIMETASONE GEL	-	NC	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	2	DERMATOLOGICALS
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv)	-	1	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS

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Drug Name	Special Code	Tier	Category
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
DEXAMETHASONE PHOSPHATE INJ	-	1	CORTICOSTEROIDS
DEXAMETHASONE SODIUM PHOSPHATE INJ	-	1	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	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	2	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	2	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	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	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	2	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	2	MEDICAL DEVICES AND SUPPLIES
DEXILANT DR CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
dexlansoprazole DR cap (DEXILANT equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPTH INSERT	-	NC	OPHTHALMIC AGENTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1	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)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DHIVY TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS

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VAC	Vaccine Program	¢	RxCENTS		

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DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	S	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	S	ANTICONVULSANTS
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	NC	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT ACDL GEL (QL= 4 doses/fill)	QL	3	ANTICONVULSANTS
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	2	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	1	ANTIANXIETY AGENTS
DIAZEPAM GEL (QL= 4 doses/fill)	QL	2	ANTICONVULSANTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1	ANTIANXIETY AGENTS
diazepam rectal gel (DIAZEPAM equiv) (QL= 4 doses/fill)	QL	2	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	1	ANTIANXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	3	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv)	-	NC	DIURETICS
DICLOFENAC CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2	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)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	NC	DERMATOLOGICALS
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
DICYCLOMINE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
didanosine DR cap (VIDEX EC equiv)	CMSP	2	ANTIVIRALS
DIDANOSINE DR CAP, VIDEX EC CAP	CMSP	S	ANTIVIRALS
DIETHYLPROPION ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIETHYLPROPION ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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DIFFERIN GEL	PA	3	DERMATOLOGICALS
DIFFERIN OTC GEL 0.1%	OTC	EXC	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2	MACROLIDES
DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
DIFLORASONE CREAM, PSORCON CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv)	-	2	OPHTHALMIC AGENTS
DIGOXIN SOLN	-	1	CARDIOTONICS
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv)	CMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	CMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIPENTUM CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine hcl inj	-	1	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	3	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	\$0	TOXOIDS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
disulfiram tab 500mg	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DIVIGEL GEL	-	NC	ESTROGENS
DIVIGEL GEL, ELESTRIN GEL	-	NC	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	2	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID	-	NC	NUTRIENTS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
DOLOBID TAB	-	NC	ANALGESICS - NONNARCOTIC

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donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTelet SPRINKLE CAP (QL= 2 caps/day)	MSP-PA-QL	S	HEMATOPOIETIC AGENTS
DOPTelet TAB (QL= 2 tabs/day)	MSP-PA-QL	S	HEMATOPOIETIC AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPTH SOLN	-	2	OPHTHALMIC AGENTS
DOVATO TAB	CMSP	S	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin hcl cream	-	NC	DERMATOLOGICALS
doxepin tab (SILENOR equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DOXERCALCIFEROL CAP	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxercalciferol cap (HECTOROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab (TARGADOX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC	ANTIEMETICS
D-PENAMINE TAB	-	2	ASSORTED CLASSES
DRIZALMA DR CAP	-	NC	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv)	PA	2	ANTIEMETICS
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	\$0	CONTRACEPTIVES
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	-	NC	VASOPRESSORS
DRYSOL SOLN	-	1	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAKLIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUETACT TAB	-	NC	ANTIDIABETICS

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DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	1	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)	CMSP-PA-QL	S	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S	DERMATOLOGICALS
DURAVENT PE TAB	-	NC	COUGH/COLD/ALLERGY
dutasteride cap (AVODART equiv)	-	1	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
DYRENIUM CAP	-	3	DIURETICS
E.E.S. TAB	-	3	MACROLIDES
EBGLYSS INJ (QL= 1 inj/28 days)	CMSP-PA-QL	S	DERMATOLOGICALS
EBGLYSS PEN INJ (QL= 1 inj/28 days)	CMSP-PA-QL	S	DERMATOLOGICALS
EB-N3 DR CAP	-	NC	MULTIVITAMINS
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	1	DERMATOLOGICALS
ECONAZOLE NITRATE FOAM, ECOZA FOAM	-	NC	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	-	NC	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	NC	ANTIHYPERTENSIVES
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
EDURANT PED TAB	CMSP	S	ANTIVIRALS
EDURANT TAB	CMSP	S	ANTIVIRALS
EFAVIRENZ CAP	CMSP	S	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	CMSP	2	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	CMSP	2	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	CMSP	2	ANTIVIRALS
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	CMSP	S	ANTIVIRALS
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
EGRIFTA WR KIT	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
EKTERLY TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELEPSIA XR TAB	-	NC	ANTICONVULSANTS

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eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ELIGEN B12 TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIQUIS SPRINKLE CAP	-	2	ANTICOAGULANTS
ELIQUIS TAB FOR ORAL SUSP	-	2	ANTICOAGULANTS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES
ELMIRON CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCTATE INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 1 packet/day)	CMSP-PA-QL	S	HEMATOPOIETIC AGENTS
eltrombopag olamine tab (PROMACTA equiv) (QL= 1 tab/day)	CMSP-PA-QL	S	HEMATOPOIETIC AGENTS
eltrombopag olamine tab 50mg (PROMACTA equiv) (QL= 2 tabs/day)	CMSP-PA-QL	S	HEMATOPOIETIC AGENTS
eltrombopag olamine tab 75mg (PROMACTA equiv) (QL= 2 tabs/day)	CMSP-PA-QL	S	HEMATOPOIETIC AGENTS
eluryng vaginal ring (NUVARING equiv)	-	\$0	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS
EMADINE OPTH SOLN	-	3	OPHTHALMIC AGENTS
EMBECTA INSULIN SYRINGE	--OTC	1	MEDICAL DEVICES AND SUPPLIES
EMBECTA PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
EMROSI CAP	-	NC	DERMATOLOGICALS
EMSAM PATCH	-	3	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	CMSP	2	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	CMSP	\$0	ANTIVIRALS
emtricitabine/rilpivirine-tenofovir df tab (COMPLERA equiv)	CMSP	1	ANTIVIRALS
EMTRIVA CAP	-	NC	ANTIVIRALS
EMTRIVA SOLN	CMSP	S	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and older)	PA	3	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ENBUMYST SOLN	-	NC	DIURETICS
ENDARI POWDER PACKET	-	NC	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2	VAGINAL PRODUCTS
ENDOMETRIN SUPP	-	NC	VAGINAL AND RELATED PRODUCTS

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

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Drug Name	Special Code	Tier	Category
ENFLONSIA INJ	VAC	\$0	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0	VACCINES
enoxaparin inj (LOVENOX equiv)	-	2	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
ENSACOVE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENSPRYNG INJ (QL= 1 inj/28 days; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS
ENTADFI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	2	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)	CMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
ENVARUS XR TAB	-	NC	ASSORTED CLASSES
EOHILIA SUSP	-	NC	CORTICOSTEROIDS
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	NC	ANTIVIRALS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	S	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5%	-	NC	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	NC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	3	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	1	VASOPRESSORS
EPIPEN (JR) INJ	-	NC	VASOPRESSORS
EPIVIR HBV SOLN	-	2	ANTIVIRALS
EPIVIR SOLN	-	NC	ANTIVIRALS
EPIVIR TAB	-	NC	ANTIVIRALS
eplerenone tab (INSPIRA equiv)	-	1	ANTIHYPERTENSIVES
EPRONTIA SOLN (Prior Authorization required for members age 9 years and older)	PA	3	ANTICONVULSANTS
EPSOLAY CREAM	-	NC	DERMATOLOGICALS
EPZICOM TAB	-	NC	ANTIVIRALS
EQUETRO CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	NC	MIGRAINE PRODUCTS
ERGOTAMINE/CAFFEINE TAB	-	NC	MIGRAINE PRODUCTS
ergotamine/caffeine tab (CAFERGOT equiv)	-	NC	MIGRAINE PRODUCTS
ERIVEDGE CAP (QL= 1 cap/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	CMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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VAC	Vaccine Program	¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
ERLEADA TAB 240MG (QL= 1 tab/day)	CMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)	CMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	CMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERMEZA SOLN 150 MCG/5ML	-	NC	THYROID AGENTS
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ERY PAD	-	2	DERMATOLOGICALS
ERYTHROMYCIN CAP DR	-	2	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2	MACROLIDES
erythromycin ethylsuccinate tab (E.E.S. TAB equiv)	-	3	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
ERYTHROMYCIN OPHTH OINT	-	NC	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2	MACROLIDES
erythromycin tab (ERY-TAB equiv)	-	3	MACROLIDES
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2	DERMATOLOGICALS
ERYTHROYCIN EC CAP	-	2	MACROLIDES
ESBRIET CAP	-	NC	RESPIRATORY AGENTS - MISC.
ESBRIET TAB	-	NC	RESPIRATORY AGENTS - MISC.
ESCITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
escitalopram soln (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
eslicarbazepine acetate tab (APTiom equiv)	-	NC	ANTICONVULSANTS
esomeprazole cap (NEXIUM equiv)	-	1	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
ESPEROCT INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1	ESTROGENS
estradiol cream (ESTRACE equiv)	-	1	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol patch (VIVELLE-DOT, MINIVELLE equiv)	-	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol td gel (DIVIGEL equiv)	-	NC	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	2	VAGINAL PRODUCTS
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	2	ESTROGENS

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Drug Name	Special Code	Tier	Category
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
estrogens, conjugated tab (PREMARIN equiv)	-	2	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ethacrynic tab (EDECIN equiv)	-	2	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	2	ANTICONSULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONSULSANTS
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	CMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab (INTELENCE equiv)	CMSP	2	ANTIVIRALS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EULEXIN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVAMIST SPRAY	-	NC	ESTROGENS
EVEKEO ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	CMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv)	PA	2	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	CMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	CMSP	S	ANTIVIRALS
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	NEUROMUSCULAR AGENTS
EVZIO INJ	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC	ANTIDOTES
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS
exemestane tab (AROMASIN equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXENATIDE INJ (BYETTA INJ EQUIV)	-	NC	ANTIDIABETICS
EXSERVAN FILM	-	NC	NEUROMUSCULAR AGENTS
EXTAVIA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXXUA TAB/EXXUA TITRATION PACK	-	NC	ANTIDEPRESSANTS
EYSUVIS OPTH SUSP	-	NC	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP (Prior Authorization required for members age 9 years and older)	PA	3	ANTHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	1	ANTHYPERLIPIDEMICS
EZETIMIBE/ATORVASTATIN TAB	-	NC	ANTHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3	ANTHYPERLIPIDEMICS

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VAC	Vaccine Program	¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC	ANTHYPERLIPIDEMICS
FABHALTA CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	2	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	2	ULCER DRUGS
famotidine tab (PEPCID equiv)	OTC	1	ULCER DRUGS
FANAPT TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK 1MG/2MG/6MG/8MG	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FASENRA PEN INJ (QL= 1 inj/56 days; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	1	GOUT AGENTS
FEIBA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
felbamate susp (FELBATOL equiv)	-	2	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
FEMLYV TAB	-	\$0	CONTRACEPTIVES
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1	ANTHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP	-	NC	ANTHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1	ANTHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	1	ANTHYPERLIPIDEMICS
FENOFIBRIC TAB	-	3	ANTHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	3	ANTHYPERLIPIDEMICS
fenopropfen calcium cap (NALFON equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN, NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPRON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENTANYL BUCCAL TAB	-	NC	ANALGESICS - OPIOID
FENTANYL CITRATE LOLLIPOP	-	NC	ANALGESICS - OPIOID
fentanyl citrate lollipop (ACTIQ equiv)	-	NC	ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
fentanyl 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	-	1	HEMATOPOIETIC AGENTS

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FERRIC CITRATE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	S	ANTIDOTES
FERRO-PLEX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir	OTC	NC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	NC	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	NC	HEMATOPOIETIC AGENTS
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	1	URINARY ANTISPASMODICS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS
FIASP FLEXTOUCH INJ	-	2	ANTIDIABETICS
FIASP INJ	-	2	ANTIDIABETICS
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	-	2	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FIBRYGA, RIASTAP INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2	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	S	GENITOURINARY AGENTS - MISCELLANEOUS
FILSUVEZ GEL	-	NC	DERMATOLOGICALS
FINACEA FOAM	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
fingolimod hcl cap 0.5mg (GILENYA equiv)	CMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S	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	S	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	3	ULCER DRUGS
FIRST PANTOPRAZOLE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
FIRVANQ SOLN 25MG/ML	-	1	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML	-	1	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	NC	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLEQSUVY SUSP (Prior Authorization required for members age 9 years and older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP (Prior Authorization required for members age 9 years and older)	PA	3	ANTIHYPERLIPIDEMICS
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	NC	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	2	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUMIST NASAL (QL= 1 dose/28 days)	QL-VAC	\$0	VACCINES
flunisolide nasal soln (QL= 2 bottles/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	2	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	2	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	1	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS
FLUORABON SOLN (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUORIDEX SENSITIVITY PASTE	-	1	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	NC	DERMATOLOGICALS
FLUOROURACIL SOLN	-	2	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	2	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
FLURANDRENOLIDE LOTION	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS

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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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
FLURAZEPAM CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
FLURBIPROFEN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE DISKUS INHALER	-	NC	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	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE LOTION	-	NC	DERMATOLOGICALS
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	2	ANTIHYPERTENSIVES
fluvastatin ER tab (LESCOL XL equiv)	-	3	ANTIHYPERTENSIVES
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	2	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FML FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS

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VAC	Vaccine Program	¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
FOLBEE PLUS CZ TAB	-	1	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)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for female members only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for female members only)	OTC	\$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLITE TAB	-	NC	HEMATOPOIETIC AGENTS
FOLLISTIM AQ INJ (Members of non-female gender require Prior Authorization)	INF-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOLTANX TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
FOLVITE-FE TAB	-	NC	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	-	2	ANTICOAGULANTS
FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
formoterol fumarate neb soln (PERFOROMIST equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC	ANTIDIABETICS
FORTESTA GEL 2%	-	NC	ANDROGENS-ANABOLIC
FORZINITY INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	CMSP	2	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ	-	3	ANTICOAGULANTS
FRAICHE 5000 SENSITIVE GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	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	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	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	2	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	2	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	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES

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VAC	Quantity Limit	SMKG	ST	Step Therapy
	Limited to two 15 day fills per month for first 3 months	¢		
	Vaccine Program	RxCENTS		

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Drug Name	Special Code	Tier	Category
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv)	-	NC	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	S	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	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FULPHILA INJ	CMSP	S	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	2	DIURETICS
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	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	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	2	ANTICONVULSANTS
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1	ANTICONVULSANTS
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1	ANTICONVULSANTS
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
GABARONE TAB	-	NC	ANTICONVULSANTS
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	NC	MINERALS & ELECTROLYTES
ganirelix ac inj (GANIRELIX equiv) (Members of non-female gender require Prior Authorization)	INF-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
GANIRELIX AC INJ (Members of non-female gender require Prior Authorization)	INF-PA	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
GARDASIL 9 INJ	VAC	\$0	VACCINES
gatifloxacin ophth soln (ZYMADID equiv)	-	3	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
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)	QL	\$0	LAXATIVES
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	NC	DERMATOLOGICALS
gefitinib tab (IRESSA equiv) (QL= 1 tab/day)	CMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
gemfibrozil tab (LOPID equiv)	-	1	ANTHYPERLIPIDEMICS
GEMTESA TAB	-	NC	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PAD 3.5%	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN INJ	CMSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 5MG	CMSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVOYA TAB	CMSP	S	ANTIVIRALS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0	CONTRACEPTIVES
GILENYA CAP 0.25MG	CMSP	S	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	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY	-	NC	GASTROINTESTINAL AGENTS - MISC.
GLATIRAMER INJ 20MG/ML	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLATIRAMER INJ 40MG/ML	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glatopa inj (COPAXONE equiv)	CMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
GLIMEPIRIDE TAB	-	NC	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
GLIPIZIDE TAB	-	NC	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLOPERBA SOLN (Prior Authorization required for members age 9 years and older)	PA	3	GOUT AGENTS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (QL= 2 inj/fill)	QL	1	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS

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		RxCENTS	

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GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
GLYBURID MCR TAB	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GLYCATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS
glycerol phenylbutyrate liquid (RAVICTI equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
glycopyrrolate oral soln (CUVPOSA equiv)	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
glycopyrrolate tab (ROBINUL equiv)	-	2	ULCER DRUGS
GLYGEST PAK	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB (QL= 1 tab/day)	QL	2	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)	QL	\$0	LAXATIVES
GOMEKLI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GOMEKLI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GONAL-F RFF INJ (Members of non-female gender require Prior Authorization)	INF-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
GONAL-F RFF INJ, GONAL-F INJ (Members of non-female gender require Prior Authorization)	INF-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GOPRELTO SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	3	ANTIEMETICS
GRANIX INJ	-	NC	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	2	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	2	ANTIFUNGALS
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	1	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GVOKE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS

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GVOKE PFS INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
HADLIMA INJ (adalimumab-bwwd)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ (adalimumab-bwwd)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ	MSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
HALCINONIDE SOLN	-	NC	DERMATOLOGICALS
HALOBETASOL AER	-	NC	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
halobetasol propionate foam (LEXETTE equiv)	-	NC	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS
HALOG OINT	-	NC	DERMATOLOGICALS
HALOG SOLN	-	NC	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARLIKU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HARVONI PELLET PAK	-	NC	ANTIVIRALS
HARVONI TAB	-	NC	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	\$0	VACCINES
HC BUTYRATE CREAM	-	NC	DERMATOLOGICALS
HC BUTYRATE SOLN	-	NC	DERMATOLOGICALS
HC PRAMOXINE CREAM 1-2.5%	-	2	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	NC	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HELIDAC PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ	CMSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M, KOATE INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ	VAC	\$0	VACCINES
HERNEXEOS TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HETLIOZ SUSP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HEXALEN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIXDEFRIMA SOLN	-	NC	DERMATOLOGICALS
HIZENTRA INJ	MSP-PA	S	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HOMATROPINE OPTH SOLN	-	2	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
HULIO INJ (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HULIO KIT (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMALOG JR KWIKPEN	-	NC	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG MIX INJ	-	NC	ANTIDIABETICS
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	-	NC	ANTIDIABETICS
HUMALOG PEN INJ	-	NC	ANTIDIABETICS
HUMALOG TEMPO PEN	-	NC	ANTIDIABETICS
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	OTC	NC	ANTIDIABETICS
HUMULIN MIX PEN INJ	OTC	NC	ANTIDIABETICS
HUMULIN N INJ	OTC	NC	ANTIDIABETICS
HUMULIN N PEN INJ	OTC	NC	ANTIDIABETICS
HUMULIN R INJ	OTC	NC	ANTIDIABETICS
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	2	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYCANTIN CAP (Only available through Lumicera 855-847-3553)	LD-PA	S	ANTINEOPLASTICS
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCODAN SYRUP	-	3	COUGH/COLD/ALLERGY
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3	CARDIOVASCULAR AGENTS - MISC.
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2	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	2	ANALGESICS - OPIOID
HYDROCODONE ER TAB (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
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/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	3	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3	ANALGESICS - OPIOID
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	3	ANALGESICS - OPIOID
HYDROCORTISONE ACETATE/PRAMOXINE CREAM	-	1	ANORECTAL AND RELATED PRODUCTS
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE LIPOCREAM	-	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	-	1	ANORECTAL AND RELATED PRODUCTS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
HYDROCORTISONE CREAM 1%	-	NC	ANORECTAL AND RELATED PRODUCTS
hydrocortisone enema (CORTENEMA equiv)	-	2	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE LOTION 2.5%	-	1	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
HYDROCORTISONE PAK	-	NC	DERMATOLOGICALS
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	2	DERMATOLOGICALS
hydrocortisone sodium succinate pf for inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill)	QL	2	CORTICOSTEROIDS
hydrocortisone supp (ANUSOL HC equiv)	-	2	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab (EXALGO TAB equiv)	-	NC	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	NC	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	EXC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYM GEL	-	NC	DERMATOLOGICALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIANKXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIANKXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIANKXIETY AGENTS
HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYMPAVZI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HYOPHEN TAB	-	NC	ANTI-INFECTION AGENTS - MISC.
HYOSCYAMINE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	ULCER DRUGS
HYQVIA INJ	MSP-PA	S	PASSIVE IMMUNIZING AGENTS
HYRIMOZ INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1	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)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (RX only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
IBUPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ICAR-C PLUS TAB 100-250-0.025-1MG	-	3	HEMATOPOIETIC AGENTS
icatibant inj (FIRAZYR equiv)	CMSP-PA	1	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day)	QL	2	ANTIHYPERLIPIDEMICS
IDACIO INJ (adalimumab-aacf)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
IDELVION INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
IDHIFA TAB (QL= 1 tab/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IHEEZO GEL	-	NC	OPHTHALMIC AGENTS
ILEVRO OPHTH SUSP	-	2	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	CMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 6ml/day)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
IMBRUVICA TAB 140MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 280MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 420MG (QL= 1 tab/day)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
imipramine pamoate cap (TOFRANIL PM equiv)	-	3	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1	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	2	MIGRAINE PRODUCTS
IMITREX INJ 4MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	3	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
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDERAL XL CAP, INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INDOCIN SUPP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLURIYO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLYTA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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VAC	Quantity Limit	RDX	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	SMKG	Step Therapy
	Vaccine Program	¢	
		RxCENTS	

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Drug Name	Special Code	Tier	Category
INLYTA TAB 1MG (QL= 8 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEFA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	NC	MEDICAL DEVICES AND SUPPLIES
INQOVI TAB (QL= 5 tabs/28 days)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN GLARGINE INJ	-	NC	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (1 UNIT DIAL)	-	2	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (2 UNIT DIAL)	-	2	ANTIDIABETICS
INSULIN GLARGINE-YFGN	-	2	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC	ANTIDIABETICS
INSULIN GLARGINE-YFGN PEN	-	2	ANTIDIABETICS
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML	-	NC	ANTIDIABETICS
INSULIN LISPRO INJ (HUMALOG equiv)	-	2	ANTIDIABETICS
INSULIN LISPRO JR KWIKPEN	-	NC	ANTIDIABETICS
INSULIN LISPRO KWIKPEN	-	NC	ANTIDIABETICS
INSULIN LISPRO PROTAMINE PEN INJ (HUMALOG equiv)	-	NC	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	CMSP	S	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	CMSP	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INVELTYS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
INVIRASE CAP	CMSP	S	ANTIVIRALS
INVIRASE TAB	CMSP	S	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	3	DIURETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	3	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
IPOL INJ	VAC	\$0	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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IQIRVO TAB (QL= 1 tab/day; Only available through Caremark/CVS Specialty 800-378-0695 or Walgreens 888-347-3416)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISENTRESS (HD) TAB	CMSP	S	ANTIVIRALS
ISENTRESS CHEW TAB	CMSP	S	ANTIVIRALS
ISENTRESS POWDER PACK	CMSP	S	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	2	MIGRAINE PRODUCTS
isoniazid syrup (ISONIAZID equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	NC	ANTIANGINAL AGENTS
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
ISOSORBIDE MONONITRATE TAB	-	3	ANTIANGINAL AGENTS
isotretinoin cap 25mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isotretinoin cap 35mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
ISOXSUPRINE TAB	-	1	CARDIOVASCULAR AGENTS - MISC.
isoxsuprine tab	-	3	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPTH SOLN	-	2	OPHTHALMIC AGENTS
ISTURISA TAB (QL= 12 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
ITOVEBI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
itraconazole cap (SPORANOX equiv)	-	2	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	3	ANTIFUNGALS
ivabradine hcl tab (CORLANOR equiv)	-	1	CARDIOVASCULAR AGENTS - MISC.
IVERMECTIN CREAM	-	NC	DERMATOLOGICALS
ivermectin cream (SOOLANTRA equiv)	-	NC	DERMATOLOGICALS
IVERMECTIN LOTION	-	NC	DERMATOLOGICALS
ivermectin tab (STROMEKTOL equiv)	-	2	ANTHELMINTICS
IVERMECTIN TAB	-	NC	ANTHELMINTICS
IWILFIN TAB (QL= 8 tabs/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXCHIQ INJ	VAC	EXC	VACCINES
IXIARO INJ	VAC	EXC	VACCINES
IXINITY INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
IYUZEH OPTH DROPS	-	NC	OPHTHALMIC AGENTS
JADENU SPRINKLE	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
JANUVIA TAB (QL= 1 tab/day)	QL-¢	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JASCAYD TAB	-	NC	RESPIRATORY AGENTS - MISC.
JAVYGTOR PAK 100MG	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
JAVYGTOR POW 500MG	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
JAVYGTOR TAB 100MG	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
JAYPIRCA TAB (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JESDUVROQ TAB	-	NC	HEMATOPOIETIC AGENTS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
JIVI INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
JOENJA TAB (QL= 2 tabs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
JOURNAVX TAB	-	NC	ANALGESICS - NONNARCOTIC
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	CMSP	S	ANTIVIRALS
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older)	PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JYNARQUE PAK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNNEOS INJ	VAC	\$0	VACCINES
KALETRA SOLN	-	NC	ANTIVIRALS
KALETRA TAB	-	NC	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
KATERZIA SUSP (Prior Authorization required for members age 9 years and older)	PA	3	CALCIUM CHANNEL BLOCKERS
KEFLEX CAP 750MG	-	NC	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
KENALOG INJ	-	NC	CORTICOSTEROIDS
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	3	CORTICOSTEROIDS
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	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERYDIN SOLN	-	NC	DERMATOLOGICALS

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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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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KESIMPTA INJ	CMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL TROCHES	-	NC	GENERAL ANESTHETICS
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	NC	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	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS
KEVEYIS TAB	-	NC	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S	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	S	CORTICOSTEROIDS
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	\$0	TOXOIDS
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	\$0	TOXOIDS
KIRSTY INJ	-	NC	ANTIDIABETICS
KISQALI PAK (QL= 91 tabs/28 days)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLISYRI OINT	-	NC	DERMATOLOGICALS
KLOXXADO NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOGENATE FS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KOMZIFTI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KONVOMEK SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
KORLYM TAB	-	NC	ANTIDIABETICS
KOSELUGO CAP (QL= 12 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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Drug Name	Special Code	Tier	Category
KOSELUGO CAP 5MG (QL= 20 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB	-	2	ANTIMALARIALS
K-TAB	-	1	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	ANTHYPERLIPIDEMICS
KYNMOBI FILM	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYZATREX CAP	-	NC	ANDROGENS-ANABOLIC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC	ANDROGENS-ANABOLIC
L.E.T. GEL	-	NC	DERMATOLOGICALS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
LABETALOL TAB	-	NC	BETA BLOCKERS
lacosamide oral solution (VIMPAT equiv)	-	1	ANTICONSULSANTS
lacosamide tab (VIMPAT equiv)	-	1	ANTICONSULSANTS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
lactulose oral crystal packet (KRISTALOSE equiv)	-	NC	LAXATIVES
lactulose soln	-	1	GASTROINTESTINAL AGENTS - MISC.
LAGEVRIO CAP (QL= 40 caps/fill)	QL	2	ANTIVIRALS
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	\$0	ANTIVIRALS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3	ANTICONSULSANTS
lamivudine soln (EPIVIR equiv)	CMSP	2	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	CMSP	2	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	CMSP	2	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONSULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	3	ANTICONSULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	NC	ANTICONSULSANTS
LAMOTRIGINE ODT KIT 25/50MG	-	NC	ANTICONSULSANTS
LAMOTRIGINE ODT KIT 50/100MG	-	NC	ANTICONSULSANTS
lamotrigine odt titration kit 25/50/100mg (LAMICTAL equiv)	-	NC	ANTICONSULSANTS
lamotrigine odt titration kit 25/50mg (LAMICTAL equiv)	-	NC	ANTICONSULSANTS
lamotrigine odt titration kit 50/100mg (LAMICTAL equiv)	-	NC	ANTICONSULSANTS
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	3	ANTICONSULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONSULSANTS
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ	-	NC	CARDIOTONICS
LANOXIN TAB 62.5MCG	-	NC	CARDIOTONICS

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lansoprazole cap (PREVACID equiv) (Rx Only)	-	1	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv) (Prior Authorization required for members age 9 years and older)	PA	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
LANSOPRAZOLE SUSP	-	3	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ	-	2	ANTIDIABETICS
LANTUS INJ, INSULIN GLARGINE INJ	-	NC	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	CMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASIX ONYU INJ 80MG/2.67ML	-	NC	DIURETICS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
LAZANDA NASAL SPRAY	-	NC	ANALGESICS - OPIOID
LAZCLUZE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	CMSP-PA-QL	S	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	MSP-QL-RS	S	MISCELLANEOUS THERAPEUTIC CLASSES
LENVIMA CAP (QL= 3 caps/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEQEMBI IQLK INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQSELVI TAB	-	NC	DERMATOLOGICALS
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	-	NC	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv) (Members of non-female gender require Prior Authorization)	INF-PA	1	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	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVEMIR FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	1	ANTICONVULSANTS

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LEVETIRACETAM ODT, SPRITAM ODT	-	NC	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
LEVOBUNOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	EXC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	EXC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN 0.5%	-	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	\$0	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
LEVOTHYROXINE INJ 100MCG/ML	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
LEXIVA SUSP	CMSP	S	ANTIVIRALS
LEXIVA TAB	-	NC	ANTIVIRALS
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	CMSP-PA-QL	1	HEMATOPOIETIC AGENTS
LIBERVANT FILM	-	NC	ANTICONVULSANTS
LICART PATCH	-	NC	DERMATOLOGICALS
LIDO/MENTHOL SPRAY	-	NC	DERMATOLOGICALS
LIDO/RAC/TET GEL	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	NC	DERMATOLOGICALS
lidocaine hcl cream 4.12%	-	NC	DERMATOLOGICALS
lidocaine lotion	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	1	DERMATOLOGICALS
lidocaine oint/transparent dressing kit	-	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	2	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS

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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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
LIDO-EP-TETR SOLN	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTIN PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LIDOVEX CREAM	-	NC	DERMATOLOGICALS
LIKMEZ SUSP (Prior Authorization required for members age 9 years and older)	PA	3	ANTI-INFECTIVE AGENTS - MISC.
LINDANE SHAMPOO	-	1	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 1 cap/day)	QL	2	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIQREV SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
liraglutide soln pen inj (SAXENDA equiv) (QL= 5 pens/30 days)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
liraglutide soln pen-injector (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
LITFULO CAP (QL= 1 cap/day)	MSP-PA-QL	S	DERMATOLOGICALS
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium oral solution (LITHIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVDELZI CAP (QL= 1 cap/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN 19MG/ML (QL= 60mL/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI TAB (QL= 2 tabs/day; Only available through Eversana 866-849-4481)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI TAB 30 MG (QL= 1 tab/day; Only available through Eversana 866-849-4481)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTIVIRALS
L-METHYLFOLATE TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	\$0	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS

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LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LODOCO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LOKELMA PAK (QL= 1 packet/day)	PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
LOKELMA PAK 10GM	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LOKELMA PAK 5GM	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
lomustine cap (GLEOSTINE equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LONSURF TAB	MSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
loperamide hcl soln (LOPERAMIDE SOLN equiv)	OTC	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv)	CMSP	2	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	CMSP	2	ANTIVIRALS
LOPRESSOR SOLN (QL= 45mL/day; Prior Authorization required for members age 9 years and older)	PA-QL	3	BETA BLOCKERS
loratadine cap (CLARITIN equiv)	OTC	EXC	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	1	ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANXIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTIANXIETY AGENTS
LORTAB ELIXIR	-	3	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
LOTEMAX OPHTH OINT	-	2	OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	NC	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	2	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	2	OPHTHALMIC AGENTS
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	QL	1	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMAKRAS TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 240MG (QL= 4 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 3 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS

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LUMRYZ PACK (QL= 1 packet/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ STARTER PACK (QL= 1 packet/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUNESTA TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
LUPKYNIS CAP	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
lurasidone hcl tab (LATUDA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	NC	ANTICONSULTANTS
LYRICA CAP 225MG	-	NC	ANTICONSULTANTS
LYRICA CAP 300MG	-	NC	ANTICONSULTANTS
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	NC	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	NC	ANTIDIABETICS
LYUMJEV TEMPO PEN	-	NC	ANTIDIABETICS
LYVISAH GRANULE PACKET (Prior Authorization required for members age 9 years and older)	PA	2	MUSCULOSKELETAL THERAPY AGENTS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MAFENIDE ACETATE SOLN PACK	-	NC	DERMATOLOGICALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3	DERMATOLOGICALS
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
maraviroc tab (SELZENTRY equiv)	CMSP	1	ANTIVIRALS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATERVIA CAP 0.5MG	-	NC	MULTIVITAMINS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVENCLAD THERAPY PAK (Only available through COSTCO1710 855-213-0070)	LD	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packs/day)	CMSP-PA-QL	S	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	CMSP-PA-QL	S	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
MAYZENT TAB (Only available through COSTCO1710 855-213-0070; Step Therapy requires failure of two of the following: dimethyl fumarate, fingolimod, KESIMPTA, or ZEPOSIA)	LD-ST	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK (Only available through COSTCO1710 855-213-0070; Step Therapy requires failure of two of the following: dimethyl fumarate, fingolimod, KESIMPTA, or ZEPOSIA)	LD-ST	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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meclizine chew tab (BONINE equiv)	OTC	EXC	ANTIEMETICS
meclizine hcl tab (ANTIVERT equiv)	-	NC	ANTIEMETICS
meclizine tab (ANTIVERT equiv) (Rx Only)	-	1	ANTIEMETICS
MECLIZINE TAB	-	NC	ANTIEMETICS
MECLOFENAMATE CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	2	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	3	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEGESTROL SUSP	-	3	PROGESTINS
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN	CMSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	CMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	CMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	S	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)	-	1	ANALGESICS - ANTI-INFLAMMATORY
MELPHALAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MEMANTINE TITRATION PAK	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	\$0	VACCINES
MENEST TAB	-	3	ESTROGENS
MENOPUR INJ (Members of non-female gender require Prior Authorization)	INF-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
MENOSTAR PATCH	-	NC	ESTROGENS
MENQUADFI INJ	VAC	\$0	VACCINES
MENTAX CREAM	-	3	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS
MENVEO INJ	VAC	\$0	VACCINES
meperidine tab (DEMEROL equiv)	-	NC	ANALGESICS - OPIOID

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meprobamate tab (MILTOWN equiv)	-	NC	ANTIANKXIETY AGENTS
mercaptopurine susp (PURIXAN equiv) (Prior Authorization required for members age 9 years and older)	PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mercaptopurine tab (PURINETHOL equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MERILOG INJ	-	NC	ANTIDIABETICS
MERILOG SOLOSTAR INJ	-	NC	ANTIDIABETICS
mesalamine DR cap (DELZICOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA CR equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesna tab (MESNEX equiv)	CMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESNEX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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 osmotic tab (GLUMETZA equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	3	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
METFORMIN TAB	-	NC	ANTIDIABETICS
methadone soln (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
methadose tab (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
methamphetamine hcl tab (METHAMPHETAMINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	2	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	-	NC	ANDROGENS-ANABOLIC
METHOCARBAMOL TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
methocarbamol tab 1000mg	-	1	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE IV SOLN 1000MG/40ML	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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METHOXSALEN CAP	-	2	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	3	ULCER DRUGS
methsuximide cap (CELONTIN equiv)	-	2	ANTICONVULSANTS
methyl dopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
METHYLDOPA TAB	-	3	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (APTENSIO XR equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 72mg	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate td patch (DAYTRANA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	1	CORTICOSTEROIDS
methyltestosterone cap	-	NC	ANDROGENS-ANABOLIC
METIPRANOLOL OPTH SOLN	-	2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2	ANTIHYPERTENSIVES
METOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	2	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	2	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
METRONIDAZOLE TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
metirosine cap (DEMSEER equiv)	-	NC	ANTIHYPERTENSIVES
mexiletine hcl cap	-	2	ANTIARRHYTHMICS

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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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICLARA LIQUID	OTC	NC	ANTIHISTAMINES
MICORT HC CREAM	-	NC	DERMATOLOGICALS
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIDUELLA, PARAGARD IUD	-	\$0	CONTRACEPTIVES
MIEBO OPTH SOLN	-	NC	OPHTHALMIC AGENTS
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	CMSP-PA-QL	1	ANTIDIABETICS
mifepristone tab 200mg (MIFIPREX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP	-	NC	MIGRAINE PRODUCTS
MIGLITOL TAB	-	3	ANTIDIABETICS
miglitol tab (MIGLITOL equiv)	-	3	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day)	MSP-PA-QL	1	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY	-	NC	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
MINOCYCLINE ER CAP	-	NC	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
MINOLIRA TAB	-	NC	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIPLYFFA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
mirabegron tab er (MYRBETRIQ equiv)	-	1	URINARY ANTISPASMODICS
MIRALAX PACKET	OTC	EXC	LAXATIVES
MIRENA IUD	-	\$0	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP	-	NC	GOUT AGENTS
M-M-R II INJ	VAC	\$0	VACCINES
MNEXSPIKE INJ 10MCG/0.2ML (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MODEYSO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
morphine sulfate iv soln	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 10MG/5ML	-	1	ANALGESICS - OPIOID
morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate soln	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN 20MG/5ML	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	1	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
MOTEGRITY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
MOTPOLY XR CAP	-	NC	ANTICONVULSANTS
MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
MOVANTIK TAB (QL= 1 tab/day)	PA-QL	2	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)	-	1	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	2	FLUOROQUINOLONES
MPM PAK	-	NC	OXYTOCICS
MRESVIA INJ (QL= 1 dose/lifetime)	QL-VAC	\$0	VACCINES
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULTAQ TAB	-	2	ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	1	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)	-	1	DERMATOLOGICALS
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
MYCAPSSA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	2	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	2	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	1	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 OPTH SOLN	-	NC	OPHTHALMIC AGENTS
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2	ESTROGENS
MYHIBBIN SUSP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
MYLERAN TAB	CMSP	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	3	MULTIVITAMINS
MYRBETRIQ SUSP	-	NC	URINARY ANTISPASMODICS
MYRBETRIQ TAB	-	NC	URINARY ANTISPASMODICS
MYTESI TAB	-	NC	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	2	BETA BLOCKERS
NAFTIFINE CREAM	-	3	DERMATOLOGICALS
naftifine cream (NAFTIN equiv)	-	3	DERMATOLOGICALS
naftifine hcl gel 2% (NAFTIN equiv)	-	NC	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
naloxone hcl nasal spray (NARCAN equiv) (QL= 2 sprays/fill)	QL	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
NAMENDA XR TITRATION PACK	-	2	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 500MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	2	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)	-	1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
naproxen tab (NAPROSYN equiv)	-	1	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	2	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB 15MG	-	3	ANTIDEPRESSANTS
NASCOBAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
NATACYN OPTH SUSP (QL= 15ml/fill)	QL	2	OPHTHALMIC AGENTS
NATAZIA TAB	-	\$0	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	2	ANTIDIABETICS
NATESTO GEL 5.5MG/ACT	-	NC	ANDROGENS-ANABOLIC
NATESTO NASAL GEL	-	NC	ANDROGENS-ANABOLIC
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
NAYZILAM SPRAY (QL= 4 doses/fill)	QL	3	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv)	-	1	BETA BLOCKERS
NEBUPENT NEB SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	2	COUGH/COLD/ALLERGY
NEFAZODONE TAB	-	NC	ANTIDEPRESSANTS
NEFFY SPRAY	-	NC	VASOPRESSORS
NEMLUVIO INJ (QL= 1 inj/56 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	S	DERMATOLOGICALS
NENDRUX GEL	-	NC	DERMATOLOGICALS
neomycin tab	-	1	AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPTH SOLN	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTH SOLN	-	2	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	3	MULTIVITAMINS
NEONATAL FE TAB	-	3	MULTIVITAMINS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSALUS LOTION	-	NC	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEOTUSS PLUS LIQUID	-	3	COUGH/COLD/ALLERGY
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NERLYNX TAB (QL= 6 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3	ANTIPARKINSON AGENTS
NEVANAC OPTH SUSP	-	2	OPHTHALMIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv)	CMSP	2	ANTIVIRALS
NEVIRAPINE ER TAB	CMSP	S	ANTIVIRALS
NEVIRAPINE SUSP	CMSP	S	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	CMSP	1	ANTIVIRALS
NEXICLON XR TAB	-	NC	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	OTC	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER 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	2	ANTIHYPERTENSIVES
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERTENSIVES
NEXPLANON IMPLANT	-	\$0	CONTRACEPTIVES
NEXTSTELLIS TAB	-	\$0	CONTRACEPTIVES
NGENLA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
niacin ER tab (NIASPAN equiv)	-	1	ANTIHYPERTENSIVES
NIACOR TAB	-	NC	ANTIHYPERTENSIVES
NIASPAN ER TAB	-	NC	ANTIHYPERTENSIVES
nicardipine cap (CARDENE equiv)	-	3	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NILOTINB TAR CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilotinib hcl cap (TASIGNA equiv)	CMSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilutamide tab (NILANDRON equiv)	CMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	MSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	1	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	CMSP-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	2	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	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	-	1	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3	ANTIANGINAL AGENTS

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nitroglycerin oint (RECTIV equiv)	-	NC	ANORECTAL AND RELATED PRODUCTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	3	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	CMSP	S	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	1	ULCER
			DRUGS/ANTISPASMODICS/ANTICHOLINER CS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
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)	-	\$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	\$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
NORGESIC TAB FORTE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NORLIQVA ORAL SOLN (Prior Authorization required for members age 9 years and older)	PA	3	CALCIUM CHANNEL BLOCKERS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1	ANTIDEPRESSANTS
NORVIR CAP	CMSP	S	ANTIVIRALS
NORVIR POWDER PACK	CMSP	S	ANTIVIRALS
NORVIR SOLN	CMSP	S	ANTIVIRALS
NORVIR TAB	-	NC	ANTIVIRALS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVAVAX INJ 5MCG/0.5 ML (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
NOVOEIGHT INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
NOVOFINE PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN 70/30 FLEXPEN RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	2	ANTIDIABETICS
NOVOLIN 70/30 RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN N INJ	OTC	2	ANTIDIABETICS
NOVOLIN N RELION 100UNIT/ML	OTC	NC	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	2	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
NOVOLIN R INJ	OTC	2	ANTIDIABETICS
NOVOLIN R INJ 100 UNIT	OTC	2	ANTIDIABETICS
NOVOLIN R RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG FLEXPEN RELION INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NOVOSEVEN RT INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
NOVOTWIST PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
NOXAFIL PAK	-	3	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1	THYROID AGENTS
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	NC	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2	ANALGESICS - OPIOID
NUCYNTA TAB	-	3	ANALGESICS - OPIOID
NUDEXTA CAP (QL= 2 caps/day)	PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nulido pad (NULIDO equiv)	-	NC	DERMATOLOGICALS
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUVARING	-	3	CONTRACEPTIVES
NUVIGIL TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
NUWIQ INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
NUWIQ KIT (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
NUZYRA TAB	-	NC	TETRACYCLINES
NYMALIZE SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
NYPOZI INJ	-	NC	HEMATOPOIETIC AGENTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
NYSTATIN SUSP	-	NC	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
nystatin/triamcinolone cream	-	1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	1	DERMATOLOGICALS
NYVEPRIA INJ	CMSP	S	HEMATOPOIETIC AGENTS
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

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VAC	Vaccine Program	¢	RxCENTS		

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octreotide inj (SANDOSTATIN equiv)	CMSP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	CMSP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB	PA	3	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB	CMSP	S	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	CMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	S	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	1	OTIC AGENTS
OFLOXACIN TAB	-	1	FLUOROQUINOLONES
OGSIVEO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S	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	S	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	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OJEMDA SUSP (QL= 96ml/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJEMDA TAB (QL= 24 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	S	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	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLLIZAC POWDER	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	1	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	2	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)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLUX FOAM	-	NC	DERMATOLOGICALS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	1	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
omeprazole tab	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS

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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
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 DEX G7G6 PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PDM KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	CMSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMNITROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMVOH INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ONAPGO INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
ondansetron ODT (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONDANSETRON TAB	-	NC	ANTIEMETICS
ONDANSETRON TAB ODT	-	NC	ANTIEMETICS
ONETOUCH DELICA 30G LANCETS	OTC	2	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA 33G LANCETS	OTC	2	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA PLUS 30G LANCT	OTC	2	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA PLUS 33G LANCT	OTC	2	MEDICAL DEVICES AND SUPPLIES
ONETOUCH ULTRASOFT LANCETS	OTC	2	MEDICAL DEVICES AND SUPPLIES
ONEXTON GEL 1.2-3.75%	-	NC	DERMATOLOGICALS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGENTYS CAP	PA-QL	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
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	OTC	\$0	CONTRACEPTIVES
OPIPZA FILM	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
opium tincture	-	3	ANTIDIARRHEALS

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OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
OPSYNVI TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
OPVEE NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
OPZELURA CREAM (QL= 12 tubes/year)	CMSP-PA-QL	S	DERMATOLOGICALS
ORACEA CAP	-	NC	DERMATOLOGICALS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAPRED ODT TAB, PREDNISOLONE ODT TAB	-	3	CORTICOSTEROIDS
ORAVIG TAB	-	NC	MOUTH/THROAT/DENTAL AGENTS
ORENCIA CLICK INJ (QL= 4 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	CMSP-PA-QL	S	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-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2	ESTROGENS
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET	MSP-PA-QL	S	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day;)	MSP-PA-QL	S	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
ORLYNVAH TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	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	S	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	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORTIKOS ER CAP	-	NC	CORTICOSTEROIDS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2	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)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA XR TAB (QL= 1 tab/day)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA/OTEZLA XR STARTER PACK (QL= 1 pack/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY

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otomax-HC otic soln (CORTANE-B equiv)	-	NC	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	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDREL INJ (Members of non-female gender require Prior Authorization)	INF-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxaprozin tab (DAYPRO equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	2	ANTIANKXIETY AGENTS
OXBRYTA TAB	-	NC	HEMATOPOIETIC AGENTS
OXBRYTA TAB FOR ORAL SUSP	-	NC	HEMATOPOIETIC AGENTS
oxcarbazepine er tab (OXTELLAR XR equiv)	-	NC	ANTICONVULSANTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	S	OPHTHALMIC AGENTS
OXIANUJO CREAM	-	NC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	NC	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
OXYBUTYNIN TAB	-	NC	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
OXYCODONE ER TAB	-	NC	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE TAB	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYMORPHONE ER TAB	-	NC	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC	ANALGESICS - OPIOID
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	S	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	S	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALSONIFY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
pantoprazole sodium packet (PROTONIX equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	2	ANTIDEPRESSANTS
PAROXETINE SUSP	-	3	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PAXLOVID PAK (QL= 11 tabs/90 days)	QL	2	ANTIVIRALS
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days)	QL	2	ANTIVIRALS
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days)	QL	2	ANTIVIRALS
pazopanib hcl tab (VOTRIENT equiv) (QL= 4 tabs/day)	CMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PAZOPANIB TAB 400MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
PEDIARIX INJ	VAC	\$0	TOXOIDS
pediatric multiple vitamins/fluoride soln	-	NC	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	NC	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
PEDVAXHIB INJ	VAC	\$0	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	\$0	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	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)	QL	\$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ	CMSP	S	ANTIVIRALS

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

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Drug Name	Special Code	Tier	Category
PEG-INTRON INJ	CMSP	S	ANTIVIRALS
PEG-PREP KIT	-	NC	LAXATIVES
PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PENBRAYA INJ	VAC	\$0	VACCINES
penciclovir cream (DENA VIR equiv)	-	NC	DERMATOLOGICALS
penicillamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENMENVY INJ	VAC	\$0	VACCINES
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENTACEL INJ	VAC	\$0	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CR CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
perampanel tab (FYCOMPA equiv)	-	NC	ANTICONSULSANTS
PERINDOPRIL TAB	-	1	ANTIHYPERTENSIVES
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PEXEVA TAB	-	NC	ANTIDEPRESSANTS
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523; Step Therapy requires trial of sodium phenylbutyrate)	LD-ST	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
phenazopyridine tab (PYRIDIUM equiv)	-	1	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	-	1	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phentermine hcl-topiramate cap er (QSYMIA equiv) (QL= 1 cap/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phentermine tab (ADIPEX equiv) (QL=1 tab/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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Drug Name	Special Code	Tier	Category
phentermine tab 8mg	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phenylephrine ophth soln (MYDFRIN equiv)	-	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHEXXI GEL (QL= 1 box/fill)	QL	\$0	VAGINAL AND RELATED PRODUCTS
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPTH SOLN	-	NC	OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPTH SOLN	-	NC	OPHTHALMIC AGENTS
PHYRAGO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
phytonadione tab (MEPHYTON equiv)	-	2	VITAMINS
PICATO GEL (QL= 1 box/fill)	QL	3	DERMATOLOGICALS
PIFELTRO TAB	CMSP	S	ANTIVIRALS
pilocarpine hcl ophth soln (VUITY equiv)	-	NC	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members age 2 years and older)	-	2	DERMATOLOGICALS
PIMOZIDE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
PIQRAY TAB	CMSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	CMSP-PA-QL	1	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB	-	NC	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	CMSP-PA-QL	1	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	CMSP-PA-QL	1	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv)	-	2	ANTIHYPERTENSIVES
PLAN B TAB	OTC	NC	CONTRACEPTIVES
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	CMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	CMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
PLENVU SOLN	-	NC	LAXATIVES
PLEXION CREAM 9.8-4.8%	-	NC	DERMATOLOGICALS
PLIAGLIS CREAM	-	NC	DERMATOLOGICALS
PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	\$0	VACCINES
PODIAPN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

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SF	Mandatory Specialty Pharmacy Program	OTC	Prior Authorization
VAC	Quantity Limit	RDX	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	SMKG	Step Therapy
	Vaccine Program	¢	
		RxCENTS	

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Drug Name	Special Code	Tier	Category
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv)	-	2	DERMATOLOGICALS
PODOFILOX SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
POKONZA POWDER	-	NC	MINERALS & ELECTROLYTES
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	EXC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	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	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONVORY TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv)	-	3	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv)	-	3	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride soln	-	2	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium iodide oral soln (SSKI equiv)	-	2	COUGH/COLD/ALLERGY
potassium phosphate monobasic tab (K-PHOS equiv)	-	2	MINERALS & ELECTROLYTES
POTIGA TAB (QL= 3 tabs/day)	QL	2	ANTICONSULSANTS
PRADAXA PELLET PACK	-	NC	ANTICOAGULANTS
pramipexole ER tab (MIRAPEX ER equiv)	-	3	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	2	DERMATOLOGICALS
PRAMOSONE LOTION	-	NC	DERMATOLOGICALS
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1	ANORECTAL AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERLIPIDEMICS

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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VAC	Vaccine Program	¢	RxCENTS		

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praziquantel tab (BILTRICIDE equiv)	-	2	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	2	DERMATOLOGICALS
PREDNICARBATE OIN	-	2	DERMATOLOGICALS
prednisolone acetate ophth susp (PRED FORTE equiv)	-	1	OPHTHALMIC AGENTS
prednisolone ODT (ORAPRED equiv)	-	2	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
prednisolone soln	-	1	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	3	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
PREDNISONE SOLN	-	2	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	3	ESTROGENS
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
pregabalin ER tab (LYRICA CR equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	2	ANTICONVULSANTS
PREGEN DHA CAP	-	NC	MULTIVITAMINS
PREGENNA TAB	-	NC	MULTIVITAMINS
PREGNYL INJ, NOVAREL INJ (Members of non-female gender require Prior Authorization)	INF-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
PREHEVBRIO SUSP	VAC	\$0	VACCINES
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	2	ESTROGENS
PRENARA CAP	-	NC	MULTIVITAMINS
PRENATABS RX TAB	-	1	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	1	MULTIVITAMINS
PRENATAL 19 TAB	-	1	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	3	MULTIVITAMINS

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PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1	MULTIVITAMINS
PRENATE MAX TAB 15-0.4-.06MG	-	NC	MULTIVITAMINS
PRENATOL-M TAB 27-1.2 MG	-	NC	MULTIVITAMINS
PRENATRIX TAB	-	NC	MULTIVITAMINS
PRENATRYL TAB	-	NC	MULTIVITAMINS
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTIMYCOBACTERIAL AGENTS
PREVACID CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
PREVACID OTC CAP	OTC	EXC	ULCER DRUGS
PREVIDENT 5000 PLUS CREAM (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT SOLN	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 20 INJ	VAC	\$0	VACCINES
PREVYMIS PAK (QL= 4 packets/day; Limit 800 packets/365 days)	CMSP-PA-QL	S	ANTIVIRALS
PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days)	CMSP-PA-QL	S	ANTIVIRALS
PREZCOBIX TAB	CMSP	S	ANTIVIRALS
PREZISTA SUSP	CMSP	S	ANTIVIRALS
PREZISTA TAB	CMSP	S	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
primaquine tab (PRIMAQUINE equiv)	-	1	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMIDONE TAB	-	NC	ANTICONVULSANTS
PRIMLEV TAB 10-300MG	-	NC	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG	-	NC	ANALGESICS - OPIOID
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	\$0	VACCINES
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRIT INJ	-	NC	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PROCYSBI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PROCYSBI GRANULES PACKET	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
PROFILNINE INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
PROFINAC PAK	-	NC	DERMATOLOGICALS
progesterone cap (PROMETRIUM equiv)	-	1	PROGESTINS
progesterone oil inj	-	1	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS

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Drug Name	Special Code	Tier	Category
progesterone vaginal insert (ENDOMETRIN equiv)	PA	1	VAGINAL AND RELATED PRODUCTS
PROGLYCEM SUSP	-	NC	ANTIDIABETICS
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB 7.5-300MG	-	NC	ANALGESICS - OPIOID
PROLENSA OPTH SOLN	-	3	OPHTHALMIC AGENTS
PROMACTA POWDER	-	NC	HEMATOPOIETIC AGENTS
PROMACTA TAB	-	NC	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	1	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	2	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	1	ANTIHISTAMINES
PROMISEB CREAM	-	NC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
PROPRANOLOL SOLN 20MG/5ML	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
propylthiouracil tab	-	1	THYROID AGENTS
PROQUAD INJ	VAC	\$0	VACCINES
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
protriptyline tab (VIVACTIL equiv)	-	3	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PROZENA PAD	-	NC	DERMATOLOGICALS
prucalopride succinate tab (MOTEGRITY equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	CMSP	S	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURIXAN SUSP (Prior Authorization required for members age 9 years and older)	PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridstigmine soln (MESTINON equiv)	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS

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

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Drug Name	Special Code	Tier	Category
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	1	ANTIMALARIALS
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC	ANTIMALARIALS
PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
PYZCHIVA INJ	-	NC	DERMATOLOGICALS
QBRELIS SOLN (Prior Authorization required for members age 9 years and older)	PA	3	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	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QLOSI OPTH SOLN, VUITY OPTH SOLN	-	NC	OPHTHALMIC AGENTS
QMIIZ ODT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QSYMIA CAP (QL= 1 cap/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QTERN TAB	-	NC	ANTIDIABETICS
QUALAQUIN CAP	-	NC	ANTIMALARIALS
QUAZEPAM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QUDEXY XR CAP	-	NC	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUETIAPINE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUILLICHEW ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	1	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	NC	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	2	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QULIPTA TAB (QL= 30 tabs/30 days)	PA-QL	3	MIGRAINE PRODUCTS
QUVIVIQ TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QVAR REDIHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	VAC	EXC	VACCINES
rabeprazole EC tab (ACIPHEX equiv)	-	1	ULCER DRUGS

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VAC	Vaccine Program	¢	RxCENTS		

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RADICAVA ORS STARTER KIT (QL= 70ml/365 days)	MSP-PA-QL	S	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP (QL= 50mL/28 days)	MSP-PA-QL	S	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB	-	NC	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)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
ranolazine tab (RANEXA equiv)	-	1	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv)	-	2	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
REBIF INJ	CMSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBINYN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
RECOMBINATE INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
RECORLEV TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECTIV OINT	-	NC	ANORECTAL AND RELATED PRODUCTS
REDITREX INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
REGRANEX GEL (QL= 30gm/fill)	QL	2	DERMATOLOGICALS
RELAFEN DS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
RELEUKO INJ	-	NC	HEMATOPOIETIC AGENTS
RELEUKO PREFILLED SYRINGE INJ	-	NC	HEMATOPOIETIC AGENTS
RELEXXII ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
RELION TRUE METRIX AIR KIT (QL= 1 meter per fill/2 meters per year)	QL	\$0	MEDICAL DEVICES AND SUPPLIES
RELION TRUE METRIX TEST STRIPS	-	2	DIAGNOSTIC PRODUCTS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELTONE CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	NC	MULTIVITAMINS
RENOVA CREAM	-	EXC	DERMATOLOGICALS
REVELA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERTENSIVES
RESCRIPTOR TAB	CMSP	S	ANTIVIRALS
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES

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RESTASIS MULTI-DOSE	-	NC	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION (SINGLE USE VIAL)	-	NC	OPHTHALMIC AGENTS
RETACRIT INJ	-	2	HEMATOPOIETIC AGENTS
RETEVMO CAP (QL= 2 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO CAP 40MG (QL= 3 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB 40MG (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXASIL KIT	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP	-	NC	ANTIVIRALS
REYATAZ POWDER PACK	CMSP	S	ANTIVIRALS
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
REZDIFFRA TAB (QL= 1 tab/day)	MSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
REZVOGLAR INJ	-	NC	ANTIDIABETICS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHAPSIDO TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
RIBAVIRIN CAP	CMSP	1	ANTIVIRALS
ribavirin cap (REBETOL equiv)	CMSP	1	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
RIBAVIRIN TAB	CMSP	1	ANTIVIRALS
rifabutin cap (MYCOBUTIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	2	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	3	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ORAL SOLN (QL= 12ml/day)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
RIOMET SOLN	-	NC	ANTIDIABETICS

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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)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERIDONE ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR equiv)	CMSP	2	ANTIVIRALS
rivaroxaban for susp (XARELTO equiv)	-	1	ANTICOAGULANTS
rivaroxaban tab 2.5mg (XARELTO equiv)	-	1	ANTICOAGULANTS
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RIVFLOZA INJ (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S	GENITOURINARY AGENTS - MISCELLANEOUS
RIVFLOZA INJ 160 MG/ML (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S	GENITOURINARY AGENTS - MISCELLANEOUS
RIVFLOZA VIAL (QL= 2 vials/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S	GENITOURINARY AGENTS - MISCELLANEOUS
RIVIVE, REXTOVY SPRAY	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
RIXUBIS INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
ROAOXIA GEL	-	NC	DERMATOLOGICALS
ROCKLATAN OPTH SOLN	-	NC	OPHTHALMIC AGENTS
roflumilast tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ROMVIMZA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ropinirole ER tab (REQUIP XL equiv)	-	2	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSDAN KIT	-	NC	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv)	-	\$0	ANTIHYPERTENSIVES
ROSZET TAB	-	NC	ANTIHYPERTENSIVES
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC	ANTIHYPERTENSIVES
ROTARIX SUSP	VAC	\$0	VACCINES
ROTATEQ INJ	VAC	\$0	VACCINES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXYBOND TAB	-	NC	ANALGESICS - OPIOID
ROZEREM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ROZLYTREK CAP (QL= 3 caps/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK (QL= 6 packs/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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RUCONEST INJ (Only available through Accredo 800-803-2523)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	2	ANTICONVULSANTS
rufinamide tab (BANZEL TAB equiv)	PA	2	ANTICONVULSANTS
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	CMSP-RS	S	ANTIVIRALS
RYALTRIS SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLORA SOLN	-	NC	ANTIHISTAMINES
RYDAPT CAP (QL= 56 caps/28 days)	CMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
SABRIL TAB	-	NC	ANTICONVULSANTS
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 2 tabs/day)	QL	2	CARDIOVASCULAR AGENTS - MISC.
SAFYRAL TAB	-	\$0	CONTRACEPTIVES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALEX LOTION KIT	-	NC	DERMATOLOGICALS
SALEX SHAMPOO	-	NC	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)	-	2	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	2	ANALGESICS - NONNARCOTIC
SANCUSO PATCH (QL= 4 patches/fill)	QL	3	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	2	ASSORTED CLASSES
SANTYL OINT (QL= 90gm/30 days)	QL	2	DERMATOLOGICALS
SAPHRIS SL TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sapropterin dihydrochloride powder packet (KUVAN equiv)	CMSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	CMSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
saxagliptin hcl tab (ONGLYZA equiv)	-	NC	ANTIDIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC	ANTIDIABETICS
SAXENDA INJ (QL= 5 pens/30 days)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCSEMBLIX TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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Drug Name	Special Code	Tier	Category
SCSEMBLIX TAB 100MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	2	ANTIEMETICS
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
SECUADO PATCH	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEGLENTIS TAB	-	NC	ANALGESICS - OPIOID
SEGLUROMET TAB	-	NC	ANTIDIABETICS
SELARSDI INJ	-	NC	DERMATOLOGICALS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	2	DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	CMSP	S	ANTIVIRALS
SELZENTRY TAB	-	NC	ANTIVIRALS
SELZENTRY TAB	CMSP	S	ANTIVIRALS
SEMGLEE INJ	-	NC	ANTIDIABETICS
SEMGLEE INJ (SINGLE PEN)	-	NC	ANTIDIABETICS
SEMGLEE PEN	-	NC	ANTIDIABETICS
SEMPREX-D CAP	-	EXC	COUGH/COLD/ALLERGY
SENSIPAR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEPHIENCE POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SERTRALINE CAP	-	NC	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline hcl cap	-	NC	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (REVELA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (REVELA TAB equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
SEVENFACT INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
SHINGRIX INJ (Covered for members age 19 years and older)	VAC	\$0	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S	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	2	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
silodosin cap (RAPAFLO equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPTH SUSP	-	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS
SIMLANDI INJ (adalimumab-ryvk)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMLANDI KIT 40/0.4ML	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 100MG (QL=1 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv)	-	NC	ANTIHYPERLIPIDEMICS
sirolimus soln (RAPAMUNE equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	2	ASSORTED CLASSES
SIRTURO TAB	-	NC	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	2	ANTI-INFECTIVE AGENTS - MISC.
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
SKLICE LOTION	-	NC	DERMATOLOGICALS
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	NEUROMUSCULAR AGENTS
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	CMSP-PA-QL	S	DERMATOLOGICALS
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	CMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	CMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
SKYTROFA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	\$0	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB	-	NC	DIURETICS
SODIUM CHLORIDE IRRIGATION SOLN	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	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)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1	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)	-	\$0	MINERALS & ELECTROLYTES

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VAC	Vaccine Program	¢	RxCENTS		

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SODIUM FLUORIDE TAB (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0	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	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR CREAM	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2	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)	-	2	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	\$0	LAXATIVES
SOFDRA GEL	-	NC	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	CMSP-PA-QL	S	ANTIVIRALS
SOGROYA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOHONOS CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	1	URINARY ANTISPASMODICS
SOLQUA INJ (QL= 15ml/25 days)	QL	2	ANTIDIABETICS
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3	AMEBICIDES
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	2	CORTICOSTEROIDS
SOLU-MEDROL INJ	-	NC	CORTICOSTEROIDS
SOLU-MEDROL INJ 2GM	-	2	CORTICOSTEROIDS
SOLU-MEDROL PF INJ	-	NC	CORTICOSTEROIDS
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.

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VAC	Vaccine Program	¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
SOOLANTRA CREAM	-	NC	DERMATOLOGICALS
sorafenib tosylate tab (NEXAVAR equiv)	CMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	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	3	BETA BLOCKERS
SOVALDI PELLET PAK	-	NC	ANTIVIRALS
SOVALDI TAB	-	NC	ANTIVIRALS
SOVUNA TAB	-	NC	ANTIMALARIALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPEVIGO INJ (QL= 2ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	DERMATOLOGICALS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	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)	QL-ST	2	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)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX SOLN	PA	3	ANTIFUNGALS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0	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	-	NC	COUGH/COLD/ALLERGY
STARJEMZA INJ	-	NC	DERMATOLOGICALS
STARJEMZA PFS INJ	-	NC	DERMATOLOGICALS
stavudine cap (ZERIT equiv)	CMSP	2	ANTIVIRALS
STAVUDINE CAP	CMSP	S	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONSULSANTS
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ	-	NC	DERMATOLOGICALS
STENDRA TAB	-	EXC	CARDIOVASCULAR AGENTS - MISC.
STEQUEYMA INJ (QL= 1 inj/84 days)	CMSP-PA-QL	S	DERMATOLOGICALS
STEQUEYMA INJ 90MG (QL= 1 inj/84 days)	CMSP-PA-QL	S	DERMATOLOGICALS
STIMATE NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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STIMUFEND INJ	-	NC	HEMATOPOIETIC AGENTS
STIOLTO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM	-	NC	ANDROGENS-ANABOLIC
STRIBILD TAB	CMSP	S	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE SOLN, BRIXADI SOLN (Only available through COSTCO1710 855-213-0070)	LD	S	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUBVENITE SUSP	-	NC	ANTICONVULSANTS
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucrafate susp (CARAFATE equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
sucrafate tab (CARAFATE equiv)	-	1	ULCER DRUGS
SUFLAVE SOLN	-	NC	LAXATIVES
SULFACETAMIDE SOD OPTH SOLN	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	2	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC	DERMATOLOGICALS
sulfadiazine tab	-	3	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN WASH 9-4.5%	-	3	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
SUMANSETRON PAK	-	NC	MIGRAINE PRODUCTS
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2	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; Only available through Lumicera 855-847-3553)	LD-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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SUNLENCA INJ (QL= 2 vials/26 weeks; Only available through CVS Specialty 800-237-2767; Restricted to Infectious Disease Specialist)	LD-QL-RS	S	ANTIVIRALS
SUNLENCA TAB (QL= 4 tabs/28 days; Only available through CVS Specialty 800-237-2767; Restricted to Infectious Disease Specialist)	LD-QL-RS	S	ANTIVIRALS
SUNLENCA TAB (QL= 4 tabs/28 days; Only available through CVS Specialty 800-238-7828; Restricted to Infectious Disease Specialist)	LD-QL-RS	S	ANTIVIRALS
SUNLENCA TAB 300MG (QL= 5 tabs/28 days; Only available through CVS Specialty 800-237-2767; Restricted to Infectious Disease Specialist)	LD-QL-RS	S	ANTIVIRALS
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPREP BOWEL PREP PACK	-	NC	LAXATIVES
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
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMBRAVO TAB	-	NC	MIGRAINE PRODUCTS
SYMDEKO TAB (QL= 2 tabs/day)	MSP-PA-QL	S	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	2	GASTROINTESTINAL AGENTS - MISC.
SYMITUZA TAB	CMSP	S	ANTIVIRALS
SYNAREL NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
TABLOID TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TABRECTA TAB (QL= 4 tabs/day)	CMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	1	DERMATOLOGICALS
tadalafil tab (PAH) (ADCIRCA equiv)	PA	1	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	1	CARDIOVASCULAR AGENTS - MISC.

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TADLIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	1	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	CMSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB	CMSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPTH SOLN equiv)	-	NC	OPHTHALMIC AGENTS
TAGRISSO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
TALTZ INJ (QL= 1 inj/28 days)	CMSP-PA-QL	S	DERMATOLOGICALS
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	CMSP-PA-QL	S	DERMATOLOGICALS
TALTZ INJ 40MG/0.5ML (QL= 1 inj/28 days)	CMSP-PA-QL	S	DERMATOLOGICALS
TALZENNA CAP 0.1MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.35MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab (NOLVADEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TARCEVA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	-	NC	DERMATOLOGICALS
TARPEYO CAP	-	NC	CORTICOSTEROIDS
TASCENSO ODT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TASIGNA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tasimelteon cap (HETLIOZ equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole soln (KERYDIN equiv)	-	NC	DERMATOLOGICALS
TAVALISSE TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
tazarotene cream 0.1% (TAZORAC equiv)	-	2	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv)	-	NC	DERMATOLOGICALS
TAZORAC CREAM	-	3	DERMATOLOGICALS

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TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKTURN HCT TAB	-	3	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	1	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB	-	NC	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	CMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMPO SMART BUTTON	-	NC	MEDICAL DEVICES AND SUPPLIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	CMSP	2	ANTIVIRALS
TEPMETKO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TERAVAX CAP	-	NC	MULTIVITAMINS
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO equiv)	CMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj (FORTEO equiv)	CMSP	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
testosterone enanthate in	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2	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

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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	2	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	\$0	TOXOIDS
tetrabenazine tab (XENAZINE equiv)	CMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracaine hcl ophth soln	-	1	OPHTHALMIC AGENTS
TETRACAINE OPHTH SOLN	-	1	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; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB	-	NC	DIURETICS
THALOMID CAP	MSP	S	ASSORTED CLASSES
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline er tab (THEOPHYLLINE ER equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine hcl tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYQUIDITY SOLN	-	NC	THYROID AGENTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2	ANTICONVULSANTS
TIBSOVO TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ticagrelor tab (BRILINTA equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICOVAC INJ	VAC	EXC	VACCINES
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	3	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	3	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
timolol ophth soln (BETIMOL OPHTH equiv)	-	2	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
TIMOPTIC-XE OPHTH GEL	-	NC	OPHTHALMIC AGENTS

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tinidazole tab (TINDAMAX equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv)	CMSP-PA	1	GENITOURINARY AGENTS - MISCELLANEOUS
tiopronin tab delayed release (THIOLA EC equiv)	CMSP-PA	1	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TIROSINT CAP	-	NC	THYROID AGENTS
TIROSINT-SOL (QL= 1ml/day; Prior Authorization required for members age 9 years and older)	PA-QL	3	THYROID AGENTS
TIVICAY PD TAB	CMSP	S	ANTIVIRALS
TIVICAY TAB	CMSP	S	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	CMSP-PA	3	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	2	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	CMSP-RS	1	AMINOGLYCOSIDES
tobramycin neb soln (BETHKIS equiv)	-	NC	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TOBREX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
TOLAZAMIDE TAB	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	3	ANTIPARKINSON AGENTS
TOLECTIN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB, TOLECTIN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	1	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	1	URINARY ANTISPASMODICS
TOLVAPTAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab (JYNARQUE, SAMSCA equiv) (QL= 2 tabs/day)	MSP-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab therapy pack (JYNARQUE equiv) (QL= 2 tabs/day)	MSP-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
TONMYA SL TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TOPICORT CREAM 0.05%	-	NC	DERMATOLOGICALS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT	-	3	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)	-	1	ANTICONVULSANTS

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topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
toremifene tab (FARESTON equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	1	DIURETICS
TOSYMRA SOLN	-	NC	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ	-	2	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TOVET KIT	-	NC	DERMATOLOGICALS
TOVIAZ TAB	-	NC	URINARY ANTISPASMODICS
TRACLEER TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	2	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	3	ANALGESICS - OPIOID
TRAMADOL HCL TAB	-	NC	ANALGESICS - OPIOID
tramadol hcl tab 100mg	-	NC	ANALGESICS - OPIOID
TRAMADOL HCL TAB 25MG	-	NC	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	1	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	-	1	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	2	ANTIDEPRESSANTS
TRAVATAN Z DROPS	-	NC	OPHTHALMIC AGENTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TRECTOR TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INDUCTION INJ 200MG/ML (QL= 2 inj/28 days; 6 inj/year)	CMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
TREMFYA INJ (QL= 1 inj/56 days)	CMSP-PA-QL	S	DERMATOLOGICALS
TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days)	CMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS
TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	CMSP	1	ANTINEOPLASTICS
tretinoin cream (RETIN-A equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2	DERMATOLOGICALS
tretinoin gel (RETIN-A equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2	DERMATOLOGICALS
tretinoin gel (RETIN-A MICRO equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2	DERMATOLOGICALS
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2	DERMATOLOGICALS
TRETINOIN MICROSPHERE GEL 0.04% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2	DERMATOLOGICALS

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TRETINOIN MICROSPHERE GEL 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2	DERMATOLOGICALS
TRETINOIN MICROSPHERE GEL PUMP 0.04% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2	DERMATOLOGICALS
TRETINOIN MICROSPHERE GEL PUMP 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2	DERMATOLOGICALS
TRETIN-X CREAM	-	NC	DERMATOLOGICALS
TRETTEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
TREXALL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREXIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone acetonide inj (KENALOG equiv)	-	1	CORTICOSTEROIDS
triamcinolone acetonide oint (TRIANEX equiv)	-	NC	DERMATOLOGICALS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone oint	-	1	DERMATOLOGICALS
TRIAMCINOLONE SPRAY	-	NC	DERMATOLOGICALS
triamcinolone spray (KENALOG equiv)	-	NC	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv)	-	2	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIAMVEX KIT	-	NC	DERMATOLOGICALS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	1	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)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
trientine cap (SYPRINE equiv)	CMSP-PA	1	MISCELLANEOUS THERAPEUTIC CLASSES
TRIENTINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERTENSIVES
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
TRIKAFTA TAB (QL= 84 tabs/28 days)	MSP-PA-QL	S	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 2 packets/day)	MSP-PA-QL	S	RESPIRATORY AGENTS - MISC.

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

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tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILIPIX CAP	-	NC	ANTHYPERLIPIDEMICS
TRILOCICLO KIT	-	NC	DERMATOLOGICALS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
TRIMETHOPRIM TAB	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	3	ANTIDEPRESSANTS
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial of one of the following generic antidepressants: bupropion, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, or venlafaxine)	QL-ST-¢	3	ANTIDEPRESSANTS
TRIONEX PACK	-	NC	DERMATOLOGICALS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRIUMEQ PD TAB	CMSP	S	ANTIVIRALS
TRIUMEQ TAB	CMSP	S	ANTIVIRALS
TRI-VITAMIN FLUORIDE DROPS	-	NC	MULTIVITAMINS
TRIZIVIR TAB	CMSP	S	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONSULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPTH SOLN	-	NC	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	-	2	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	1	URINARY ANTISPASMODICS
TRUBREXA PAD	-	NC	DERMATOLOGICALS
TRUDHESA NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
TRUE METRIX KIT AIR (QL= 1 meter per fill/2 meters per year)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
TRUE METRIX KIT METER (QL= 1 meter per fill/2 meters per year)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
TRUE METRIX AIR METER (QL= 1 meter per fill/2 meters per year)	QL	\$0	MEDICAL DEVICES AND SUPPLIES
TRUE METRIX GO METER (QL= 1 meter per fill/2 meters per year)	QL	\$0	MEDICAL DEVICES AND SUPPLIES
TRUE METRIX TEST STRIPS	OTC	2	DIAGNOSTIC PRODUCTS
TRUE METRIX TEST STRIPS	OTC	NC	DIAGNOSTIC PRODUCTS
TRUEPLUS PEN NEEDLES	OTC	1	MEDICAL DEVICES AND SUPPLIES
TRULANCE TAB (QL= 1 tab/day)	QL	2	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
TRUMENBA INJ	VAC	\$0	VACCINES
TRUQAP TAB (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	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	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUVADA TAB (\$0 copay when used for PrEP)	CMSP-PA	\$0	ANTIVIRALS
TRYNGOLZA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRYPTYR SOLN	-	NC	OPHTHALMIC AGENTS
TRYVIO TAB	-	NC	ANTHYPERTENSIVES
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	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSSICAPS	-	NC	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	\$0	VACCINES
TWIRLA PATCH	-	\$0	CONTRACEPTIVES
TWYNEO CREAM	-	NC	DERMATOLOGICALS
TYBLUME TAB	-	\$0	CONTRACEPTIVES
TYBOST TAB	-	2	ANTIVIRALS
TYENNE INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
TYKERB TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ (Only available through Lumicera 855-847-3553)	LD	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHIM VI INJ	VAC	EXC	VACCINES
TYRVAYA SOLN	-	NC	OPHTHALMIC AGENTS
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/2 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 224 cartridges/2 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 224 cartridges/2 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	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	S	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
UBRELVY TAB (QL= 10 tabs/30 days)	PA-QL	2	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	PA	3	ANORECTAL AND RELATED PRODUCTS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
ULORIC TAB	-	NC	GOUT AGENTS
ULTRAVATE LOTION	-	NC	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
UMECLIDINIUM/VILANTEROL INHALER 62.5-25MCG/ACT	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA PD EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UPNEEQ SOLN	-	EXC	OPHTHALMIC AGENTS
UPTRAVI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS

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VAC	Vaccine Program	¢	RxCENTS		

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URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
UREA EMULSION	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
UREA/SALICYLIC CREAM	-	NC	DERMATOLOGICALS
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
URSODIOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
USTEKINUMAB INJ 45MG/0.5ML	-	NC	DERMATOLOGICALS
USTEKINUMAB INJ 90MG/ML	-	NC	DERMATOLOGICALS
USTEKINUMAB-AEKN 45MG/0.5ML	-	NC	DERMATOLOGICALS
USTEKINUMAB-AEKN 90MG/ML	-	NC	DERMATOLOGICALS
UTA cap	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VAFSEO TAB	-	NC	HEMATOPOIETIC AGENTS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days)	MSP-PA-QL	S	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	2	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	2	ANTIVIRALS
valproate inj (DEPAICON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan oral soln	-	NC	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 5 doses/fill)	QL	3	ANTICONVULSANTS
VANOCIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANOCIN equiv) (QL= 56 caps/fill)	QL	1	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	ANTI-INFECTIVE AGENTS - MISC.
VANFLYTA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	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	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
VANRAFIA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARIVAX INJ	VAC	\$0	VACCINES

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VAC	Vaccine Program	¢	RxCENTS		

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VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
vasolex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
VAXCHORA SUSP	VAC	EXC	VACCINES
VAXELIS INJ	VAC	\$0	TOXOIDS
VAXNEUVANCE INJ	VAC	\$0	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	-	\$0	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
VELPHORO CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELSIPITY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER (QL= 1 packet/day)	PA-QL	2	ASSORTED CLASSES
VELTASSA POWDER 1GM (QL= 4 packets/day)	PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
VEMLIDY TAB	-	2	ANTIVIRALS
VENCLEXTA STARTER PACK	MSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB	MSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
VENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENLAFAXINE TAB	-	NC	ANTIDEPRESSANTS
VENNGEL ONE KIT	-	NC	DERMATOLOGICALS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VEOZAH TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VERAPAMIL CR CAP, VERELAN CAP	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERQUVO TAB	QL-RS	2	CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP	-	NC	URINARY ANTISPASMODICS
VFEND SUSP	-	3	ANTIFUNGALS
V-GO INJ KIT (QL= 1 kit/day)	QL	2	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES

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VICTOZA INJ	-	NC	ANTIDIABETICS
VIDEX EC CAP	-	NC	ANTIVIRALS
VIDEX SOLN	CMSP	S	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
vigabatrín powder pack (SABRIL POWDER equiv) (Only available through COSTCO1710 855-213-0070)	LD-PA	1	ANTICONVULSANTS
vigabatrín tab (SABRIL equiv) (Only available through COSTCO1710 855-213-0070)	LD-PA	1	ANTICONVULSANTS
vigadroné powder pack (Only available through PantheRx 855-726-8479)	LD-PA	1	ANTICONVULSANTS
VIGAFYDE SOLN	-	NC	ANTICONVULSANTS
VIGAMOX OPTH SOLN	-	3	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIJOICE GRANULES PACKET (QL= 1 packet/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB 250MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv)	-	2	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)	-	\$0	CONTRACEPTIVES
VIRACEPT TAB	CMSP	S	ANTIVIRALS
VIRAMUNE SUSP	-	NC	ANTIVIRALS
VIRAMUNE TAB	-	NC	ANTIVIRALS
VIRAMUNE XR TAB	-	NC	ANTIVIRALS
VIREAD TAB	-	NC	ANTIVIRALS
VIREAD TAB	CMSP	S	ANTIVIRALS
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL STRIPS	-	3	MULTIVITAMINS
vitamin D cap (RX strength only)	-	1	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	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIVELLE-DOT, MINIVELLE PATCH	-	3	ESTROGENS
VIVITROL INJ (QL= 1 dose/fill, 1 fill/30 days)	CMSP-QL	S	ANTIDOTES
VIVJOA CAP	-	NC	ANTIFUNGALS
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP	VAC	EXC	VACCINES
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIZZ OPTH SOLN	-	NC	OPHTHALMIC AGENTS

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

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Drug Name	Special Code	Tier	Category
VOGELXO GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VONVENDI INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
VOQUEZNA DUAL PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
VOQUEZNA TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
VOQUEZNA TRIP PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
VORANIGO TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VORANIGO TAB 10 MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
voriconazole susp (VFEND equiv)	-	3	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	2	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	CMSP-PA-QL	S	ANTIVIRALS
VOTRIENT TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
VOYDEYA TAB (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
VP-PNV-DHA CAP	-	1	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 OPTHH SOLN	-	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.
VYNDAMAX CAP (QL= 1 cap/day)	MSP-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
VYSCOXA SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VYTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS

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VAC	Vaccine Program	¢	RxCENTS		

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Drug Name	Special Code	Tier	Category
VYVANSE CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYVANSE CHEW TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYVGART HYTRULO INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
VYZULTA SOLN	-	NC	OPHTHALMIC AGENTS
WAINUA INJ (QL= 1 inj/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WAYRILZ TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
WEGOVY INJ (QL= 4 pens/28 days)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 1.7MG/0.75ML (QL= 4 pens/28 days)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 2.4MG/0.75ML (QL= 4 pens/28 days)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WELCHOL PACK	-	NC	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	NC	ANTIHYPERLIPIDEMICS
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WESTCORT OINT	-	NC	DERMATOLOGICALS
WEZLANA INJ	-	NC	DERMATOLOGICALS
WEZLANA SYRINGE	-	NC	DERMATOLOGICALS
WILATE INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	HEMATOLOGICAL AGENTS - MISC.
WINLEVI CREAM	-	NC	DERMATOLOGICALS
WINREVAIR INJ (Only available through Accredo 800-803-2523)	LD-PA	S	CARDIOVASCULAR AGENTS - MISC.
WOUND-DRESSING GELS	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
WYNZORA CREAM	-	NC	DERMATOLOGICALS
XACIATO GEL (QL= 1 applicator/fill)	QL	2	VAGINAL AND RELATED PRODUCTS
XADAGO TAB (QL= 1 tab/day)	PA-QL	3	ANTIPARKINSON AGENTS
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 4 caps/day)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2	ANTICOAGULANTS
XARELTO SUSP	-	2	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS

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XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XDEMVIY DROP (QL= 1 bottle/42 days (1 bottle= 10ml); Restricted to Ophthalmology or Optometry Specialist; Only available through CVS Specialty 800-238-7828 or Walgreens Specialty 888-347-3416)	LD-QL-RS	2	OPHTHALMIC AGENTS
XELJANZ SOLN (QL= 10 ml/day)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPTH EMULSION	-	NC	OPHTHALMIC AGENTS
XELSTRYM PAD	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
XEMBIFY INJ	MSP-PA	S	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2	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	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 60 tabs/30 days)	QL	2	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
XIIDRA OPTH SOLN	-	NC	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	-	NC	ANTIVIRALS
XOLAIR INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	CMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	CMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE (QL= 2 inj/28 days)	CMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days)	CMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	CMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC	DERMATOLOGICALS
XOLREMDI CAP (QL= 4 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	HEMATOPOIETIC AGENTS

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XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPHOZAH TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XROMI SOLN (Prior Authorization required for members age 9 years and older)	PA	3	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	2	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	2	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYNTHA INJ (Only available through Lumicera 855-847-3553)	LD-PA	S	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	-	EXC	ANTIHISTAMINES
XYZAL TAB	-	EXC	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)	CMSP-PA-QL	S	DERMATOLOGICALS
YESINTEK SYRINGE (QL= 1 inj/84 days)	CMSP-PA-QL	S	DERMATOLOGICALS
YESINTEK SYRINGE 90MG (QL= 1 inj/84 days)	CMSP-PA-QL	S	DERMATOLOGICALS
YEZTUGO INJ 463.5MG (QL= 2 inj/180 days; Only available through Walgreens Specialty 888-347-3416)	LD-PA-QL	\$0	ANTIVIRALS
YEZTUGO TAB 300MG (QL= 4 tabs/28 days; Only available through Walgreens Specialty 888-347-3416)	LD-PA-QL	\$0	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	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
YORVIPATH INJ 294 MCG (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
YORVIPATH INJ 420 MCG (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUFLYMA INJ, ADALIMUMAB-AATY INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY

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YUFLYMA STARTER KIT (QL= 1 pack/fill, 1 fill/plan year)	CMSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
YUPELRI SOLN (Step Therapy requires trial of INCRUSE ELLIPTA)	ST	2	ASTHMA AND BRONCHODILATOR AGENTS
YUSIMRY INJ (adalimumab-aqvh)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUTREPIA CAP (QL= 112 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
zafemy patch (XULANE equiv)	-	\$0	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	2	ASTHMA AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZANAFLEX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ZARXIO INJ	CMSP	S	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZAVZPRET NASAL SPRAY (QL= 6 units/fill, 60 units/365 days)	PA-QL	2	MIGRAINE PRODUCTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA TAB (QL= 1 tab/day)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	NC	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELSUVMI GEL	-	NC	DERMATOLOGICALS
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
ZEPBOUND INJ (QL= 4 inj/28days (2ml/28 days))	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPBOUND VIAL INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPOSIA CAP (QL= 1 cap/day)	CMSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day)	CMSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERIT CAP	-	NC	ANTIVIRALS
ZERVATE OPTH SOLN	-	NC	OPHTHALMIC AGENTS
ZETIA TAB	-	NC	ANTIHYPERTENSIVES
ZIAGEN SOLN	-	NC	ANTIVIRALS
ZIAGEN TAB	-	NC	ANTIVIRALS
ZIANA GEL	-	NC	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	CMSP	2	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	CMSP	2	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	CMSP	2	ANTIVIRALS
ZIEXTENZO INJ	-	NC	HEMATOPOIETIC AGENTS
ZILACAINA PAK	-	NC	DERMATOLOGICALS
ZILBRYSQ INJ (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.

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ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
zileuton ER tab (ZYFLO CR equiv)	-	NC	ASTHMA 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	\$0	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZITUVIMET XR TAB	-	NC	ANTIDIABETICS
ZITUVIO TAB	-	NC	ANTIDIABETICS
ZOCOR TAB 80MG	-	NC	ANTIHYPERTENSIVES
ZOKINVY CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLGENSMA INJ	-	EXC	NEUROMUSCULAR AGENTS
ZOLINZA CAP	CMSP-PA-SF	S	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	2	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
ZOLPIDEM CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIDEM TARTRATE SL TAB 1.75MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIDEM TARTRATE SL TAB 3.5MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC	COUGH/COLD/ALLERGY
ZONISADE SUSP (Prior Authorization required for members age 9 years and older)	PA	3	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2	DERMATOLOGICALS

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MSP	NC/3P = Not Covered, Third Party Reviewer		
QL	Costco Mandatory Specialty Pharmacy Program	INF	Limited Distribution
SF	Mandatory Specialty Pharmacy Program	OTC	Prior Authorization
VAC	Quantity Limit	RDX	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	SMKG	Step Therapy
	Vaccine Program	¢	
		RxCENTS	

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Ajinomoto Foods North America Cont.
Alphabetical Index
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Drug Name	Special Code	Tier	Category
ZORYVE CREAM 0.05%	-	NC	DERMATOLOGICALS
ZORYVE CREAM 0.15%	-	NC	DERMATOLOGICALS
ZORYVE FOAM (QL= 60 grams/30 days)	PA-QL	2	DERMATOLOGICALS
ZOVIRAX OINT	-	NC	DERMATOLOGICALS
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S	ANTICONVULSANTS
ZUBSOLV SL TAB	-	2	ANALGESICS - OPIOID
ZUNVEYL TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZURNAI INJ	-	2	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	S	ANTIDEPRESSANTS
ZURZUVAE CAP 30MG (QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	S	ANTIDEPRESSANTS
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB	MSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	CMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	CMSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	NC	DERMATOLOGICALS
ZYMAXID OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ZYMFENTRA INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
ZYPITAMAG TAB	-	NC	ANTIHYPERLIPIDEMICS
ZYRTEC CHILD CHEW ALLERGY	OTC	NC	ANTIHISTAMINES
ZYRTEC CHILD CHEW TAB	OTC	EXC	ANTIHISTAMINES

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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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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Ajinomoto Foods North America

Category/Class

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	1
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	1
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	2
dextroamphetamine soln (PROCENTRA equiv)	-	3
VYVANSE CAP	-	3
VYVANSE CHEW TAB	-	3
ADZENYS ER SUSP	-	NC
ADZENYS XR TAB, AMPHETAMINE ER ODT TAB	-	NC
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	-	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
methamphetamine hcl tab (METHAMPHETAMINE equiv)	-	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
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger)	-	2
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	1
phentermine tab (ADIPEX equiv) (QL=1 tab/day)	PA-QL	1
phentermine hcl-topiramate cap er (QSYMIA equiv) (QL= 1 cap/day)	PA-QL	2
QSYMIA CAP (QL= 1 cap/day)	PA-QL	3
DIETHYLPROPION ER TAB	-	EXC
benzphetamine tab	-	NC
DIETHYLPROPION ER TAB	-	NC
diethylpropion tab	-	NC

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
PHENDIMETRAZINE ER TAB	-	NC
phendimetrazine tab (BONTRIL PDM equiv)	-	NC
phentermine tab 8mg	-	NC
PLENITY CAP	-	NC
ANTI-OBESITY AGENTS		
liraglutide soln pen inj (SAXENDA equiv) (QL= 5 pens/30 days)	PA-QL	2
WEGOVY INJ (QL= 4 pens/28 days)	PA-QL	2
WEGOVY INJ 1.7MG/0.75ML (QL= 4 pens/28 days)	PA-QL	2
WEGOVY INJ 2.4MG/0.75ML (QL= 4 pens/28 days)	PA-QL	2
ZEPBOUND INJ (QL= 4 inj/28days (2ml/28 days))	PA-QL	2
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	3
SAXENDA INJ (QL= 5 pens/30 days)	PA-QL	3
XENICAL CAP	-	NC
ZEPBOUND VIAL INJ	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
clonidine ER tab (KAPVAY equiv)	-	1
guanfacine ER tab (INTUNIV equiv)	-	1
atomoxetine cap (STRATTERA CAP equiv)	-	2
ONYDA XR SUSP	-	NC
QELBREE ER CAP	-	NC
STRATTERA CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	1
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate CD cap (METADATE CD equiv)	-	1
METHYLPHENIDATE ER TAB	-	1
methylphenidate ER tab (CONCERTA equiv)	-	1
methylphenidate soln (METHYLIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	1
methylphenidate chew tab (METHYLIN equiv)	-	2
methylphenidate ER cap (APTENSIO XR equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2
AZSTARYS CAP	-	NC
COTEMPLA XR ODT	-	NC
methylphenidate ER tab 72mg	-	NC
methylphenidate td patch (DAYTRANA equiv)	-	NC
NUVIGIL TAB	-	NC
QUILLICHEW ER TAB	-	NC
QUILLIVANT XR SUSP	-	NC

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VAC		Vaccine Program	¢	RxCENTS				

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
RELEXXII ER TAB	-	NC

ALLERGENIC EXTRACTS/BIOLOGICALS MISC**ALLERGENIC EXTRACTS**

ODACTRA SL TAB	PA	3
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	S
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	S

ALTERNATIVE MEDICINES**ALTERNATIVE MEDICINE - R'S**

RESERVAPAK SYRUP	-	NC
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AMEBICIDES**AMEBICIDES**

SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3
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AMINOGLYCOSIDES**AMINOGLYCOSIDES**

neomycin tab	-	1
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	CMSP-RS	1
TOBI PODHALER	CMSP-PA	3
HUMATIN CAP	-	NC
KITABIS PAK NEB SOLN	-	NC
tobramycin neb soln (BETHKIS equiv)	-	NC
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	S

ANALGESICS - ANTI-INFLAMMATORY**ANTIRHEUMATIC - ENZYME INHIBITORS**

OLUMIANT TAB (QL= 1 tab/day)	CMSP-PA-QL	S
RINVOQ ER TAB (QL= 1 tab/day)	CMSP-PA-QL	S
RINVOQ ORAL SOLN (QL= 12ml/day)	CMSP-PA-QL	S
XELJANZ SOLN (QL= 10 ml/day)	CMSP-PA-QL	S
XELJANZ TAB (QL= 2 tabs/day)	CMSP-PA-QL	S
XELJANZ XR TAB (QL= 1 tab/day)	CMSP-PA-QL	S

ANTIRHEUMATIC ANTIMETABOLITES

RHEUMATREX TAB	-	3
REDITREX INJ	-	NC

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ABRILADA INJ	-	NC
ADALIMUMAB-ADAZ INJ	-	NC
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv)	-	NC
ADALIMUMAB-ADAZ PFS INJ (HYRIMOZ equiv)	-	NC
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML	-	NC
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML	-	NC
ADALIMUMAB-RYVK INJ	-	NC
ADALIMUMAB-RYVK INJ (SIMLANDI equiv)	-	NC
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
AMJEVITA INJ (adalimumab-atto)	-	NC
CYLTEZO AUTO-INJECTOR (adalimumab-adbm)	-	NC
CYLTEZO INJ (adalimumab-adbm)	-	NC
HADLIMA INJ (adalimumab-bwwd)	-	NC
HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd)	-	NC
HADLIMA PUSH INJ (adalimumab-bwwd)	-	NC
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd)	-	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 KIT 40/0.4ML	-	NC
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 50MG	-	NC
YUSIMRY INJ (adalimumab-aqvh)	-	NC
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (QL= 2 inj/28 days)	CMSP-PA-QL	S
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (QL= 2 inj/28 days)	CMSP-PA-QL	S
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (QL= 2 inj/28 days)	CMSP-PA-QL	S
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT (YUFLYMA equiv) (QL= 1 kit/fill; 1 fill/plan year)	CMSP-PA-QL	S
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	CMSP-PA-QL	S
ADALIMUMAB-FKJP PFS KIT (QL= 2 inj/28 days)	CMSP-PA-QL	S
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	CMSP-PA-QL	S
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	CMSP-PA-QL	S
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	CMSP-PA-QL	S
SIMPONI INJ 100MG (QL=1 inj/28 days)	CMSP-PA-QL	S
YUFLYMA INJ, ADALIMUMAB-AATY INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S
YUFLYMA STARTER KIT (QL= 1 pack/fill, 1 fill/plan year)	CMSP-PA-QL	S
GOLD COMPOUNDS		
AURANOFIN CAP, RIDAURA CAP	-	NC
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ	-	NC
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
INTERLEUKIN-6 RECEPTOR INHIBITORS		

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
KEVZARA INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S
TYENNE INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv)	-	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac tab	-	1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (RX only)	-	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFFIN equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
piroxicam cap (FELDENE equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
mefenamic acid cap (PONSTEL equiv)	-	2
naproxen EC tab (NAPROSYN EC equiv)	-	2
oxaprozin tab (DAYPRO equiv)	-	2
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3
etodolac ER tab (LODINE XL equiv)	-	3
CELEBREX CAP	-	NC
COMBOGESIC TAB	-	NC
COXANTO CAP	-	NC
DICLOFENAC CAP	-	NC
diclofenac potassium cap (ZIPSOR equiv)	-	NC
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
fenoprofen calcium cap (NALFON equiv)	-	NC
FENOPROFEN TAB	-	NC
FENOPROFEN, NAFLON CAP	-	NC
FENOPRON CAP	-	NC
FLURBIPROFEN TAB	-	NC
flurbiprofen tab (ANSALD equiv)	-	NC
IBU 600-EZS KIT	-	NC
IBUPROFEN TAB	-	NC
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC

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

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
INDOMETHACIN CAP, TIVORBEX CAP	-	NC
indomethacin suppository (INDOCIN equiv)	-	NC
indomethacin susp (INDOCIN equiv)	-	NC
INFLATHERM PAK	-	NC
KETOPROFEN CAP	-	NC
KETOPROFEN ER CAP	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MECLOFENAMATE CAP	-	NC
meloxicam cap (VIVLODEX equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
MELOXICAM SUSP	-	NC
NAPRELAN CR TAB	-	NC
NAPROSYN EC TAB 500MG	-	NC
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
NAPROXEN SUSP	-	NC
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, TOLECTIN TAB	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
VYSCOXIA SUSP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	CMSP-PA-QL	S
OTEZLA TAB (QL= 2 tabs/day)	CMSP-PA-QL	S
OTEZLA XR TAB (QL= 1 tab/day)	CMSP-PA-QL	S
OTEZLA/OTEZLA XR STARTER PACK (QL= 1 pack/28 days)	CMSP-PA-QL	S
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	CMSP-PA-QL	S
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	CMSP-PA-QL	S
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	CMSP-PA-QL	S
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	CMSP-PA-QL	S
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	CMSP-PA-QL	S

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**Ajinomoto Foods North America
Category/Class**

Last Updated* 12/1/2025

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
ENBREL INJ 50MG (QL= 4 inj/28 days)	CMSP-PA-QL	S
ENBREL MINI INJ (QL= 4 inj/28 days)	CMSP-PA-QL	S
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	CMSP-PA-QL	S

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

ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS

JOURNAVX TAB	-	NC
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SALICYLATES

aspirin chew tab 81mg (Covered for female members only)	OTC	\$0
aspirin ec tab 81mg (Covered for female members only)	OTC	\$0
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	2
aspirin EC tab 325mg	OTC	NC
aspirin tab 325mg	OTC	NC
DOLOBID TAB	-	NC

ANALGESICS - OPIOID

OPIOID AGONISTS

codeine sulfate tab	-	1
hydromorphone tab (DILAUDID equiv)	-	1
methadone soln (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
methadose tab (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
morphine sulfate ER tab (MS CONTIN equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
morphine sulfate iv soln	-	1
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	1
MORPHINE SULFATE ORAL SOLN 10MG/5ML	-	1
morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv)	-	1
morphine sulfate soln	-	1
MORPHINE SULFATE SOLN 20MG/5ML	-	1
MORPHINE SULFATE SUPP	-	1
MORPHINE SULFATE TAB	-	1
oxycodone cap (OXYIR equiv)	-	1
oxycodone tab (ROXICODONE equiv)	-	1
tramadol tab (ULTRAM equiv)	-	1

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
fentanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2
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	2
HYDROCODONE ER TAB (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2
NUCYNTA ER TAB (QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2
oxycodone conc (ROXICODONE equiv)	-	2
oxycodone soln (ROXICODONE equiv)	-	2
XTAMPZA ER CAP (QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2
CODEINE SULFATE SOLN	-	3
NUCYNTA TAB	-	3
tramadol ER tab (ULTRAM ER equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	3
TRAMADOL HCL ER TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	3
ABSTRAL SL TAB	-	NC
ACTIQ LOZENGE	-	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 ER tab (EXALGO TAB equiv)	-	NC
HYDROMORPHONE SUPP	-	NC
LAZANDA NASAL SPRAY	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
meperidine tab (DEMEROL equiv)	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ER BEAD CAP	-	NC
OPANA TAB	-	NC
OXYCODONE ER TAB	-	NC
OXYCODONE TAB	-	NC
OXYCONTIN CR TAB	-	NC
OXYMORPHONE ER TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
QDOLO SOLN, TRAMADOL SOLN	-	NC
ROXYBOND TAB	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
TRAMADOL HCL TAB	-	NC
tramadol hcl tab 100mg	-	NC
TRAMADOL HCL TAB 25MG	-	NC

OPIOID COMBINATIONS

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SF	Mandatory Specialty Pharmacy Program	OTC	ST	Restricted to Specialist
VAC	Quantity Limit	RDX		Step Therapy
	Limited to two 15 day fills per month for first 3 months	SMKG		
	Vaccine Program	¢		
		RxCENTS		

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
aspirin/codeine tab	-	1
hydrocodone/acetaminophen cap (LORCET equiv)	-	1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
OXYCODONE/ACETAMINOPHEN SOLN	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
OXYCODONE/ASPIRIN TAB	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
tramadol/acetaminophen tab (ULTRACET equiv)	-	1
APAP/CODEINE SOLN	-	2
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
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	3
LORTAB ELIXIR	-	3
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3
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
TREZIX 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		
buprenorphine SL tab (SUBUTEX equiv)	-	1
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	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
pentazocine/naloxone tab (TALWIN NX equiv)	-	3
BELBUCA FILM	-	NC

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
BUNAVAIL FILM	-	NC
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC
BUTRANS PATCH	-	NC
SUBOXONE SL FILM	-	NC
SUBLOCADE SOLN, BRIXADI SOLN (Only available through COSTCO1710 855-213-0070)	LD	S

ANDROGENS-ANABOLIC

ANDROGENS

testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
testosterone enanthate in	-	1
TESTOSTERONE ENANTHATE INJ	-	1
danazol cap (DANOCRINE equiv)	-	2
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	2
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2
TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	2
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	2
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	2
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
VOGELXO GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3
ANDROGEL 1% 25MG	-	NC
ANDROGEL 1% 50MG, TESTIM GEL 1%	-	NC
FORTESTA GEL 2%	-	NC
KYZATREX CAP	-	NC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC
METHITEST TAB	-	NC
methyltestosterone cap	-	NC
NATESTO GEL 5.5MG/ACT	-	NC
NATESTO NASAL GEL	-	NC
STRIANT FILM	-	NC
TESTOSTERONE GEL	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
XYOSTED INJ	-	NC

ANORECTAL AGENTS

INTRARECTAL STEROIDS

hydrocortisone enema (CORTENEMA equiv)	-	2
CORTIFOAM	-	3

RECTAL COMBINATIONS

pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
PROCTOFOAM HC FOAM	-	2

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VAC	Quantity Limit	SMKG		Step Therapy
	Limited to two 15 day fills per month for first 3 months	¢		
	Vaccine Program	RxCENTS		

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ANORECTAL AGENTS Cont.		
ANALPRAM-E KIT	-	3
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
hydrocortisone supp (ANUSOL HC equiv)	-	2
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	3
UCERIS RECTAL FOAM	PA	3
RECTAL COMBINATIONS		
HYDROCORTISONE ACETATE/PRAMOXINE CREAM	-	1
ANALPRAM-HC CREAM	-	3
HYDROCORTISONE/PRAMOXINE SUPP	-	NC
RECTAL LOCAL ANESTHETICS		
LIDOCAINE SUPP	-	NC
RECTAL STEROIDS		
HYDROCORTISONE CREAM	-	1
HYDROCORTISONE CREAM 1%	-	NC
VASODILATING AGENTS		
nitroglycerin oint (RECTIV equiv)	-	NC
RECTIV OINT	-	NC
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2
ivermectin tab (STROMECTOL equiv)	-	2
praziquantel tab (BILTRICIDE equiv)	-	2
BILTRICIDE TAB	-	3
albendazole tab (ALBENZA equiv)	-	NC
ALBENZA TAB	-	NC
EGATEN TAB	-	NC
EMVERM TAB	-	NC
IVERMECTIN TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	1
ASPRUZYO SPRINKLE GRANULES	-	NC
NITRATES		
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
NITROGLYCERIN ER CAP	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1

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ANTIANGINAL AGENTS Cont.		
NITRO-BID OINT	-	2
ISOSORBIDE MONONITRATE TAB	-	3
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
NITROMIST SPRAY	-	3
GONITRO POWDER	-	NC
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	NC

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
BUCAPSOL CAP	-	NC
meprobamate tab (MILTOWN equiv)	-	NC

BENZODIAZEPINES

alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
alprazolam ER tab (XANAX XR equiv)	-	2
oxazepam cap (SERAX equiv)	-	2
alprazolam ODT (NIRAVAM equiv)	-	3
clorazepate tab (TRANXENE-T equiv)	-	3
LOREEV XR CAP	-	NC

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide cap (NORPACE equiv)	-	1
quinidine sulfate tab	-	1
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2
QUINIDINE SULFATE TAB	-	NC

ANTIARRHYTHMICS TYPE I-B

mexiletine hcl cap	-	2
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ANTIARRHYTHMICS TYPE I-C

flecainide tab (TAMBOCOR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	2

ANTIARRHYTHMICS TYPE III

amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	2

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DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
MULTAQ TAB	-	2
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ (QL= 1 inj/56 days; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S
NUCALA INJ (QL= 1 inj/28 days; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S
TEZSPIRE INJ (QL= 1 pen/28 days; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S
XOLAIR INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	CMSP-PA-QL	S
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	CMSP-PA-QL	S
XOLAIR SYRINGE (QL= 2 inj/28 days)	CMSP-PA-QL	S
XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days)	CMSP-PA-QL	S
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	CMSP-PA-QL	S
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	NC
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER	-	2
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)	QL-ST	2
YUPELRI SOLN (Step Therapy requires trial of INCRUSE ELLIPTA)	ST	2
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC
TUDORZA PRESSAIR INHALER	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
zafirlukast tab (ACCOLATE equiv)	-	2
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO 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	S
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab	-	1
DALIRESPI TAB	-	NC
STEROID INHALANTS		
budesonide inh susp (PULMICORT equiv)	-	1
ALVESCO INHALER	-	2
ARNUITY ELLIPTA INHALER	-	2
ASMANEX HFA INHALER	-	2
ASMANEX INHALER	-	2

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SF	Mandatory Specialty Pharmacy Program	RDX	ST	Restricted to Specialist
VAC	Quantity Limit	SMKG		Step Therapy
	Limited to two 15 day fills per month for first 3 months	¢		
	Vaccine Program	RxCENTS		

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
QVAR REDIHALER	-	2
FLOVENT DISKUS INHALER	-	3
FLUTICASONE HFA INHALER	-	3
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
FLOVENT HFA INHALER	-	NC
FLUTICASONE DISKUS 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	1
albuterol neb soln	-	1
ALBUTEROL NEBULIZER SOLN	-	1
albuterol sulfate syrup	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	1
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	1
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	1
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1
ADVAIR HFA INHALER	-	2
albuterol sulfate tab	-	2
ANORO ELLIPTA INHALER	-	2
arformoterol tartrate neb soln (BROVANA equiv)	-	2
BREO ELLIPTA INHALER	-	2
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	2
BREZTRI AEROSPHERE INHALER	-	2
budesonide/formoterol inhaler (SYMBICORT equiv)	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	2
levalbuterol neb soln (XOPENEX equiv)	-	2
STIOLTO INHALER	-	2
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	2
terbutaline sulfate tab (BRETHINE equiv)	-	2
TRELEGY ELLIPTA INHALER	-	2
formoterol fumarate neb soln (PERFOROMIST equiv)	-	3
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	3
AIRDUO POWDER INHALER W/SENSOR	-	NC
AIRDUO RESPICLICK	-	NC
AIRSUPRA INH	-	NC
ALBUTEROL HFA INHALER	-	NC
BEVESPI AEROSPHERE INHALER	-	NC

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

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
DUAKLIR INHALER	-	NC
FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT	-	NC
FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT	-	NC
FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT	-	NC
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	NC
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	NC
SEREVENT DISKUS INHALER	-	NC
SYMBICORT INHALER	-	NC
UMECLIDINIUM/VILANTEROL INHALER 62.5-25MCG/ACT	-	NC
XANTHINES		
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
theophylline er tab (THEOPHYLLINE ER equiv)	-	2
THEOPHYLLINE TAB ER	-	2
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
DIRECT FACTOR XA INHIBITORS		
rivaroxaban for susp (XARELTO equiv)	-	1
rivaroxaban tab 2.5mg (XARELTO equiv)	-	1
ELIQUIS SPRINKLE CAP	-	2
ELIQUIS TAB FOR ORAL SUSP	-	2
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2
XARELTO SUSP	-	2
XARELTO TAB	-	2
SAVAYSA TAB	-	NC
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv)	-	2
fondaparinux inj (ARIXTRA equiv)	-	2
FRAGMIN INJ	-	3
ARIXTRA INJ	-	NC
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2
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)	-	1
clonazepam tab (KLONOPIN equiv)	-	1

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
clobazam susp (ONFI equiv) (Prior Authorization required for members age 9 years and older)	PA	2
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	2
DIAZEPAM GEL (QL= 4 doses/fill)	QL	2
diazepam rectal gel (DIAZEPAM equiv) (QL= 4 doses/fill)	QL	2
clonazepam ODT (KLONOPIN equiv)	-	3
DIASTAT ACDL GEL (QL= 4 doses/fill)	QL	3
NAYZILAM SPRAY (QL= 4 doses/fill)	QL	3
VALTOCO NASAL SPRAY (QL= 5 doses/fill)	QL	3
LIBERVANT FILM	-	NC
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1
lacosamide oral solution (VIMPAT equiv)	-	1
lacosamide tab (VIMPAT equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
carbamazepine ER cap (CARBATROL equiv)	-	2
carbamazepine ER tab (TEGRETOL XR equiv)	-	2
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	2
POTIGA TAB (QL= 3 tabs/day)	QL	2
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	2
rufinamide susp (BANZEL equiv)	PA	2
rufinamide tab (BANZEL TAB equiv)	PA	2
EPRONTIA SOLN (Prior Authorization required for members age 9 years and older)	PA	3
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
lamotrigine ER tab (LAMICTAL XR equiv)	-	3
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	3
topiramate oral soln (EPRONTIA equiv) (Prior Authorization required for members age 9 years and older)	PA	3

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VAC	Vaccine Program	¢	RxCENTS					

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
ZONISADE SUSP (Prior Authorization required for members age 9 years and older)	PA	3
APTIOM TAB	-	NC
BANZEL SUSP	-	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
eslicarbazepine acetate tab (APTIOM equiv)	-	NC
GABARONE TAB	-	NC
lamotrigine ODT (LAMICTAL equiv)	-	NC
LAMOTRIGINE ODT KIT 25/50MG	-	NC
LAMOTRIGINE ODT KIT 50/100MG	-	NC
lamotrigine odt titration kit 25/50/100mg (LAMICTAL equiv)	-	NC
lamotrigine odt titration kit 25/50mg (LAMICTAL equiv)	-	NC
lamotrigine odt titration kit 50/100mg (LAMICTAL equiv)	-	NC
LEVETIRACETAM ODT, SPRITAM ODT	-	NC
LYRICA CAP	-	NC
LYRICA CAP 225MG	-	NC
LYRICA CAP 300MG	-	NC
MOTPOLY XR CAP	-	NC
oxcarbazepine er tab (OXTELLAR XR 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
VIMPAT TAB	-	NC
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	S
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	S
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	S
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S

CARBAMATES

felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	2
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	2
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	2
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	2
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	2

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	2
GABA MODULATORS		
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through COSTCO1710 855-213-0070)	LD-PA	1
vigabatrin tab (SABRIL equiv) (Only available through COSTCO1710 855-213-0070)	LD-PA	1
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	1
tiagabine tab (GABITRIL equiv)	-	2
SABRIL TAB	-	NC
VIGAFYDE SOLN	-	NC
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	1
ethosuximide cap (ZARONTIN equiv)	-	2
methsuximide cap (CELONTIN equiv)	-	2
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB	-	NC
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB	-	1
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	S
ZURZUVAE CAP 30MG (QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	S
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE TAB	-	1
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	-	3
NARDIL TAB 15MG	-	3
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
escitalopram soln (LEXAPRO equiv)	-	2
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	2
paroxetine ER tab (PAXIL CR equiv)	-	2
PAROXETINE SUSP	-	3
CITALOPRAM CAP	-	NC
ESCITALOPRAM CAP	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PEXEVA TAB	-	NC
PROZAC WEEKLY CAP	-	NC
SERTRALINE CAP	-	NC
sertraline hcl cap	-	NC
SEROTONIN MODULATORS		
trazodone tab (DESYREL equiv)	-	1
vilazodone hcl tab (VIIBRYD equiv)	-	2
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial of one of the following generic antidepressants: bupropion, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, or venlafaxine)	QL-ST-¢	3
EXXUA TAB/EXXUA TITRATION PACK	-	NC
NEFAZODONE TAB	-	NC
RALDESY SOLN	-	NC
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ER tab (PRISTIQ equiv)	-	1
duloxetine EC cap (CYMBALTA equiv)	-	1

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ANTIDEPRESSANTS Cont.		
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
DESVENLAFAXINE ER TAB	-	NC
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
venlafaxine ER tab	-	NC
VENLAFAXINE TAB	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
amoxapine tab (AMOXAPINE equiv)	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1
desipramine tab (NORPRAMIN equiv)	-	2
clomipramine cap (ANAFRANIL equiv)	-	3
imipramine pamoate cap (TOFRANIL PM equiv)	-	3
protriptyline tab (VIVACTIL equiv)	-	3
trimipramine cap (SURMONTIL equiv)	-	3
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
MIGLITOL TAB	-	3
miglitol tab (MIGLITOL equiv)	-	3
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	-	NC
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
GLYXAMBI TAB (QL= 1 tab/day)	QL	2
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB (QL= 2 tabs/day)	QL	2
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2
SOLIQUA INJ (QL= 15ml/25 days)	QL	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	2
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	2

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2
XULTOPHY INJ (QL= 15ml/30 days)	QL	2
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-1000 MG	-	NC
DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-1000 MG	-	NC
DUETACT TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
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)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
metformin soln (RIOMET equiv)	-	3
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
metformin ER osmotic tab (GLUMETZA equiv)	-	NC
METFORMIN TAB	-	NC
RIOMET SOLN	-	NC
DIABETIC OTHER		
glucagon (rdna) for inj kit (QL= 2 inj/fill)	QL	1
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	CMSP-PA-QL	1
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE INJ (QL= 2 inj/fill)	QL	2
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2
diazoxide susp (PROGLYCEM equiv)	-	3

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MSP	Costco Mandatory Specialty Pharmacy Program		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		ST	Step Therapy	
VAC	Limited to two 15 day fills per month for first 3 months		¢	RxCENTS				
	Vaccine Program							

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**Ajinomoto Foods North America
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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
KORLYM TAB	-	NC
PROGLYCEM SUSP	-	NC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL-¢	2
TRADJENTA TAB (QL= 1 tab/day)	QL	2
ALOGLIPTIN TAB	-	NC
ALOGLIPTIN TAB, NESINA TAB	-	NC
BRYNOVIN SOLN	-	NC
ONGLYZA TAB	-	NC
saxagliptin hcl tab (ONGLYZA equiv)	-	NC
ZITUVIO TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
VICTOZA INJ	-	NC
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
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	-	2
FIASP INJ	-	2
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	-	2
HUMULIN R INJ U-500	-	2
HUMULIN R U-500 KWIKPEN INJ	-	2
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2
INSULIN ASPART INJ (NOVOLOG equiv)	-	2
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	2
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	2
INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (1 UNIT DIAL)	-	2
INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (2 UNIT DIAL)	-	2
INSULIN GLARGINE-YFGN	-	2
INSULIN GLARGINE-YFGN PEN	-	2
INSULIN LISPRO INJ (HUMALOG equiv)	-	2
LANTUS INJ	-	2
LANTUS SOLOSTAR INJ	-	2

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
NOVOLIN 70/30 FLEXPEN INJ	OTC	2
NOVOLIN 70/30 INJ	OTC	2
NOVOLIN N FLEXPEN INJ	OTC	2
NOVOLIN N INJ	OTC	2
NOVOLIN R FLEXPEN INJ	OTC	2
NOVOLIN R INJ	OTC	2
NOVOLIN R INJ 100 UNIT	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG FLEXPEN RELION INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
TOUJEO MAX SOLOSTAR INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2
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	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG MIX INJ	-	NC
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	-	NC
HUMALOG PEN INJ	-	NC
HUMALOG TEMPO PEN	-	NC
HUMULIN MIX INJ	OTC	NC
HUMULIN MIX PEN INJ	OTC	NC
HUMULIN N INJ	OTC	NC
HUMULIN N PEN INJ	OTC	NC
HUMULIN R INJ	OTC	NC
INSULIN GLARGINE INJ	-	NC
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML	-	NC
INSULIN LISPRO JR KWIKPEN	-	NC
INSULIN LISPRO KWIKPEN	-	NC
INSULIN LISPRO PROTAMINE PEN INJ (HUMALOG equiv)	-	NC
KIRSTY INJ	-	NC
LANTUS INJ, INSULIN GLARGINE INJ	-	NC
LYUMJEV INJ	-	NC

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
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	-	NC
SEMGLEE INJ (SINGLE PEN)	-	NC
SEMGLEE PEN	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	2
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
BEXAGLIFLOZN TAB	-	NC
DAPAGLIFLOZIN PROPANEDIOL TAB 10M	-	NC
DAPAGLIFLOZIN PROPANEDIOL TAB 5MG	-	NC
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
GLYBURID MCR TAB	-	1
glyburide tab (MICRONASE equiv)	-	1
TOLAZAMIDE TAB	-	1
TOLBUTAMIDE TAB	-	2
GLIMEPIRIDE TAB	-	NC
GLIPIZIDE TAB	-	NC
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	3
loperamide hcl soln (LOPERAMIDE SOLN equiv)	OTC	NC
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	NC
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	NC

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

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DrugName	Special Code	Tier
ANTIDIARRHEALS Cont.		
VSL #3 CAP	-	NC
ANTIDIARRHEAL COMBINATIONS		
EVIVO LIQUID	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
opium tincture	-	3
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC
ANTIDOTES		
ANTIDOTES		
VISTOGARD PAK	-	NC
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	S
OPIOID ANTAGONISTS		
naltrexone tab (REVIA equiv)	-	1
EVZIO INJ	-	NC
VIVITROL INJ (QL= 1 dose/fill, 1 fill/30 days)	CMSP-QL	S
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet (JADENU equiv)	CMSP	1
deferasirox tab 90mg, 360mg (JADENU equiv)	CMSP	1
deferasirox tab for oral susp (EXJADE equiv)	CMSP	1
deferiprone tab (FERRIPROX equiv) (Only available through COSTCO1710 855-213-0070)	LD-PA	1
JADENU SPRINKLE	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC
OPIOID ANTAGONISTS		
naloxone hcl nasal spray (NARCAN equiv) (QL= 2 sprays/fill)	QL	1
naloxone inj	-	1
naloxone prefilled inj	-	1
NARCAN NASAL SPRAY	OTC	1
RIVIVE, REXTOVY SPRAY	OTC	1
KLOXXADO NASAL SPRAY	-	2
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2
OPVEE NASAL SPRAY	-	2
ZIMHI SOLN	-	2
ZURNAI INJ	-	2
EVZIO INJ	-	NC
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1
ondansetron ODT (ZOFTRAN equiv)	-	1

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VAC	Quantity Limit	RDX		Step Therapy
	Limited to two 15 day fills per month for first 3 months	SMKG		
	Vaccine Program	¢		
		RxCENTS		

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DrugName	Special Code	Tier
ANTIEMETICS Cont.		
ondansetron soln (ZOFTRAN equiv)	-	1
ondansetron tab (ZOFTRAN equiv)	-	1
ANZEMET TAB (QL= 9 tabs/fill)	QL	3
GRANISOL SOLN (QL= 60ml/fill)	QL	3
SANCUSO PATCH (QL= 4 patches/fill)	QL	3
ONDANSETRON TAB	-	NC
ONDANSETRON TAB ODT	-	NC
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
ANTIEMETICS - ANTICHOLINERGIC		
meclizine tab (ANTIVERT equiv) (Rx Only)	-	1
trimethobenzamide cap (TIGAN equiv)	-	1
scopolamine patch (TRANSDERM-SCOP equiv)	-	2
meclizine chew tab (BONINE equiv)	OTC	EXC
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	2
dronabinol cap (MARINOL equiv)	PA	2
CESAMET CAP	-	3
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	2
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	2
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2
EMEND SUSP	-	NC
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB	-	NC
ANTIFUNGALS		
nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
flucytosine cap (ANCOBON equiv)	-	2
griseofulvin micro tab (GRIFULVIN V equiv)	-	2
griseofulvin susp (GRIFULVIN equiv)	-	2
griseofulvin tab (GRIS-PEG equiv)	-	2
FULVICIN P/G TAB	-	NC
FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB	-	NC
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1

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VAC	Quantity Limit	RDX		Step Therapy
	Limited to two 15 day fills per month for first 3 months	SMKG		
	Vaccine Program	¢		
		RxCENTS		

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Last Updated* 12/1/2025

DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	-	2
voriconazole tab (VFEND equiv)	-	2
itraconazole soln (SPORANOX equiv)	PA	3
NOXAFIL PAK	-	3
posaconazole DR tab (NOXAFIL equiv)	-	3
posaconazole susp (NOXAFIL equiv)	-	3
SPORANOX SOLN	PA	3
VFEND SUSP	-	3
voriconazole susp (VFEND equiv)	-	3
CRESEMBA CAP	-	NC
NOXAFIL TAB	-	NC
TOLSURA CAP	-	NC
VIVJOA CAP	-	NC

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

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

ANTIHISTAMINES - ETHANOLAMINES

CARBINOXAMINE SOLN	-	1
diphenhydramine hcl inj	-	1
carbinoxamine tab (PALGIC equiv)	-	3
carbinoxamine maleate tab 6mg	-	NC
CARBZAH SOLN 4MG/5ML	-	NC
CLEMASTINE SYRUP	-	NC
CLEMASTINE TAB	-	NC
CLEMASTINE TAB, CLEMAZ TAB	-	NC
KARBINAL ER SUSP	-	NC

ANTIHISTAMINES - NON-SEDATING

CLARINEX SYRUP	-	EXC
CLARINEX TAB	-	EXC
CLARITIN CAP	OTC	EXC
CLARITIN CHEW TAB	OTC	EXC
DESLORATADINE ODT	-	EXC
DESLORATADINE SOLN	-	EXC
desloratadine tab (CLARINEX equiv)	-	EXC
levocetirizine soln (XYZAL equiv)	-	EXC
levocetirizine tab (XYZAL equiv)	-	EXC
loratadine cap (CLARITIN equiv)	OTC	EXC
XYZAL SOLN	-	EXC
XYZAL TAB	-	EXC
ZYRTEC CHILD CHEW TAB	OTC	EXC
ZYRTEC CHILD CHEW ALLERGY	OTC	NC

ANTIHISTAMINES - PHENOTHIAZINES

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DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
PROMETHEGAN SUPP	-	1
promethazine supp (PHENERGAN equiv)	-	2
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERTENSIVES		
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	2
ANTIHYPERTENSIVES - COMBINATIONS		
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3
EZETIMIBE/ATORVASTATIN TAB	-	NC
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	1
icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day)	QL	2
KYNAMRO INJ	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
colesevelam pack (WELCHOL equiv)	-	2
colesevelam tab (WELCHOL equiv)	-	2
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
WELCHOL PACK	-	NC
WELCHOL TAB	-	NC
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
FENOFIBRIC TAB	-	3
FENOFIBRIC TAB, FIBRICOR TAB	-	3
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC
ANTARA CAP, LOFIBRA CAP	-	NC

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QL	Costco Mandatory Specialty Pharmacy Program	INF	RS	Prior Authorization
SF	Mandatory Specialty Pharmacy Program	OTC	ST	Restricted to Specialist
VAC	Quantity Limit	RDX		Step Therapy
	Limited to two 15 day fills per month for first 3 months	SMKG		
	Vaccine Program	¢		
		RxCENTS		

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**Ajinomoto Foods North America
Category/Class**

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
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
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab (CRESTOR equiv)	-	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
fluvastatin cap (LESCOL equiv)	-	2
pitavastatin calcium tab (LIVALO equiv)	-	2
ATORVALIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	3
CRESTOR TAB	-	3
EZALLOR SPRINKLE CAP (Prior Authorization required for members age 9 years and older)	PA	3
FLOLIPID SUSP (Prior Authorization required for members age 9 years and older)	PA	3
fluvastatin ER tab (LESCOL XL equiv)	-	3
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
SIMCOR TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv)	-	NC
ZOCOR TAB 80MG	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	1
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	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2

ANTIHYPERTENSIVES

ACE INHIBITORS

benazepril tab (LOTENSIN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1

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MSP	NC/3P = Not Covered, Third Party Reviewer			
QL	Costco Mandatory Specialty Pharmacy Program	INF	Infertility	Limited Distribution
SF	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	Prior Authorization
VAC	Quantity Limit	RDX	Restricted to Diagnosis	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	Step Therapy
	Vaccine Program	¢	RxCENTS	

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
moexipril tab (UNIVASC equiv)	-	1
PERINDOPRIL TAB	-	1
perindopril tab (ACEON equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
trandolapril tab (MAVIK equiv)	-	1
captopril tab (CAPOTEN equiv)	-	2
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and older)	PA	3
QBRELIS SOLN (Prior Authorization required for members age 9 years and older)	PA	3
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2
DEMSEER CAP	-	NC
metyrosine cap (DEMSEER equiv)	-	NC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan tab (ATACAND equiv)	-	1
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
ARB LI SUSP (QL= 330mL/30 days; Prior Authorization required for members age 9 years and older)	PA-QL	3
ATACAND TAB	-	NC
EDARBI TAB	-	NC
valsartan oral soln	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
CATAPRES-TTS PATCH	-	3
METHYLDOPA TAB	-	3
NEXICLON XR TAB	-	NC
TEZRULY SOLN	-	NC
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1

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

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
QUINAPRIL/HCTZ TAB	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
amlodipine/olmesartan tab (AZOR equiv)	-	2
amlodipine/valsartan tab (EXFORGE equiv)	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
TEKTURNA HCT TAB	-	3
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC
PRESTALIA TAB	-	NC
QUINAPRIL/HCTZ TAB	-	NC
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC
TELMISARTAN/AMLODIPINE TAB	-	NC
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC
TRIBENZOR TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv)	-	2
ENDOTHELIN RECEPTOR ANTAGONISTS		
TRYVIO TAB	-	NC
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPIRA equiv)	-	1
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	1
tinidazole tab (TINDAMAX equiv)	-	1
TRIMETHOPRIM TAB	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	2
XIFAXAN TAB 550MG (QL= 60 tabs/30 days)	QL	2
FIRST METRONIDAZOLE SUSP	-	3
LIKMEZ SUSP (Prior Authorization required for members age 9 years and older)	PA	3

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SF	Mandatory Specialty Pharmacy Program	OTC	ST	Restricted to Specialist
VAC	Quantity Limit	RDX		Step Therapy
	Limited to two 15 day fills per month for first 3 months	SMKG		
	Vaccine Program	¢		
		RxCENTS		

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**Ajinomoto Foods North America
Category/Class**

Last Updated* 12/1/2025

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
PRIMSOL SOLN	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
AEMCOLO TAB	-	NC
IMPAVIDO CAP	-	NC
metronidazole cap (FLAGYL equiv)	-	NC
METRONIDAZOLE TAB	-	NC
NEBUPENT NEB SOLN	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
HYOPHEN TAB	-	NC
UTA CAP	-	NC
ANTIPROTOZOAL AGENTS		
atovaquone susp (MEPRON equiv)	-	2
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	2
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2
ALINIA TAB	-	NC
GLYCOPEPTIDES		
FIRVANQ SOLN 25MG/ML	-	1
FIRVANQ SOLN 50MG/ML	-	1
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	1
VANCOCIN CAP	-	NC
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN ORAL SOLN	-	NC
VANCOMYCIN SOLN	-	NC
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	2
MONOBACTAMS		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	2
OXAZOLIDINONES		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
PENEMS		
ORLYNVAH TAB	-	NC
PLEUROMUTILINS		
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2
POLYMYXINS		
colistimethate inj (COLY-MYCIN M equiv)	-	NC

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VAC	Quantity Limit	RDX		Step Therapy
	Limited to two 15 day fills per month for first 3 months	SMKG		
	Vaccine Program	¢		
		RxCENTS		

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**Ajinomoto Foods North America
Category/Class**

Last Updated* 12/1/2025

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
URINARY ANTI-INFECTIVES		
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
methenamine hippurate tab (HIPREX equiv)	-	2
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization required for members age 9 years and older)	PA	3
BLUJEPA TAB	-	NC
MONUROL GRANULE PACK	-	NC
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
NITROFURANTOIN SUSP	-	NC

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	1
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
ANTIMALARIALS		
CHLOROQUINE TAB	-	1
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
primaquine tab (PRIMAQUINE equiv)	-	1
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	1
KRINTAFEL TAB	-	2
mefloquine tab (LARIAM equiv)	-	2
ARAKODA TAB	-	NC
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
SOVUNA TAB	-	NC

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
pyridostigmine CR tab (MESTINON equiv)	-	2
pyridostigmine soln (MESTINON equiv)	-	3
PYRIDOSTIGMINE TAB 30MG	-	NC
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	S

ANTIMYCOBACTERIAL AGENTS

ANTI TB COMBINATIONS		
RIFAMATE CAP	-	2
ANTIMYCOBACTERIAL AGENTS		
isoniazid tab	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2

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Ajinomoto Foods North America

Category/Class

Last Updated* 12/1/2025

DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS Cont.		
rifampin cap (RIFADIN equiv)	-	2
isoniazid syrup (ISONIAZID equiv)	-	3
CYCLOSERINE CAP	-	NC
SIRTURO TAB	-	NC
TRECATOR TAB	-	NC

ANTINEOPLASTICS

ANTINEOPLASTICS MISC.

tretinoin cap (VESANOID equiv)	CMSP	1
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP (Only available through Lumicera 855-847-3553)	LD-PA	S

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

temozolomide cap (TEMODAR equiv)	CMSP	1
cyclophosphamide cap	-	2
CYCLOPHOSPHAMIDE TAB	-	2
HEXALEN CAP	-	2
lomustine cap (GLEOSTINE equiv)	-	2
MELPHALAN TAB	-	2
LEUKERAN TAB	-	NC
MYLERAN TAB	CMSP	S

ANTIMETABOLITES

capecitabine tab (XELODA equiv)	CMSP	1
METHOTREXATE INJ	-	1
METHOTREXATE IV SOLN 1000MG/40ML	-	1
methotrexate tab (TREXALL equiv)	-	1
mercaptopurine tab (PURINETHOL equiv)	-	2
TABLOID TAB	-	2
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older)	PA	3
mercaptopurine susp (PURIXAN equiv) (Prior Authorization required for members age 9 years and older)	PA	3
PURIXAN SUSP (Prior Authorization required for members age 9 years and older)	PA	3
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	S
FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
INLYTA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	S
INLYTA TAB 1MG (QL= 8 tabs/day)	MSP-PA-QL-SF	S
LENVIMA CAP (QL= 3 caps/day)	MSP-PA-QL-SF	S

ANTINEOPLASTIC - ANTI-HER2 AGENTS

HERNEXEOS TAB	-	NC
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S

ANTINEOPLASTIC - BCL-2 INHIBITORS

VENCLEXTA STARTER PACK	MSP-PA	S
VENCLEXTA TAB	MSP-PA	S

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)	CMSP-PA-QL	1
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	CMSP-PA-QL	1
gefitinib tab (IRESSA equiv) (QL= 1 tab/day)	CMSP-PA-QL	1
IRESSA TAB	-	NC
LAZCLUZE TAB	-	NC
TARCEVA TAB	-	NC
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TAGRISSO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	S
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	S
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB	-	NC
ERIVEDGE CAP (QL= 1 cap/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL-SF	S
ODOMZO CAP (QL= 1 cap/day)	CMSP-PA-QL-SF	S
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)	-	\$0
exemestane tab (AROMASIN equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	\$0
tamoxifen tab (NOLVADEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	\$0
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	CMSP-QL	1
bicalutamide tab (CASODEX equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
leuprolide inj (LUPRON equiv) (Members of non-female gender require Prior Authorization)	INF-PA	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
nilutamide tab (NILANDRON equiv)	CMSP	1
EULEXIN CAP	-	2
FLUTAMIDE CAP	-	2
flutamide cap (EULEXIN equiv)	-	2
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	2
toremifene tab (FARESTON equiv)	-	2
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
AKEEGA TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
INLURIYO TAB	-	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
ERLEADA TAB (QL= 4 tabs/day)	CMSP-PA-QL	S
ERLEADA TAB 240MG (QL= 1 tab/day)	CMSP-PA-QL	S
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	S
ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S
ORSERDU TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S

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	Limited to two 15 day fills per month for first 3 months	SMKG	Step Therapy
	Vaccine Program	¢	RxCENTS

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Last Updated* 12/1/2025

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	S
ANTINEOPLASTIC - MENIN INHIBITORS		
KOMZIFTI CAP	-	NC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
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	S
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB (QL= 5 tabs/28 days)	MSP-PA-QL	2
AVMAPKI FAKZYNJA CO-PACK	-	NC
KISQALI PAK (QL= 91 tabs/28 days)	MSP-PA-QL	S
LONSURF TAB	MSP-PA	S
ANTINEOPLASTIC ENZYME INHIBITORS		
dasatinib tab (SPRYCEL equiv)	CMSP-PA	1
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	CMSP-PA-QL	1
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	CMSP-PA-QL	1
imatinib tab (GLEEVEC equiv)	CMSP	1
lapatinib ditosylate tab (TYKERB equiv)	CMSP-PA	1
pazopanib hcl tab (VOTRIENT equiv) (QL= 4 tabs/day)	CMSP-PA-QL	1
sorafenib tosylate tab (NEXAVAR equiv)	CMSP-PA	1
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1
AFINITOR DISPERZ TAB	-	NC
AFINITOR TAB	-	NC
ALUNBRIG PAK	-	NC
DANZITEN TAB	-	NC
ENSACOVE CAP	-	NC
FOTIVDA CAP	-	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
NILOTINB TAR CAP	-	NC

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NC/3P = Not Covered, Third Party Reviewer								
CMSP	Costco Mandatory Specialty Pharmacy Program	INF	Infertility	LD	Limited Distribution			
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization			
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist			
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy			
VAC	Vaccine Program	¢	RxCENTS					

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**Ajinomoto Foods North America
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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
PAZOPANIB TAB 400MG	-	NC
PHYRAGO TAB	-	NC
ROMVIMZA CAP	-	NC
SPRYCEL TAB	-	NC
SUTENT CAP	-	NC
TALZENNA CAP 0.1MG	-	NC
TALZENNA CAP 0.35MG	-	NC
TASIGNA CAP	-	NC
TEPMETKO TAB	-	NC
TYKERB TAB	-	NC
VOTRIENT TAB	-	NC
ALECENSA CAP (QL= 8 caps/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S
AUGTYRO CAP (QL= 8 caps/day)	CMSP-PA-QL-SF	S
AUGTYRO CAP 160MG (QL= 4 caps/day)	CMSP-PA-QL-SF	S
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S
BOSULIF CAP	MSP-PA	S
BOSULIF TAB	MSP-PA-SF	S
BRAFTOVI CAP 75MG (QL= 6 caps/day)	MSP-PA-QL	S
BRUKINSA CAP (QL= 4 caps/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL-SF	S
BRUKINSA TAB (QL= 2 tabs/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL-SF	S
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	S
CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S
CAPRELSA TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
COMETRIQ KIT	MSP-PA	S
COPIKTRA CAP (QL= 2 caps/day)	MSP-PA-QL	S
COTELLIC TAB (QL= 3 tabs/day)	CMSP-PA-QL	S
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	S
IDHIFA TAB (QL= 1 tab/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S
IMBRUVICA CAP 140MG (QL= 3 caps/day)	MSP-PA-QL	S
IMBRUVICA CAP 70MG (QL= 1 cap/day)	MSP-PA-QL	S
IMBRUVICA SUSP (QL= 6ml/day)	MSP-PA-QL	S
IMBRUVICA TAB 420MG (QL= 1 tab/day)	MSP-PA-QL	S
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	S
JAYPIRCA TAB (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	S
KISQALI TAB (QL= 63 tabs/28 days)	MSP-PA-QL	S
KOSELUGO CAP (QL= 12 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S
KOSELUGO CAP 5MG (QL= 20 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S

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**Ajinomoto Foods North America
Category/Class**

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-SF	S
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	S
LUMAKRAS TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	S
LUMAKRAS TAB 240MG (QL= 4 tabs/day)	MSP-PA-QL-SF	S
LUMAKRAS TAB 320MG (QL= 3 tabs/day)	MSP-PA-QL-SF	S
LYNPARZA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	S
LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	S
MEKINIST SOLN	CMSP-PA	S
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	CMSP-PA-QL	S
MEKINIST TAB 2MG (QL= 1 tab/day)	CMSP-PA-QL	S
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	S
NERLYNX TAB (QL= 6 tabs/day)	MSP-PA-QL-SF	S
nilotinib hcl cap (TASIGNA equiv)	CMSP-PA	S
NINLARO CAP	MSP-PA	S
OGSIVEO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S
OGSIVEO TAB 50MG (QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	S
OJEMDA SUSP (QL= 96ml/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	S
OJEMDA TAB (QL= 24 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	S
OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
PIQRAY TAB	CMSP-PA-SF	S
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
RETEVMO CAP (QL= 2 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S
RETEVMO CAP 40MG (QL= 3 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S
RETEVMO TAB (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S
RETEVMO TAB 40MG (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S
REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
ROZLYTREK CAP (QL= 3 caps/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S
ROZLYTREK PAK (QL= 6 packs/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	S
RYDAPT CAP (QL= 56 caps/28 days)	CMSP-PA-QL	S
SCEMBLIX TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
SCEMBLIX TAB 100MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	S
TABRECTA TAB (QL= 4 tabs/day)	CMSP-PA-QL-SF	S
TAFINLAR CAP (QL= 4 caps/day)	CMSP-PA-QL	S
TAFINLAR TAB	CMSP-PA	S
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	S
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	S
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S
TIBSOVO TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S
TRUQAP TAB (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
TRUQAP THERAPY PACK (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S

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VAC	Vaccine Program	¢	RxCENTS			

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
VANFLYTA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
VERZENIO TAB (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	S
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
VORANIGO TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S
VORANIGO TAB 10 MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	S
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	S
XALKORI SPRINKLE CAP (QL= 4 caps/day)	MSP-PA-QL-SF	S
XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
ZEJULA TAB (QL= 1 tab/day)	MSP-PA-QL	S
ZELBORAF TAB (QL= 8 tabs/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S
ZOLINZA CAP	CMSP-PA-SF	S
ZYDELIG TAB	MSP-PA	S
ZYKADIA CAP (QL= 3 caps/day)	CMSP-PA-QL-SF	S
ZYKADIA TAB (QL= 3 tabs/day)	CMSP-PA-QL-SF	S
ANTINEOPLASTICS MISC.		
bexarotene cap (TARGRETIN equiv)	CMSP-PA	1
hydroxyurea cap (HYDREA equiv)	-	1
MATULANE CAP	-	2
SYLATRON INJ	-	NC
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	S
ALFERON-N INJ (Only available through Lumicera 855-847-3553)	LD	S
BESREMI INJ (QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	S
INTRON-A INJ	CMSP	S
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
mesna tab (MESNEX equiv)	CMSP	1
MESNEX TAB	-	NC
IWILFIN TAB (QL= 8 tabs/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL-SF	S
MITOTIC INHIBITORS		
ETOPOSIDE CAP	CMSP	1
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	2
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
tolcapone tab (TASMAR equiv)	-	3

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Last Updated* 12/1/2025

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
amantadine tab	-	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
ropinirole ER tab (REQUIP XL equiv)	-	2
NEUPRO PATCH	-	3
pramipexole ER tab (MIRAPEX ER equiv)	-	3
CREXONT CAP, RYTARY CAP	-	NC
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	-	2
XADAGO TAB (QL= 1 tab/day)	PA-QL	3
ZELAPAR ODT	-	NC
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	1
TRIHEXYPHENIDYL SOLN	-	1
ANTIPARKINSON COMT INHIBITORS		
ONGENTYS CAP	PA-QL	3
ANTIPARKINSON DOPAMINERGICS		
amantadine soln (AMANTADINE equiv)	-	1
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
DHIVY TAB	-	NC
KYNMOBI FILM	-	NC
KYNMOBI TITRATION KIT	-	NC
ONAPGO INJ	-	NC
OSMOLEX ER TAB	-	NC
RYTARY CAP	-	NC
VYALEV INJ	-	NC
ANTIPSYCHOTICS/ANTIMANIC AGENTS		

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium oral solution (LITHIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	1
ANTIPSYCHOTICS - MISC.		
lurasidone hcl tab (LATUDA equiv)	-	1
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
LATUDA TAB	-	3
CAPLYTA CAP	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
BENZISOXAZOLES		
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
paliperidone ER tab (INVEGA equiv)	-	2
RISPERIDONE ODT	-	2
risperidone ODT (RISPERDAL M equiv)	-	2
FANAPT TAB	-	NC
FANAPT TITRATION PACK	-	NC
FANAPT TITRATION PACK 1MG/2MG/6MG/8MG	-	NC
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv)	-	1
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	2
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
ADASUVE INHALER	-	NC
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC
CLOZAPINE ODT, FAZACLO ODT	-	NC
QUETIAPINE TAB	-	NC
SAPHRIS SL TAB	-	NC
SECUADO PATCH	-	NC
VERSACLOZ SUSP	-	NC
DIHYDROINDOLONES		
MOLINDONE TAB	-	NC

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
MUSCARINIC AGENTS		
COBENFY CAP	-	NC
COBENFY CAP STARTER PACK	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine hcl tab	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
CHLORPROMAZINE CONC	-	NC
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	1
aripiprazole soln (ABILIFY equiv)	-	3
ABILIFY MYCITE PACK	-	NC
ABILIFY MYCITE TAB	-	NC
aripiprazole ODT (ABILIFY equiv)	-	NC
OPIPZA FILM	-	NC
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1

ANTISEPTICS & DISINFECTANTS

ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC

ANTIVIRALS

ANTIRETROVIRALS		
APRETUDE SUSP (QL= 7 inj/year; Only available through Lumicera 855-847-3553)	LD-PA-QL	\$0
DESCOVY TAB	CMSP-PA	\$0
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	CMSP	\$0
TRUVADA TAB (\$0 copay when used for PrEP)	CMSP-PA	\$0
YEZTUGO INJ 463.5MG (QL= 2 inj/180 days; Only available through Walgreens Specialty 888-347-3416)	LD-PA-QL	\$0
YEZTUGO TAB 300MG (QL= 4 tabs/28 days; Only available through Walgreens Specialty 888-347-3416)	LD-PA-QL	\$0
darunavir tab (PREZISTA equiv)	CMSP	1
emtricitabine-rilpivirine-tenofovir df tab (COMPLERA equiv)	CMSP	1
maraviroc tab (SELZENTRY equiv)	CMSP	1
nevirapine tab (VIRAMUNE equiv)	CMSP	1
abacavir soln (ZIAGEN equiv)	CMSP	2
abacavir tab (ZIAGEN equiv)	CMSP	2
abacavir/lamivudine tab (EPZICOM equiv)	CMSP	2
atazanavir cap (REYATAZ equiv)	CMSP	2
didanosine DR cap (VIDEX EC equiv)	CMSP	2

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Ajinomoto Foods North America
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Last Updated* 12/1/2025

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
efavirenz tab (SUSTIVA equiv)	CMSP	2
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	CMSP	2
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	CMSP	2
emtricitabine cap (EMTRIVA equiv)	CMSP	2
etravirine tab (INTELENCE equiv)	CMSP	2
fosamprenavir tab (LEXIVA equiv)	CMSP	2
lamivudine soln (EPIVIR equiv)	CMSP	2
lamivudine tab (EPIVIR equiv)	CMSP	2
lamivudine/zidovudine tab (COMBIVIR equiv)	CMSP	2
lopinavir/ritonavir soln (KALETRA equiv)	CMSP	2
lopinavir/ritonavir tab (KALETRA equiv)	CMSP	2
nevirapine ER tab (VIRAMUNE XR equiv)	CMSP	2
ritonavir tab (NORVIR equiv)	CMSP	2
stavudine cap (ZERIT equiv)	CMSP	2
tenofovir disoproxil fumarate tab (VIREAD equiv)	CMSP	2
TYBOST TAB	-	2
zidovudine cap (RETROVIR equiv)	CMSP	2
zidovudine syrup (RETROVIR equiv)	CMSP	2
zidovudine tab (RETROVIR equiv)	CMSP	2
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	NC
ATRIPLA TAB	-	NC
COMBIVIR TAB	-	NC
COMPLERA TAB	-	NC
EMTRIVA CAP	-	NC
EPIVIR SOLN	-	NC
EPIVIR TAB	-	NC
EPZICOM TAB	-	NC
FUZEON INJ	-	NC
KALETRA SOLN	-	NC
KALETRA TAB	-	NC
LEXIVA TAB	-	NC
NORVIR TAB	-	NC
RETROVIR CAP	-	NC
RETROVIR SYRUP	-	NC
REYATAZ CAP	-	NC
SELZENTRY TAB	-	NC
SUSTIVA CAP	-	NC
SUSTIVA TAB	-	NC
SYMFI (LO) TAB	-	NC
VIDEX EC CAP	-	NC
VIRAMUNE SUSP	-	NC
VIRAMUNE TAB	-	NC
VIRAMUNE XR TAB	-	NC
VIREAD TAB	-	NC
ZERIT CAP	-	NC
ZIAGEN SOLN	-	NC

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NC/3P = Not Covered, Third Party Reviewer								
CMSP	Costco Mandatory Specialty Pharmacy Program	INF	Infertility	LD	Limited Distribution			
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization			
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist			
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy			
VAC	Vaccine Program	¢	RxCENTS					

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
ZIAGEN TAB	-	NC
APTIVUS CAP	CMSP	S
APTIVUS SOLN	CMSP	S
BIKTARVY TAB	CMSP	S
CABENUVA IM SUSP (QL= 1 kit/30 days)	CMSP-QL	S
CABENUVA IM SUSP 600-900 (QL= 1 kit/30 days)	CMSP-QL	S
CIMDUO TAB	CMSP	S
CRIVAN CAP	CMSP	S
DELSTRIGO TAB	CMSP	S
DIDANOSINE DR CAP, VIDEX EC CAP	CMSP	S
DOVATO TAB	CMSP	S
EDURANT PED TAB	CMSP	S
EDURANT TAB	CMSP	S
EFAVIRENZ CAP	CMSP	S
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	CMSP	S
EMTRIVA SOLN	CMSP	S
EVOTAZ TAB	CMSP	S
GENVOYA TAB	CMSP	S
INTELENCE TAB	CMSP	S
INVIRASE CAP	CMSP	S
INVIRASE TAB	CMSP	S
ISENTRESS (HD) TAB	CMSP	S
ISENTRESS CHEW TAB	CMSP	S
ISENTRESS POWDER PACK	CMSP	S
JULUCA TAB	CMSP	S
LEXIVA SUSP	CMSP	S
NEVIRAPINE ER TAB	CMSP	S
NEVIRAPINE SUSP	CMSP	S
NORVIR CAP	CMSP	S
NORVIR POWDER PACK	CMSP	S
NORVIR SOLN	CMSP	S
ODEFSEY TAB	CMSP	S
PIFELTRO TAB	CMSP	S
PREZCOBIX TAB	CMSP	S
PREZISTA SUSP	CMSP	S
PREZISTA TAB	CMSP	S
RESCRIPTOR TAB	CMSP	S
REYATAZ POWDER PACK	CMSP	S
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	CMSP-RS	S
SELZENTRY SOLN	CMSP	S
SELZENTRY TAB	CMSP	S
STAVUDINE CAP	CMSP	S
STRIBILD TAB	CMSP	S
SUNLENCA INJ (QL= 2 vials/26 weeks; Only available through CVS Specialty 800-237-2767; Restricted to Infectious Disease Specialist)	LD-QL-RS	S

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**Ajinomoto Foods North America
Category/Class**

Last Updated* 12/1/2025

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
SUNLENCA TAB (QL= 4 tabs/28 days; Only available through CVS Specialty 800-237-2767; Restricted to Infectious Disease Specialist)	LD-QL-RS	S
SUNLENCA TAB (QL= 4 tabs/28 days; Only available through CVS Specialty 800-238-7828; Restricted to Infectious Disease Specialist)	LD-QL-RS	S
SUNLENCA TAB 300MG (QL= 5 tabs/28 days; Only available through CVS Specialty 800-237-2767; Restricted to Infectious Disease Specialist)	LD-QL-RS	S
SYMTUZA TAB	CMSP	S
TIVICAY PD TAB	CMSP	S
TIVICAY TAB	CMSP	S
TRIUMEQ PD TAB	CMSP	S
TRIUMEQ TAB	CMSP	S
TRIZIVIR TAB	CMSP	S
VIDEX SOLN	CMSP	S
VIRACEPT TAB	CMSP	S
VIREAD TAB	CMSP	S

ANTIVIRAL COMBINATIONS

PAXLOVID PAK (QL= 11 tabs/90 days)	QL	2
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days)	QL	2
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days)	QL	2

CMV AGENTS

valganciclovir soln (VALCYTE equiv)	-	2
valganciclovir tab (VALCYTE equiv)	-	2
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
PREVYMIS PAK (QL= 4 packets/day; Limit 800 packets/365 days)	CMSP-PA-QL	S
PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days)	CMSP-PA-QL	S

HEPATITIS AGENTS

RIBAVIRIN CAP	CMSP	1
ribavirin cap (REBETOL equiv)	CMSP	1
RIBAVIRIN TAB	CMSP	1
adefovir dipivoxil tab (HEPSERA equiv)	CMSP	2
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	2
EPIVIR HBV SOLN	-	2
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2
VEMLIDY TAB	-	2
BARACLUDE SOLN (Prior Authorization required for members age 9 years and older)	PA	3
EPCLUSA PAK	-	NC
EPCLUSA TAB	-	NC
HARVONI PELLETT PAK	-	NC
HARVONI TAB	-	NC
SOVALDI PELLETT PAK	-	NC
SOVALDI TAB	-	NC
ZEPATIER TAB	-	NC
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	CMSP-PA-QL	S
MAVYRET PAK (QL= 5 packs/day)	CMSP-PA-QL	S
MAVYRET TAB (QL= 3 tabs/day)	CMSP-PA-QL	S
PEGASYS INJ	CMSP	S

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
PEG-INTRON INJ	CMSP	S
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	CMSP-PA-QL	S
VOSEVI TAB (QL= 1 tab/day)	CMSP-PA-QL	S
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	2
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
RIMANTADINE TAB	-	3
XOFLUZA TAB	-	NC
MISC. ANTIVIRALS		
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	\$0
LAGEVRIO CAP (QL= 40 caps/fill)	QL	2
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	2
IMMUNOMODULATORS		
THALOMID CAP	MSP	S
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
tacrolimus cap (PROGRAF equiv)	-	1
cyclosporine cap (SANDIMMUNE equiv)	-	2
cyclosporine modified cap (NEORAL equiv)	-	2
cyclosporine modified soln (NEORAL equiv)	-	2
mycophenolate DR tab (MYFORTIC equiv)	-	2
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	2
SANDIMMUNE SOLN 100MG/ML	-	2
sirolimus tab (RAPAMUNE equiv)	-	2
ENVARUSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER (QL= 1 packet/day)	PA-QL	2

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Ajinomoto Foods North America
Category/Class

Last Updated* 12/1/2025

DrugName	Special Code	Tier
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BETA BLOCKERS

ALPHA-BETA BLOCKERS

carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC
LABETALOL TAB	-	NC

BETA BLOCKERS CARDIO-SELECTIVE

acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
nebivolol hcl tab (BYSTOLIC equiv)	-	1
LOPRESSOR SOLN (QL= 45mL/day; Prior Authorization required for members age 9 years and older)	PA-QL	3
BISOPROLOL FUMARATE TAB	-	NC
KAPSPARGO CAP	-	NC

BETA BLOCKERS NON-SELECTIVE

pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
PROPRANOLOL SOLN	-	1
PROPRANOLOL SOLN 20MG/5ML	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
nadolol tab (CORGARD equiv)	-	2
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older)	PA	3
HEMANGEOL SOLN	-	NC
INDERAL XL CAP, INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC

BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKER COMBINATIONS

CONSENSI TAB	-	NC
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CALCIUM CHANNEL BLOCKERS

amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1

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QL	Costco Mandatory Specialty Pharmacy Program	OTC	RS	Prior Authorization
SF	Mandatory Specialty Pharmacy Program	RDX	ST	Restricted to Specialist
VAC	Quantity Limit	SMKG		Step Therapy
	Limited to two 15 day fills per month for first 3 months	¢		
	Vaccine Program	RxCENTS		

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Category/Class**

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DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	1
verapamil SR cap (VERELAN equiv)	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	2
diltiazem ER tab (CARDIZEM LA equiv)	-	2
KATERZIA SUSP (Prior Authorization required for members age 9 years and older)	PA	3
nicardipine cap (CARDENE equiv)	-	3
nimodipine cap (NIMOTOP equiv)	-	3
nisoldipine ER tab (SULAR equiv)	-	3
NORLIQVA ORAL SOLN (Prior Authorization required for members age 9 years and older)	PA	3
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC
NYMALIZE SOLN	-	NC
VERAPAMIL CR CAP, VERELAN CAP	-	NC
VERAPAMIL ER CAP	-	NC
CARDIOTONICS		
CARDIAC GLYCOSIDES		
DIGOXIN SOLN	-	1
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
LANOXIN INJ	-	NC
LANOXIN TAB 62.5MCG	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP (QL= 1 cap/day)	MSP-PA-QL	S
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 2 tabs/day)	QL	2
amlodipine/atorvastatin tab (CADUET equiv)	-	NC
BIDIL 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
COUGH/COLD/ALLERGY COMBINATIONS		

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3
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	1
avanafil tab (STENDRA equiv)	-	EXC
STENDRA TAB	-	EXC
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB	-	1
isoxsuprine tab	-	3
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB	-	NC
ORENITRAM TAB MONTH PAK	-	NC
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
YUTREPIA CAP (QL= 112 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	S
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ (Only available through Accredo 800-803-2523)	LD-PA	S
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	1
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	1
bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	1
TRACLEER TAB	-	NC
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	1
tadalafil tab (PAH) (ADCIRCA equiv)	PA	1
TADLIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	1
sildenafil susp (REVATIO equiv) (Prior Authorization required for members age 9 years and older)	PA	2
ADCIRCA TAB	-	NC
LIQREV SUSP	-	NC
REVATIO SUSP	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	NC

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
SINUS NODE INHIBITORS		
ivabradine hcl tab (CORLANOR equiv)	-	1
CORLANOR SOLN (Prior Authorization required for members age 9 years and older)	PA	3
CORLANOR TAB	-	NC
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP (QL= 1 cap/day)	MSP-PA-QL	S
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB	QL-RS	2
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
CEFADROXIL TAB	-	2
cephalexin cap 750mg (KEFLEX equiv)	-	NC
cephalexin tab	-	NC
KEFLEX CAP 750MG	-	NC
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOX CAP	-	1
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
cefaclor cap (CECLOR equiv)	-	3
CEFACLOX ER TAB	-	3
CEFACLOX SUSP	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
CEFDITOREN TAB	-	3
cefixime cap (SUPRAX equiv)	-	3
cefixime susp (SUPRAX equiv)	-	3
CEFPODOXIME PROXETIL SUSP	-	3
cefpodoxime proxetil tab (VANTIN equiv)	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3

CONTRACEPTIVES

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CMSP	NC = Not Covered	generic = small letters	LD	BRANDS = CAPITAL LETTERS
MSP	NC/3P = Not Covered, Third Party Reviewer			
QL	Costco Mandatory Specialty Pharmacy Program	INF	Infertility	Limited Distribution
SF	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	Prior Authorization
VAC	Quantity Limit	RDX	Restricted to Diagnosis	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	Step Therapy
	Vaccine Program	¢	RxCENTS	

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**Ajinomoto Foods North America
Category/Class**

Last Updated* 12/1/2025

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	\$0
ARANELLE TAB	-	\$0
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0
AVERI TAB	-	\$0
cryselle tab	-	\$0
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
FEMLYV TAB	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	\$0
LO LOESTRIN TAB	-	\$0
NATAZIA TAB	-	\$0
NEXTSTELLIS TAB	-	\$0
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	\$0
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	\$0
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
SAFYRAL TAB	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
TYBLUME TAB	-	\$0
VELIVET PAK	-	\$0
velivet tab (CYCLESSA equiv)	-	\$0
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0
violele tab, kariva tab (MIRCETTE equiv)	-	\$0
BALCOLTRA TAB	-	NC
BEYAZ TAB	-	NC
FALESSA KIT	-	NC
YAZ TAB, YASMIN 28 TAB	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA PATCH	-	\$0
zafemy patch (XULANE equiv)	-	\$0
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA RING (QL= 1 ring/year)	QL	\$0
eluryng vaginal ring (NUVARING equiv)	-	\$0
NUVARING	-	3
COPPER CONTRACEPTIVES - IUD		
MIDUELLA, PARAGARD IUD	-	\$0

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
PLAN B TAB	OTC	NC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPLANT	-	\$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0
DEPO-PROVERA INJ	-	NC
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	-	\$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
OPILL TAB	OTC	\$0
SLYND TAB	-	\$0

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS		
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
DEXAMETHASONE PHOSPHATE INJ	-	1
dexamethasone sodium phosphate inj	-	1
DEXAMETHASONE SOLN	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	1
prednisolone soln	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
prednisone tab (DELTASONE equiv)	-	1
triamcinolone acetonide inj (KENALOG equiv)	-	1
budesonide SR cap (ENTOCORT EC equiv)	-	2
CORTISONE ACETATE TAB	-	2
hydrocortisone sodium succinate pf for inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill)	QL	2
prednisolone ODT (ORAPRED equiv)	-	2
PREDNISONE SOLN	-	2
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	2
SOLU-MEDROL INJ 2GM	-	2
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	3
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	3
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	3
ORAPRED ODT TAB, PREDNISOLONE ODT TAB	-	3

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Ajinomoto Foods North America
Category/Class

Last Updated* 12/1/2025

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
PREDNISOLONE SOLN	-	3
AGAMREE SUSP	-	NC
ALKINDI SPRINKLE CAP	-	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
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC
prednisolone tab (MILLIPRED equiv)	-	NC
prednisone pack	-	NC
PREDNISON/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
SOLU-MEDROL INJ	-	NC
SOLU-MEDROL PF INJ	-	NC
TARPEYO CAP	-	NC
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	S
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	S
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	S

MINERALOCORTICIDS

fludrocortisone tab (FLORINEF equiv)	-	1
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COUGH/COLD/ALLERGY

ANTITUSSIVES

benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
HYCODAN SYRUP	-	3
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	1
promethazine DM syrup	-	1

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Category/Class**

Last Updated* 12/1/2025

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
PROMETHAZINE VC SYRUP	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
PROMETHAZINE VC/CODEINE SYRUP	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	3
NEOTUSS PLUS LIQUID	-	3
CLARINEX-D TAB	-	EXC
SEMPREX-D CAP	-	EXC
DURAVENT PE TAB	-	NC
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC
HYCOFENIX SOLN	-	NC
INTENSE COUGH LIQUID	-	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
EXPECTORANTS		
potassium iodide oral soln (SSKI equiv)	-	2
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
SSKI ORAL SOLN	-	NC
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
adapalene cream (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2
adapalene gel (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	2
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	2
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	2
AVAR GEL	-	2

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Last Updated* 12/1/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2
ERY PAD	-	2
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2
PRASCION RA CREAM	-	2
sodium sulfacetamide lotion (KLARON equiv)	-	2
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	2
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	2
tretinoin cream (RETIN-A equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2
tretinoin gel (RETIN-A equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2
tretinoin gel (RETIN-A MICRO equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2
TRETINOIN MICROSPHERE GEL 0.04% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2
TRETINOIN MICROSPHERE GEL 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2
TRETINOIN MICROSPHERE GEL PUMP 0.04% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2
TRETINOIN MICROSPHERE GEL PUMP 0.1% (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2
DIFFERIN GEL	PA	3
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3
SUMADAN WASH 9-4.5%	-	3
DIFFERIN OTC GEL 0.1%	OTC	EXC
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ADAPALENE SOLN	-	NC
ADAPALENE LOTION (DIFFERIN equiv)	-	NC
ADAPALENE PAD	-	NC
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC
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
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLENIA PLUS SUSP	-	NC
CLINDACIN KIT	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC
clindamycin/tretinoin gel (ZIANA equiv)	-	NC
CLINDAVIX KIT	-	NC
dapsone gel (ACZONE equiv)	-	NC
EPIDUO FORTE GEL 0.3-2.5%	-	NC
EPIDUO GEL 0.1-2.5%	-	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
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	-	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
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	-	1
gentamicin sulfate oint	-	1

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

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DERMATOLOGICALS Cont.		
mupirocin oint (BACTROBAN OINT equiv)	-	1
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
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)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
econazole cream (SPECTAZOLE equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
EXELDERM SOLN	-	3
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	3
MENTAX CREAM	-	3
NAFTIFINE CREAM	-	3
naftifine cream (NAFTIN equiv)	-	3
clotrimazole cream (LOTRIMIN AF equiv)	OTC	EXC
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
ALOQUIN GEL	-	NC
CICLODAN KIT	-	NC
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	NC
clotrimazole/betamethasone lotion (LOTRISONE 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

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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
naftifine hcl gel 2% (NAFTIN equiv)	-	NC
NAFTIN GEL 2%	-	NC
ONYCHO-MED KIT	-	NC
oxiconazole nitrate cream (OXISTAT equiv)	-	NC
OXISTAT CREAM	-	NC
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
tavaborole soln (KERYDIN equiv)	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ZOLPAK KIT	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2
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
LICART PATCH	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
PROFINAC PAK	-	NC
REXAPHENAC CREAM	-	NC
VENNGEL ONE KIT	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
XRYLIX PAK	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel (TARGRETIN equiv)	CMSP-PA	1
fluorouracil cream (EFUDEX CREAM equiv)	-	1
CARAC CREAM	-	2
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2
FLUOROURACIL SOLN	-	2
fluorouracil soln (FLUOROURACIL equiv)	-	2
PICATO GEL (QL= 1 box/fill)	QL	3
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
FLUOROURACIL CREAM 0.5%	-	NC
KLISYRI OINT	-	NC

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DERMATOLOGICALS Cont.		
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
TARGRETIN GEL	-	NC
VALCHLOR GEL (QL= 4 tubes/30 days)	MSP-PA-QL	S
ANTIPRURITICS - TOPICAL		
doxepin hcl cream	-	NC
ANTIPSORIATICS		
acitretin cap (SORIATANE equiv)	-	2
calcipotriene cream (DOVONEX CREAM equiv)	-	2
calcipotriene oint	-	2
CALCIPOTRIENE SOLN	-	2
calcipotriene soln (DOVONEX SOLN equiv)	-	2
METHOXSALEN CAP	-	2
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2
tazarotene cream 0.1% (TAZORAC equiv)	-	2
CALCITRIOL OINT	-	3
TAZORAC CREAM	-	3
BIMZELX INJ	-	NC
BIMZELX SYRINGE	-	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
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
TRIONEX PACK	-	NC
USTEKINUMAB INJ 45MG/0.5ML	-	NC
USTEKINUMAB INJ 90MG/ML	-	NC
USTEKINUMAB-AEKN 45MG/0.5ML	-	NC
USTEKINUMAB-AEKN 90MG/ML	-	NC
VECTICAL OINT	-	NC
VTAMA CREAM	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
WEZLANA INJ	-	NC
WEZLANA SYRINGE	-	NC
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	CMSP-PA-QL	S
SPEVIGO INJ (QL= 2ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
STEQEYMA INJ (QL= 1 inj/84 days)	CMSP-PA-QL	S
STEQEYMA INJ 90MG (QL= 1 inj/84 days)	CMSP-PA-QL	S
TALTZ INJ (QL= 1 inj/28 days)	CMSP-PA-QL	S
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	CMSP-PA-QL	S
TALTZ INJ 40MG/0.5ML (QL= 1 inj/28 days)	CMSP-PA-QL	S
TREMFYA INJ (QL= 1 inj/56 days)	CMSP-PA-QL	S
YESINTEK INJ (QL= 1 inj/84 days)	CMSP-PA-QL	S
YESINTEK SYRINGE (QL= 1 inj/84 days)	CMSP-PA-QL	S
YESINTEK SYRINGE 90MG (QL= 1 inj/84 days)	CMSP-PA-QL	S
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1
selenium sulfide shampoo (ELSEB equiv)	-	2
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
OVACE PLUS CREAM	-	3
ESKATA SOLN	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS SHAMPOO	-	NC
OVACE PLUS FOAM	-	NC
PROMISEB CREAM	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
sodium sulfacetamide gel (OVACE equiv)	-	NC
sodium sulfacetamide shampoo (OVACE equiv)	-	NC
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX equiv)	-	1
acyclovir cream (ZOVIRAX equiv)	-	NC
DENAVIR CREAM	-	NC
penciclovir cream (DENAVIR equiv)	-	NC
XERESE CREAM	-	NC
ZELSUVMI GEL	-	NC
ZOVIRAX OINT	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
MAFENIDE ACETATE SOLN PACK	-	NC
CORTICOSTEROIDS - TOPICAL		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone valerate cream	-	1
BETAMETHASONE VALERATE LOTION	-	1

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
betamethasone valerate oint	-	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate oint (TEMOVATE equiv)	-	1
clobetasol propionate soln (TEMOVATE equiv)	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream 0.05% (LIDEX equiv)	-	1
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
HYDROCORTISONE LOTION 2.5%	-	1
hydrocortisone oint	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
alclometasone cream (ACLOVATE equiv)	-	2
ALCLOMETASONE OINT	-	2
alclometasone oint (ACLOVATE OINT equiv)	-	2
BETAMETHASONE AUGMENTED GEL	-	2
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2
clobetasol foam (OLUX equiv)	-	2
clobetasol lotion (CLOBEX equiv)	-	2
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2
clobetasol shampoo (CLOBEX equiv)	-	2
clobetasol spray (CLOBEX equiv)	-	2
desonide cream (DESOWEN equiv)	-	2
desonide oint (DESOWEN equiv)	-	2
desoximetasone cream (TOPICORT CREAM equiv)	-	2
desoximetasone oint (TOPICORT equiv)	-	2
EPIFOAM AEROSOL	-	2
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	2
halobetasol propionate cream (ULTRAVATE equiv)	-	2
halobetasol propionate oint (ULTRAVATE equiv)	-	2
HC PRAMOXINE CREAM 1-2.5%	-	2

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	2
PRAMOSONE E CREAM	-	2
PREDNICARBATE CREAM	-	2
PREDNICARBATE OIN	-	2
CUTIVATE LOTION	-	3
TOPICORT OINT	-	3
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINTMENT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone augmented gel	-	NC
betamethasone valerate foam (LUXIQ 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
CLOBEX LOTION	-	NC
CLOBEX SHAMPOO	-	NC
CLOBEX SPRAY	-	NC
CLOCORTOLONE CREAM	-	NC
clocortolone pivalate cream	-	NC
CLODERM CREAM	-	NC
CORDRAN CREAM 0.025%	-	NC
CORDRAN OINTMENT	-	NC
CORDRAN TAPE	-	NC
DERMACINRX KIT	-	NC
DERMA-SMOOTH/FS OIL	-	NC
DESONATE GEL	-	NC
desonide gel	-	NC
desonide lotion (DESOWEN equiv)	-	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 0.05% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM	-	NC
DIFLORASONE CREAM, PSORCON CREAM	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
FLUOPAR KIT	-	NC
FLUOVIX PAK	-	NC
flurandrenolide cream (CORDRAN equiv)	-	NC
FLURANDRENOLIDE LOTION	-	NC
flurandrenolide oint (CORDRAN equiv)	-	NC
FLUTICASONE LOTION	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halcinonide cream (HALOG equiv)	-	NC
HALCINONIDE SOLN	-	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 1-2.35%	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
HYDROCORTISONE BUTYRATE LIPOCREAM	-	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 (WESTCORT equiv)	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
HYDROXYM GEL	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
OLUX FOAM	-	NC
PANDEL CREAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 1-1%	-	NC
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC
QUINIXIL PAK	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TASOPROL CREAM KIT	-	NC
TEXACORT SOLN	-	NC
TOPICORT CREAM 0.05%	-	NC
TOPICORT GEL	-	NC
TOVET KIT	-	NC
triamcinolone acetonide oint (TRIANEX equiv)	-	NC
TRIAMCINOLONE SPRAY	-	NC
triamcinolone spray (KENALOG equiv)	-	NC
TRIAMVEX KIT	-	NC
TRIANEX OINT	-	NC
TRILOCICLO KIT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC
WYNZORA CREAM	-	NC
ECZEMA AGENTS		
ANZUPGO CREAM	-	NC
ADBRY INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S
ADBRY INJ (QL= 4 inj/28 days)	CMSP-PA-QL	S
CIBINQO TAB (QL= 1 tab/day)	CMSP-PA-QL	S
DUPIXENT INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S
DUPIXENT PEN INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S
EBGLYSS INJ (QL= 1 inj/28 days)	CMSP-PA-QL	S
EBGLYSS PEN INJ (QL= 1 inj/28 days)	CMSP-PA-QL	S
OPZELURA CREAM (QL= 12 tubes/year)	CMSP-PA-QL	S
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA PD EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
urea cream	-	NC
urea emulsion	-	NC
urea gel (URAMAXIN equiv)	-	NC
urea lotion (KERALAC LOTION equiv)	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	EXC
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	EXC
HYLINATE LOTION	-	NC
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
HAIR GROWTH AGENTS		
bimatoprost ophth soln	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
LEQSELVI TAB	-	NC
LITFULO CAP (QL= 1 cap/day)	MSP-PA-QL	S
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ (QL= 1 inj/56 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	S
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	1
IMIQUIMOD CREAM 3.75%	-	NC
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	1
pimecrolimus cream (ELIDEL equiv) (Covered for members age 2 years and older)	-	2
OXIANUJO CREAM	-	NC
HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	2
podofilox gel (CONDYLOX equiv)	-	2
PODOFILOX SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
ATRIX SYSTEM KIT	-	NC
CONDYLOX GEL	-	NC
GEAMETDRAY GEL	-	NC
METDRAY GEL	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SALEX LOTION KIT	-	NC
SALEX SHAMPOO	-	NC
SALICATE LIQUID	-	NC
SALICYLIC AC SOLN ER, XALIX SOLN	-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC
UREA/SALICYLIC CREAM	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	2
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	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
LIDO/MENTHOL SPRAY	-	NC
LIDO/RAC/TET GEL	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC
lidocaine gel (XYLOCAINE equiv)	-	NC
lidocaine hcl cream 4.12%	-	NC
lidocaine lotion	-	NC
lidocaine oint/transparent dressing kit	-	NC
lidocaine patch 3.5% (GEN7T equiv)	OTC	NC
LIDOCIN GEL	-	NC
LIDO-EP-TETR SOLN	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC
LIDOTREX GEL	-	NC
LIDOVEX CREAM	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC
NENDRUX GEL	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC

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

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DERMATOLOGICALS Cont.		
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
TRUBREXA PAD	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
NEOSALUS FOAM	-	NC
NEOSALUS LOTION	-	NC
MISC. TOPICAL		
DRYSOL SOLN	-	1
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	2
ZORYVE FOAM (QL= 60 grams/30 days)	PA-QL	2
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)	-	1
metronidazole gel 0.75% (METROGEL equiv)	-	1
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
metronidazole gel (METROGEL equiv)	-	2
metronidazole lotion (METROLOTION equiv)	-	2
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
ivermectin cream (SOOLANTRA equiv)	-	NC
NORITATE CREAM	-	NC
ORACEA CAP	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ROSADAN KIT	-	NC
SOOLANTRA CREAM	-	NC
ZILXI FOAM	-	NC
SCABICIDES & PEDICULICIDES		
LINDANE SHAMPOO	-	1
permethrin cream (ELIMITE CREAM equiv)	-	1
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
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	2
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
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	2
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
FREESTYLE INSULINX TEST STRIP	OTC	2
FREESTYLE PRECISION NEO TEST STRIP	OTC	2

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DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
FREESTYLE TEST STRIP	OTC	2
PRECISION XTRA TEST STRIP	OTC	2
RELION TRUE METRIX TEST STRIPS	-	2
TRUE METRIX TEST STRIPS	OTC	2
COVID-19 TEST	OTC	EXC
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC
CUE HEALTH MONITOR	OTC	EXC
ACCU-CHEK GUIDE TEST STRIP	OTC	NC
PRECISION XTRA KETONE TEST STRIP	OTC	NC
TEST STRIP (all other test strips)	OTC	NC
TRUE METRIX 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	-	2
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC
SUCRAID SOLN	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide tab	-	1
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
methazolamide tab (NEPTAZANE equiv)	-	2
dichlorphenamide tab (KEVEYIS equiv)	-	NC
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	1
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1

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SF	Mandatory Specialty Pharmacy Program	OTC	ST	Restricted to Specialist
VAC	Quantity Limit	RDX		Step Therapy
	Limited to two 15 day fills per month for first 3 months	SMKG		
	Vaccine Program	¢		
		RxCENTS		

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DrugName	Special Code	Tier
DIURETICS Cont.		
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECRIN equiv)	-	2
FUROSIX KIT (QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633)	LD-QL	2
ENBUMYST SOLN	-	NC
LASIX ONYU INJ 80MG/2.67ML	-	NC
SOAANZ TAB	-	NC
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
triamterene cap (DYRENIUM equiv)	-	2
DYRENIUM CAP	-	3
spironolactone susp (CAROSPIR equiv)	PA	3
CAROSPIR SUSP	-	NC
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
CHLOROTHIAZIDE TAB	-	1
chlorothiazide tab (DIURIL equiv)	-	1
chlorthalidone tab	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
INZIRQO SUSP (Prior Authorization required for members age 9 years and older)	PA	3
THALITONE TAB	-	NC
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
RECORLEV TAB	-	NC
ISTURISA TAB (QL= 12 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	1
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1
ALENDRONATE TAB 40MG	-	2
calcitonin nasal spray (MIACALCIN equiv)	-	2
risedronate tab (ACTONEL equiv)	-	2
alendronate sodium oral soln (FOSAMAX equiv)	-	3
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	3
BINOSTO TAB	-	NC

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
BONSITY INJ	-	NC
calcitonin inj (MIACALCIN equiv)	-	NC
FOSAMAX+D TAB	-	NC
teriparatide (recombinant) soln pen-inj (FORTEO equiv)	CMSP	S
TYMLOS INJ (Only available through Lumicera 855-847-3553)	LD	S
CORTICOTROPIN		
ACTHAR GEL AUTO-INJECTOR	-	NC
CORTROPHIN INJ	-	NC
CORTROPHIN INJ GEL	-	NC
ACTHAR GEL INJ (QL= 4 vials/fill)	MSP-PA-QL	S
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP	-	NC
CRENESSITY SOLN	-	NC
FERTILITY REGULATORS		
clomiphene citrate tab (CLOMID equiv) (Members of non-female gender require Prior Authorization)	INF-PA	2
CLOMIPHENE TAB (Members of non-female gender require Prior Authorization)	INF-PA	2
FOLLISTIM AQ INJ (Members of non-female gender require Prior Authorization)	INF-PA	2
GONAL-F RFF INJ (Members of non-female gender require Prior Authorization)	INF-PA	2
GONAL-F RFF INJ, GONAL-F INJ (Members of non-female gender require Prior Authorization)	INF-PA	2
MENOPUR INJ (Members of non-female gender require Prior Authorization)	INF-PA	2
OVIDREL INJ (Members of non-female gender require Prior Authorization)	INF-PA	2
PREGNYL INJ, NOVAREL INJ (Members of non-female gender require Prior Authorization)	INF-PA	2
GNRH/LHRH ANTAGONISTS		
cetorelix acetate for inj kit (CETROTIDE equiv) (Members of non-female gender require Prior Authorization)	INF-PA	1
ganirelix ac inj (GANIRELIX equiv) (Members of non-female gender require Prior Authorization)	INF-PA	1
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2
CETROTIDE KIT (Members of non-female gender require Prior Authorization)	INF-PA	3
GANIRELIX AC INJ (Members of non-female gender require Prior Authorization)	INF-PA	3
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	S
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	EXC
EGRIFTA WR KIT	-	EXC
GROWTH HORMONES		
HUMATROPE INJ, ZOMACTON INJ	-	NC
NGENLA INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC
OMNITROPE INJ, ZOMACTON INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
SKYTROFA INJ	-	NC
SOGROYA INJ	-	NC
GENOTROPIN INJ	CMSP-PA	S
GENOTROPIN INJ 5MG	CMSP-PA	S

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VAC	Vaccine Program	¢	RxCENTS			

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
OMNITROPE INJ	CMSP-PA	S
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)	-	\$0
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	2
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	2
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
LYNKUET CAP	-	NC
VEOZAH TAB	-	NC
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
carglumic acid tab (CARBAGLU equiv)	MSP-PA	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
nitisinone cap (ORFADIN equiv)	CMSP-PA	1
cinacalcet tab (SENSIPAR equiv)	-	2
DOXERCALCIFEROL CAP	-	2
doxercalciferol cap (HECTOROL equiv)	-	2
paricalcitol cap (ZEMPLAR equiv)	-	2
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523; Step Therapy requires trial of sodium phenylbutyrate)	LD-ST	2
sapropterin dihydrochloride powder packet (KUVAN equiv)	CMSP-PA	2
sapropterin dihydrochloride soluble tab (KUVAN equiv)	CMSP-PA	2
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2
betaine powder for oral solution (CYSTADANE equiv)	-	NC
CALCITRIOL INJ	-	NC
CARBAGLU TAB	-	NC
CITRULLINE EASY TAB	-	NC
FORZINITY INJ	-	NC
glycerol phenylbutyrate liquid (RAVICTI equiv)	-	NC
HARLIKU TAB	-	NC
JAVYGTOR PAK 100MG	-	NC
JAVYGTOR POW 500MG	-	NC
JAVYGTOR TAB 100MG	-	NC
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
MYALEPT INJ	-	NC
NITYR TAB	-	NC
OLPRUVA PACK	-	NC
ORFADIN CAP	-	NC

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ORFADIN SUSP	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
SENSIPAR TAB	-	NC
SEPHIENCE POWDER	-	NC
TRYNGOLZA INJ	-	NC
VYKAT XR TAB	-	NC
XURIDEN POWDER	-	NC
CYSTADANE POWDER (Only available through AnovoRx 844-288-5007)	LD	S
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S
IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	S
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	S
XPHOZAH TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
YORVIPATH INJ (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S
YORVIPATH INJ 294 MCG (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S
YORVIPATH INJ 420 MCG (QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB (QL= 1 tab/day)	PA-QL	2
NATRIURETIC PEPTIDES		
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	S
POSTERIOR PITUITARY HORMONES		
desmopressin acetate tab (DDAVP equiv)	-	2
DESMOPRESSIN NASAL SPRAY	-	2
STIMATE NASAL SOLN	-	2
DDAVP NASAL SOLN	-	3
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200mg (MIFIPREX equiv)	-	1
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	CMSP	1
OCTREOTIDE INJ 100MCG	CMSP	1
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
PALSONIFY TAB	-	NC
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK	-	NC
TOLVAPTAN TAB	-	NC
tolvaptan tab (JYNARQUE, SAMSCA equiv) (QL= 2 tabs/day)	MSP-PA-QL	S
tolvaptan tab therapy pack (JYNARQUE equiv) (QL= 2 tabs/day)	MSP-PA-QL	S

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DrugName	Special Code	Tier
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	1
COMBIPATCH	-	2
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2
PREMPHASE TAB, PREMPRO TAB	-	2
PREFEST TAB	-	3
ANGELIQ TAB	-	NC
BIJUVA CAP	-	NC
CLIMARA PRO PATCH	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT, MINIVELLE equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	2
estrogens, conjugated tab (PREMARIN equiv)	-	2
PREMARIN TAB	-	2
ALORA PATCH	-	3
MENEST TAB	-	3
VIVELLE-DOT, MINIVELLE PATCH	-	3
DELESTROGEN INJ	-	NC
DIVIGEL GEL	-	NC
DIVIGEL GEL, ELESTRIN GEL	-	NC
estradiol td gel (DIVIGEL equiv)	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
FLUOROQUINOLONES		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
OFLOXACIN TAB	-	1
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2
ciprofloxacin susp (CIPRO equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
CIPRO SUSP	-	3
CIPROFLOXACIN 100MG TAB	-	3
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

MOTTEGRITY TAB	-	NC
prucalopride succinate tab (MOTTEGRITY equiv)	-	NC

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MSP	NC/3P = Not Covered, Third Party Reviewer			
QL	Costco Mandatory Specialty Pharmacy Program	INF	Infertility	Limited Distribution
SF	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	Prior Authorization
VAC	Quantity Limit	RDX	Restricted to Diagnosis	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	Step Therapy
	Vaccine Program	¢	RxCENTS	

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB (QL= 1 tab/day)	QL	2
BILE ACID SYNTHESIS DISORDER AGENTS		
CHENODAL TAB, CTEXLI TAB	-	NC
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	S
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
CHENODAL TAB, CTEXLI TAB	-	NC
RELTONE CAP	-	NC
URSODIOL CAP	-	NC
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	2
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	QL	1
AMITIZA CAP (QL= 2 caps/day)	QL	3
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
GIMOTI NASAL SPRAY	-	NC
METOSOLV ODT	-	NC
HEPATOTROPICS		
REZDIFFRA TAB (QL= 1 tab/day)	MSP-PA-QL	S
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	S
LIVMARLI SOLN 19MG/ML (QL= 60mL/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	S
LIVMARLI TAB (QL= 2 tabs/day; Only available through Eversana 866-849-4481)	LD-PA-QL	S
LIVMARLI TAB 30 MG (QL= 1 tab/day; Only available through Eversana 866-849-4481)	LD-PA-QL	S
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
mesalamine DR cap (DELZICOL equiv)	-	2
mesalamine DR tab (LIALDA equiv)	-	2
mesalamine enema (ROWASA equiv)	-	2
mesalamine ER cap (APRISO equiv)	-	2
mesalamine supp (CANASA equiv)	-	2
DIPENTUM CAP	-	3
mesalamine tab (ASACOL equiv)	-	3
APRISO CAP	-	NC

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
mesalamine ER cap (PENTASA CR equiv)	-	NC
OMVOH INJ	-	NC
PENTASA CR CAP	-	NC
ROWASA KIT	-	NC
VELSIPITY TAB	-	NC
CIMZIA INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S
CIMZIA INJ 200MG/ML (QL= 2 inj/28 days)	CMSP-PA-QL	S
ENTYVIO SC INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	CMSP-PA-QL	S
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	CMSP-PA-QL	S
TREMFYA INDUCTION INJ 200MG/ML (QL= 2 inj/28 days; 6 inj/year)	CMSP-PA-QL	S
TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days)	CMSP-PA-QL	S
ZYMFENTRA INJ (QL= 2 inj/28 days)	CMSP-PA-QL	S
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP (QL= 1 cap/day)	QL	2
alosetron tab (LOTROXEX equiv)	-	3
IBSRELA TAB	-	NC
VIBERZI TAB	-	NC
LIVE FECAL MICROBIOTA		
VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)	LD-PA-QL	S
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB (QL= 1 tab/day)	PA-QL	2
SYMPROIC TAB (QL= 1 tab/day)	PA-QL	2
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	S
LIVDELZI CAP (QL= 1 cap/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	S
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
FOSRENOL POWDER PACK	-	2
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2
sevelamer powder pak (RENVELA equiv)	-	2
sevelamer tab (RENVELA TAB equiv)	-	2
AURYXIA TAB	-	3
FOSRENOL CHEW TAB	-	3
RENVELA TAB	-	3

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
FERRIC CITRATE TAB	-	NC
RENAGEL TAB	-	NC
RENAGEL TAB 800MG	-	NC
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC
VELPHORO CHEW TAB	-	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	-	1
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
tricitrates soln (POLYCITRA-LC equiv)	-	1
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	2
PROCYSBI CAP	-	NC
PROCYSBI GRANULES PACKET	-	NC
GENITOURINARY IRRIGANTS		
SODIUM CHLORIDE IRRIGATION SOLN	-	NC
HYPEROXALURIA AGENTS		
RIVFLOZA INJ (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S
RIVFLOZA INJ 160 MG/ML (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S
RIVFLOZA VIAL (QL= 2 vials/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S
IGA NEPHROPATHY (IGAN) AGENTS		
VANRAFIA TAB	-	NC
FILSPARI TAB (QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	S
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	NC
PENTOSAN CAP	-	NC
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1

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NC/3P = Not Covered, Third Party Reviewer								
CMSP	Costco Mandatory Specialty Pharmacy Program	INF	Infertility	LD	Limited Distribution			
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization			
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist			
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy			
VAC	Vaccine Program	¢	RxCENTS					

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
silodosin cap (RAPAFLO equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
CARDURA XL TAB	-	NC
dutasteride/tamsulosin cap (JALYN equiv)	-	NC
ENTADFI CAP	-	NC
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	1
URINARY STONE AGENTS		
tiopronin tab (THIOLA equiv)	CMSP-PA	1
tiopronin tab delayed release (THIOLA EC equiv)	CMSP-PA	1
LITHOSTAT TAB	-	3
THIOLA EC TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
colchicine tab (COLCRYS equiv)	-	1
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	1
GLOPERBA SOLN (Prior Authorization required for members age 9 years and older)	PA	3
ALLOPURINOL TAB	-	NC
colchicine cap (MITIGARE equiv)	-	NC
COLCRYS TAB	-	NC
MITIGARE CAP	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADYNOVATE INJ	-	NC
FEIBA INJ	-	NC
HYMPAVZI INJ	-	NC
IDELVION INJ	-	NC
IXINITY INJ	-	NC
KOGENATE FS INJ	-	NC
OBIZUR INJ	-	NC
QFITLIA INJ	-	NC
REBINYN INJ	-	NC
TRETEN INJ	-	NC
ADVATE, KOVALTRY INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
AFSTYLA KIT (Only available through Lumicera 855-847-3553)	LD-PA	S
ALPHANATE, HUMATE-P INJ (Only available through Lumicera 855-847-3553)	LD-PA	S

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MSP	Costco Mandatory Specialty Pharmacy Program		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		ST	Step Therapy	
VAC	Limited to two 15 day fills per month for first 3 months		¢	RxCENTS				
	Vaccine Program							

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
ALPHANINE SD INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
ALPROLIX INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
ALTUVIIIO INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
BENEFIX INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
COAGADEX INJ (Only available through CVS/Caremark 800-237-2767 or OptionCare 877-686-2622)	LD-PA	S
CORIFACT KIT (Only available through Lumicera 855-847-3553)	LD-PA	S
ELOCTATE INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
ESPEROCT INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
FIBRYGA, RIASTAP INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
HEMLIBRA INJ	CMSP-PA	S
HEMOFIL M, KOATE INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
JIVI INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
NOVOEIGHT INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
NOVOSEVEN RT INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
NUWIQ INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
NUWIQ KIT (Only available through Lumicera 855-847-3553)	LD-PA	S
PROFILNINE INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
RECOMBINATE INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
RIXUBIS INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
SEVENFACT INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
VONVENDI INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
WILATE INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
XYNTHA INJ (Only available through Lumicera 855-847-3553)	LD-PA	S
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (FIRAZYR equiv)	CMSP-PA	1
FIRAZYR INJ	-	NC
COMPLEMENT INHIBITORS		
FABHALTA CAP	-	NC
BERINERT INJ	MSP-PA	S
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
HAEGARDA INJ	MSP-PA	S
RUCONEST INJ (Only available through Accredo 800-803-2523)	LD-PA	S
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
VOYDEYA TAB (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S
VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S
ZILBRYSQ INJ (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB	-	NC
WAYRILZ TAB	-	NC
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLASMA FACTOR XIIA INHIBITORS		

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
ANDEMBRY INJ	-	NC
PLASMA KALLIKREIN INHIBITORS		
EKTERLY TAB	-	NC
ORLADEYO CAP	-	NC
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
prasugrel tab (EFFIENT equiv)	-	1
aspirin/dipyridamole cap (AGGRENOLX equiv)	-	2
ticagrelor tab (BRILINTA equiv)	-	2
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
BRILINTA TAB	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
CABLVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
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	S
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day)	MSP-PA-QL	1
ZAVESCA CAP	-	NC
CERDELGA CAP (QL= 2 caps/day; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
OXBRYTA TAB	-	NC
SIKLOS TAB	-	NC
AGENTS FOR SICKLE CELL DISEASE		
L-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	CMSP-PA-QL	1
XROMI SOLN (Prior Authorization required for members age 9 years and older)	PA	3
ENDARI POWDER PACKET	-	NC
OXBRYTA TAB FOR ORAL SUSP	-	NC
COBALAMINS		
cyanocobalamin inj	-	1
cyanocobalamin nasal spray	-	2
NASCOBAL SPRAY	-	NC

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**Ajinomoto Foods North America
Category/Class**

Last Updated* 12/1/2025

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
FOLIC ACID/FOLATES		
folic acid tab 1mg (\$0 copay for female members only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for female members only)	OTC	\$0
folic acid tab 800mcg (Covered for female members only)	OTC	\$0
HEMATOPOIETIC GROWTH FACTORS		
RETACRIT INJ	-	2
ALVAIZ TAB	-	NC
ARANESP INJ	-	NC
FYLNETRA INJ	-	NC
GRANIX INJ	-	NC
JESDUVROQ TAB	-	NC
LEUKINE INJ	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
NYPOZI INJ	-	NC
PROCRIT INJ	-	NC
PROMACTA POWDER	-	NC
PROMACTA TAB	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
STIMUFEND INJ	-	NC
UDENYCA INJ	-	NC
VAFSEO TAB	-	NC
ZIEXTENZO INJ	-	NC
DOPTELET SPRINKLE CAP (QL= 2 caps/day)	MSP-PA-QL	S
DOPTELET TAB (QL= 2 tabs/day)	MSP-PA-QL	S
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 1 packet/day)	CMSP-PA-QL	S
eltrombopag olamine tab (PROMACTA equiv) (QL= 1 tab/day)	CMSP-PA-QL	S
eltrombopag olamine tab 50mg (PROMACTA equiv) (QL= 2 tabs/day)	CMSP-PA-QL	S
eltrombopag olamine tab 75mg (PROMACTA equiv) (QL= 2 tabs/day)	CMSP-PA-QL	S
FULPHILA INJ	CMSP	S
NIVESTYM INJ	CMSP	S
NYVEPRIA INJ	CMSP	S
ZARXIO INJ	CMSP	S
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
MULTIGEN FOLIC TAB	-	1
MULTIGEN PLUS TAB	-	1
MULTIGEN TAB	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
ICAR-C PLUS TAB 100-250-0.025-1MG	-	3
BENTIVITE TAB	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC

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**Ajinomoto Foods North America
Category/Class**

Last Updated* 12/1/2025

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
FERIVA 21/7 TAB	-	NC
FERRO-PLEX TAB	-	NC
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	OTC	NC
FERROUS SULFATE LIQUID	OTC	NC
ferrous sulfate soln	OTC	NC
STEM CELL MOBILIZERS		
XOLREMDI CAP (QL= 4 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid tab (LYSTEDA equiv)	-	1
aminocaproic acid soln (AMICAR equiv)	-	2
aminocaproic acid tab (AMICAR equiv)	-	2
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	NC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv)	-	NC
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	1
temazepam cap 22.5mg (RESTORIL equiv)	-	3

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MSP	Mandatory Specialty Pharmacy Program	OTC
QL	Quantity Limit	RDX
SF	Limited to two 15 day fills per month for first 3 months	SMKG
VAC	Vaccine Program	¢
		RxCENTS
		LD
		PA
		RS
		ST
		Limited Distribution
		Prior Authorization
		Restricted to Specialist
		Step Therapy

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Last Updated* 12/1/2025

DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
temazepam cap 7.5mg (RESTORIL equiv)	-	3
AMBIEN TAB	-	NC
EDLUAR SL TAB	-	NC
FLURAZEPAM CAP	-	NC
INTERMEZZO SL TAB	-	NC
LUNESTA TAB	-	NC
QUAZEPAM TAB	-	NC
ZOLPIDEM CAP	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIDEM TARTRATE SL TAB 1.75MG	-	NC
ZOLPIDEM TARTRATE SL TAB 3.5MG	-	NC
ZOLPIMIST SPRAY	-	NC
OREXIN RECEPTOR ANTAGONISTS		
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3
QUVIVIQ TAB	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC
ROZEREM TAB	-	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)	QL	\$0
GOLYTELY SOLN (\$0 copay for members age 45-75 years; all other members covered at preferred brand copay; Limited to 2 fills/calendar year)	QL	\$0
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	\$0
peg 3350/electrolytes soln (COLYTE equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
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)	QL	\$0
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	\$0
CLENPIQ SOLN	-	NC
MOVIPREP SOLN	-	NC
PEG-PREP KIT	-	NC
PLENVU SOLN	-	NC
SUFLAVE SOLN	-	NC
SUPREP BOWEL PREP PACK	-	NC
SUTAB TAB	-	NC
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	1
MIRALAX PACKET	OTC	EXC
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	EXC

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DrugName	Special Code	Tier
LAXATIVES Cont.		
GIALAX KIT	-	NC
lactulose oral crystal packet (KRISTALOSE equiv)	-	NC
SALINE LAXATIVES		
OSMOPREP TAB	-	NC
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
CLARITHROMYCIN		
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYC SUSP	-	2
clarithromycin ER tab (BIAXIN XL equiv)	-	3
ERYTHROMYCINS		
ERYTHROMYCIN CAP DR	-	2
erythromycin DR cap (ERYC equiv)	-	2
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2
ERYTHROYCIN EC CAP	-	2
E.E.S. TAB	-	3
erythromycin ethylsuccinate tab (E.E.S. TAB equiv)	-	3
erythromycin tab (ERY-TAB equiv)	-	3
PCE TAB	-	3
FIDAXOMICIN		
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2
DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
DIABETIC SUPPLIES		
FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE LITE METER	OTC	\$0
FREESTYLE PRECISION NEO METER	OTC	\$0
PRECISION XTRA METER	OTC	\$0
RELION TRUE METRIX AIR KIT (QL= 1 meter per fill/2 meters per year)	QL	\$0
TRUE METRIX KIT AIR (QL= 1 meter per fill/2 meters per year)	OTC-QL	\$0
TRUE METRIX KIT METER (QL= 1 meter per fill/2 meters per year)	OTC-QL	\$0

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
TRUE METRIX AIR METER (QL= 1 meter per fill/2 meters per year)	QL	\$0
TRUE METRIX GO METER (QL= 1 meter per fill/2 meters per year)	QL	\$0
CALIBRATION LIQUID	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
DEXCOM G7 SENSOR (15-DAY) (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	2
OMNIPOD 5 DEX G7G6 PODS (QL= 10 pods/month)	QL	2
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	2
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	2
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	2
OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 10 pods/month)	QL	2
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	2
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	2
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2
ONETOUCH DELICA 30G LANCETS	OTC	2
ONETOUCH DELICA 33G LANCETS	OTC	2
ONETOUCH DELICA PLUS 30G LANCT	OTC	2
ONETOUCH DELICA PLUS 33G LANCT	OTC	2
ONETOUCH ULTRASOFT LANCETS	OTC	2

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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	ST	Step Therapy			
VAC	Vaccine Program	¢	RxCENTS					

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
V-GO INJ KIT (QL= 1 kit/day)	QL	2
ACCU-CHEK GUIDE CARE METER	OTC	NC
ACCU-CHEK GUIDE ME KIT	OTC	NC
DIABETIC METER (all other diabetic meters)	OTC	NC
OMNIPOD DASH PDM KIT	-	NC
OMNIPOD GO KIT	-	NC
TEMPO SMART BUTTON	-	NC
TWIIST REFILL KIT	-	NC
TWIIST STARTER KIT	-	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	1
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	--OTC	1
EMBECTA INSULIN SYRINGE	--OTC	1
TRUEPLUS PEN NEEDLES	OTC	1
B-D PEN NEEDLE	--OTC	NC
CEQUR SIMPLICITY	-	NC
EMBECTA PEN NEEDLE	OTC	NC
INPEN INSULIN INJECTION DEVICE	-	NC
INSULIN SYRINGE	OTC	NC
NOVOFINE PEN NEEDLE	OTC	NC
NOVOTWIST PEN NEEDLE	OTC	NC
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
UBRELVY TAB (QL= 10 tabs/30 days)	PA-QL	2
ZAVZPRET NASAL SPRAY (QL= 6 units/fill, 60 units/365 days)	PA-QL	2
QULIPTA TAB (QL= 30 tabs/30 days)	PA-QL	3
MIGRAINE COMBINATIONS		
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	2
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
ERGOTAMINE/CAFFEINE TAB	-	NC
ergotamine/caffeine tab (CAFERGOT equiv)	-	NC
MIGERGOT SUPP	-	NC
PRODRIN TAB	-	NC
SUMANSETRON PAK	-	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	ST	Step Therapy			
VAC	Vaccine Program	¢	RxCENTS					

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
SYMBRAVO TAB	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
BREKIYA INJ	-	NC
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC
ERGOMAR SL TAB	-	NC
MIGRANAL SPRAY	-	NC
TRUDHESA NASAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2
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	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
IMITREX INJ 4MG/0.5ML (QL= 4 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 SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
almotriptan tab (AXERT equiv)	-	NC
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
AXERT TAB	-	NC
FROVA TAB	-	NC
frovatriptan tab (FROVA equiv)	-	NC
ONZETRA XSAIL	-	NC
SUMAVEL DOSEPRO INJ	-	NC

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DrugName	Special Code	Tier
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MIGRAINE PRODUCTS Cont.

TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC

MINERALS & ELECTROLYTES

FLUORIDE

FLUORABON SOLN (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride chew tab (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE TAB (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0

PHOSPHATE

phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
potassium phosphate monobasic tab (K-PHOS equiv)	-	2

POTASSIUM

K-TAB	-	1
POT/CHLORIDE EFFER TAB	-	1
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
POTASSIUM CHLORIDE TAB ER	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	2
potassium chloride soln	-	2
POKONZA POWDER	-	NC

ZINC

zinc gluconate tab	OTC	\$0
GALZIN CAP	-	NC

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

trientine cap (SYPRINE equiv)	CMSP-PA	1
penicillamine tab (DEPEN TITRATAB equiv)	-	2
CUVRIOR TAB	-	NC
DEPEN TITRATAB	-	NC
penicillamine cap (CUPRIMINE equiv)	-	NC
TRIENTINE CAP	-	NC

IMMUNOMODULATORS

REVLIMID CAP	-	NC
RHAPSIDO TAB	-	NC
JOENJA TAB (QL= 2 tabs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	MSP-QL-RS	S
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	S
VYVGART HYTRULO INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S

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MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
IMMUNOSUPPRESSIVE AGENTS		
everolimus tab (ZORTRESS equiv)	PA	2
sirolimus soln (RAPAMUNE equiv)	-	2
ASTAGRAF XL CAP	-	NC
azathioprine tab 100mg (AZASAN equiv)	-	NC
azathioprine tab 75mg (AZASAN equiv)	-	NC
MYHIBBIN SUSP	-	NC
PROGRAF PACKET	-	NC
ENSPRYNG INJ (QL= 1 inj/28 days; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S
LUPKYNIS CAP	LD-PA-QL	S
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE GRANULES PACKET (QL= 1 packet/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
VIJOICE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
VIJOICE TAB 250MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
POTASSIUM REMOVING AGENTS		
LOKELMA PAK (QL= 1 packet/day)	PA-QL	2
VELTASSA POWDER 1GM (QL= 4 packets/day)	PA-QL	2
LOKELMA PAK 10GM	-	NC
LOKELMA PAK 5GM	-	NC
SPS	-	NC
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP	-	NC
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 days; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S
BENLYSTA INJ (QL= 4 inj/28 days; Only available through COSTCO1710 855-213-0070)	LD-PA-QL	S
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	1
FIRST MOUTHWASH BLM	-	3
LIDOCAINE ORAL SOLN	-	NC
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
NYSTATIN SUSP	-	NC
ORAVIG TAB	-	NC
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride cream (PREVIDENT equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay)	-	\$0
FLUORIDEX SENSITIVITY PASTE	-	1
sodium fluoride gel (PREVIDENT equiv)	-	1

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MOUTH/THROAT/DENTAL AGENTS Cont.		
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
PREVIDENT SOLN	-	2
FRAICHE 5000 SENSITIVE GEL	-	NC
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv)	-	2
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
SILATRIX GEL	-	NC
MULTIVITAMINS		
B-COMPLEX VITAMINS		
EB-N3 DR CAP	-	NC
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1
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		
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	-	1
PRENATABS RX TAB	-	1
PRENATAL 19 CHEW TAB	-	1

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VAC	Vaccine Program	¢	RxCENTS					

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
PRENATAL 19 TAB	-	1
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
VP-PNV-DHA CAP	-	1
MYNATAL-Z TAB	-	3
NEONATAL 19 TAB	-	3
NEONATAL FE TAB	-	3
PRENATAL VITAMINS (NON-PREFERRED)	-	3
VITAFOL STRIPS	-	3
AZESCHEW TAB 13-1MG	-	NC
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
JENLIVA CAP	-	NC
MATERVIA CAP 0.5MG	-	NC
MULTI-MAC TAB	-	NC
PREGEN DHA CAP	-	NC
PREGENNA TAB	-	NC
PRENARA CAP	-	NC
PRENATE MAX TAB 15-0.4-.06MG	-	NC
PRENATOL-M TAB 27-1.2 MG	-	NC
PRENATRIX TAB	-	NC
PRENATRYL TAB	-	NC

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tab (BACLOFEN equiv)	-	1
carisoprodol tab (SOMA equiv)	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab 1000mg	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
chlorzoxazone tab 500mg	-	2
LYVISPAH GRANULE PACKET (Prior Authorization required for members age 9 years and older)	PA	2
tizanidine cap (ZANAFLEX equiv)	-	2
baclofen oral soln 10mg/5ml (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	3
BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization required for members age 9 years and older)	PA	3
baclofen oral soln 5mg/5ml (Prior Authorization required for members age 9 years and older)	PA	3
BACLOFEN SOLN 10MG/5ML (Prior Authorization required for members age 9 years and older)	PA	3
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	3
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3
FLEQSUVY SUSP (Prior Authorization required for members age 9 years and older)	PA	3
metaxalone tab (SKELAXIN equiv)	-	3
BACLOFEN TAB	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
chlorzoxazone tab	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC

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MUSCULOSKELETAL THERAPY AGENTS Cont.		
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
METAXALONE TAB	-	NC
METHOCARBAMOL TAB	-	NC
SOMA TAB 250MG	-	NC
ZANAFLEX CAP	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	2
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP	-	NC
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
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
RYALTRIS SPRAY	-	NC
NASAL AGENTS - MISC.		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		
COCAINE HCL SOLN	-	NC
GOPRELTO SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	2
olopatadine nasal spray (PATANASE equiv)	-	2
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL STEROIDS		
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
flunisolide nasal soln (QL= 2 bottles/fill)	QL	3
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC
BECONASE AQ NASAL SPRAY	-	NC
mometasone nasal spray (NASONEX equiv)	-	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
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)	-	2
EXSERVAN FILM	-	NC
TIGLUTIK SUSP	-	NC
RADICAVA ORS STARTER KIT (QL= 70ml/365 days)	MSP-PA-QL	S
RADICAVA ORS SUSP (QL= 50mL/28 days)	MSP-PA-QL	S
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
MUSCULAR DYSTROPHY AGENTS		
DUVYZAT ORAL SUSP	-	NC
RETT SYNDROME AGENTS		
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	S
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
ZOLGENSMA INJ	-	EXC
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
NUTRIENTS		
LIPIDS		
DOJOLVI ORAL LIQUID	-	NC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	NC
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL OPHTH SOLN	-	1
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
CARTEOLOL OPHTH SOLN	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1
LEVOBUNOLOL OPHTH SOLN	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
BETIMOL OPHTH SOLN 0.25%	-	2
BETOPTIC-S OPHTH SOLN	-	2
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	2
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2
ISTALOL OPHTH SOLN	-	2
METIPRANOLOL OPHTH SOLN	-	2
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2

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OPHTHALMIC AGENTS Cont.		
timolol ophth soln (BETIMOL OPTH equiv)	-	2
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	3
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	3
TIMOPTIC OCUDOSE OPTH SOLN 0.5%	-	NC
TIMOPTIC-XE OPTH GEL	-	NC
CHOLINERGIC AGONISTS		
TYRVAYA SOLN	-	NC
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
ATROPINE SUL OPTH OINT 1%	-	1
ATROPINE SUL SOLN 1% OPTH	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
phenylephrine ophth soln (MYDFRIN equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPTH SOLN	-	2
HOMATROPINE OPTH SOLN	-	2
CYCLOGYL OPTH SOLN	-	3
MYDCOMBI OPTH SOLN	-	NC
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPTH SOLN	-	NC
MIOTICS		
PHOSPHOLINE OPTH SOLN	-	NC
pilocarpine hcl ophth soln (VUITY equiv)	-	NC
QLOSI OPTH SOLN, VUITY OPTH SOLN	-	NC
VIZZ OPTH SOLN	-	NC
VUITY OPTH SOLN	-	NC
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2%	-	1
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	1
APRACLONIDINE OPTH SOLN	-	2
apraclonidine ophth soln (IOPIDINE equiv)	-	2
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	2
IOPIDINE OPTH SOLN	-	2
SIMBRINZA OPTH SUSP	-	2
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
GENTAK OPTH OINT	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
LEVOFLOXACIN OPTH SOLN 0.5%	-	1
moxifloxacin ophth soln (VIGAMOX OPTH SOLN equiv)	-	1
NEOMYCIN/POLYMXIN/GRAMICIDIN OPTH SOLN	-	1

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OPHTHALMIC AGENTS Cont.		
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
SULFACETAMIDE SOD OPHTH SOLN	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1
TRIFLURIDINE OPHTH SOLN	-	1
AZASITE SOLN	-	2
BACITRACIN OPHTH OINT	-	2
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2
XDEMVIY DROP (QL= 1 bottle/42 days (1 bottle= 10ml); Restricted to Ophthalmology or Optometry Specialist; Only available through CVS Specialty 800-238-7828 or Walgreens Specialty 888-347-3416)	LD-QL-RS	2
ZIRGAN OPHTH GEL	-	2
CILOXAN OPHTH OINT	-	3
gatifloxacin ophth soln (Zymaxid equiv)	-	3
TOBREX OPHTH OINT	-	3
VIGAMOX OPHTH SOLN	-	3
ZYMAXID OPHTH SOLN	-	3
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
VANCOMYCIN SOLN	-	NC
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	1
CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN	-	NC
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC
RESTASIS MULTI-DOSE	-	NC
RESTASIS OPHTH EMULSION	-	NC
RESTASIS OPHTH EMULSION (SINGLE USE VIAL)	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN	-	NC
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	-	NC
ROCKLATAN OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	1
tetracaine hcl ophth soln	-	1
TETRACAINE OPHTH SOLN	-	1
IHEEZO GEL	-	NC
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	S
OPHTHALMIC PHOTOENHANCERS		

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
prednisolone acetate ophth susp (PRED FORTE equiv)	-	1
PREDNISOLONE OPTH SUSP	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPTH SUSP	-	2
BLEPHAMIDE OPTH SOLN	-	2
difluprednate ophth emulsion (DUREZOL equiv)	-	2
LOTEMAX OPTH OINT	-	2
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	2
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	2
MAXIDEX OPTH SOLN	-	2
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTH SOLN	-	2
PRED MILD OPTH SOLN	-	2
PRED-G OPTH SOLN	-	2
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN	-	2
TOBRADEX OPTH OINT	-	2
ZYLET OPTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
BLEPHAMIDE S.O.P. OPTH OINT	-	3
FLAREX OPTH SUSP	-	3
FML FORTE OPTH SUSP	-	3
FML S.O.P. OPTH OINT	-	3
PRED FORTE OPTH SUSP	-	3
TOBRADEX ST OPTH SUSP	-	3
ALREX OPTH SUSP 0.2%	-	NC
CLOBETASOL OPTH SUSP	-	NC
DEXTENZA OPTH INSERT	-	NC
EYSUVIS OPTH SUSP	-	NC
INVELTYS OPTH SUSP	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX SM GEL 0.38%	-	NC
PREDNISOLONE/MOXIFLOXACIN OPTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPTH SUSP	-	NC

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

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
OPHTHALMIC SURGICAL AIDS		
DUOVISC KIT	-	NC
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv)	-	1
cromolyn ophth soln (CROLOM equiv)	-	1
CROMOLYN SODIUM OPHTH SOLN	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
brinzolamide ophth susp (AZOPT equiv)	-	2
bromfenac ophth soln (BROMDAY equiv)	-	2
bromfenac sodium ophth soln 0.07% (PROLENSA equiv)	-	2
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	2
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	2
FLURBIPROFEN OPHTH SOLN	-	2
ILEVRO OPHTH SUSP	-	2
NEVANAC OPHTH SUSP	-	2
ACUVAIL OPHTH SOLN	-	3
AZOPT OPHTH SUSP	-	3
EMADINE OPHTH SOLN	-	3
epinastine ophth soln (ELESTAT equiv)	-	3
PROLENSA OPHTH SOLN	-	3
UPNEEQ SOLN	-	EXC
ALOCRIL OPHTH SOLN	-	NC
bepotastine ophth soln (BEPREVE equiv)	-	NC
bromfenac sodium ophth soln 0.075% (BROMSITE equiv)	-	NC
BROMSITE DROPS 0.075%	-	NC
MIEBO OPHTH SOLN	-	NC
olopatadine ophth soln (PATANOL equiv)	-	NC
TRYPTYR SOLN	-	NC
ZERVATE OPHTH SOLN	-	NC
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2
IYUZEH OPHTH DROPS	-	NC
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv)	-	NC
TRAVATAN Z DROPS	-	NC
VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC
ZIOPTAN OPHTH SOLN	-	NC

OTIC AGENTS

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DrugName	Special Code	Tier
OTIC AGENTS Cont.		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
OTIC ANTI-INFECTIVES		
ofloxacin otic soln (FLOXIN equiv)	-	1
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	2
OTIC COMBINATIONS		
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	2
COLY-MYCIN S OTIC SUSP	-	2
CIPRO HC OTIC SUSP	-	3
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CIPRODEX OTIC SUSP	-	NC
CORTANE-B OTIC SOLN	-	NC
CORTIC-ND DROPS	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	2
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
MPM PAK	-	NC
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CUVITRU INJ	-	NC
HIZENTRA INJ	MSP-PA	S
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	MSP-PA	S
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG INJ	-	NC
HIZENTRA INJ	MSP-PA	S
XEMBIFY INJ	MSP-PA	S
MONOCLONAL ANTIBODIES		
BEYFORTUS INJ	VAC	\$0
ENFLONISIA INJ	VAC	\$0
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1

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DrugName	Special Code	Tier
PENICILLINS Cont.		
AMOXICILLIN CHEW TAB	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (AMPICILLIN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
AMOXICILLIN/CLAVULANATE ER TAB	-	NC
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
TRICHOSOL SOLN	-	NC
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	1
progesterone oil inj	-	1
megestrol ES susp (MEGACE ES equiv)	-	3
MEGESTROL SUSP	-	3
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days)	PA-QL	3
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	3
disulfiram tab 500mg	-	NC
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN	-	NC
XYWAV SOLN	-	NC
LUMRYZ PACK (QL= 1 packet/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
LUMRYZ STARTER PACK (QL= 1 packet/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	S
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
galantamine ER cap (RAZADYNE ER equiv)	-	1
GALANTAMINE SOLN	-	1
galantamine tab (RAZADYNE equiv)	-	1
memantine tab (NAMENDA equiv)	-	1
MEMANTINE TITRATION PAK	-	1
rivastigmine cap (EXELON equiv)	-	1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	2
memantine ER cap (NAMENDA XR equiv)	-	2
memantine soln (NAMENDA equiv)	-	2
NAMENDA XR TITRATION PACK	-	2
rivastigmine patch (EXELON equiv)	-	2
ADLARITY PATCH	-	NC
LEQEMBI IQLK INJ	-	NC
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv)	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
ZUNVEYL TAB	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	NC
DULOXICAINE PACK	-	NC
LYBALVI TAB	-	NC
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
TONMYA SL TAB	-	NC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	CMSP	1
AUSTEDO TITRATION PACK	-	NC
XENAZINE TAB	-	NC
AUSTEDO TAB (QL= 4 tabs/day)	CMSP-PA-QL	S
AUSTEDO XR TAB (QL= 1 tab/day)	CMSP-PA-QL	S
AUSTEDO XR TAB TITRATION PACK (QL= 1 pack/28 days)	CMSP-PA-QL	S
INGREZZA CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	CMSP-QL-RS	1
dimethyl fumarate DR cap (TECFIDERA equiv)	CMSP	1
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	CMSP	1
tingolimod hcl cap 0.5mg (GILENYA equiv)	CMSP	1
teriflunomide tab (AUBAGIO equiv)	CMSP	1
AUBAGIO TAB	-	NC
BAFIERTAM CAP	-	NC

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
EXTAVIA INJ	-	NC
GILENYA CAP 0.5MG	-	NC
GLATIRAMER INJ 20MG/ML	-	NC
GLATIRAMER INJ 40MG/ML	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TASCENSO ODT TAB	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
AVONEX INJ	CMSP	S
BETASERON INJ	CMSP	S
GILENYA CAP 0.25MG	CMSP	S
glatopa inj (COPAXONE equiv)	CMSP	S
KESIMPTA INJ	CMSP	S
MAVENCLAD THERAPY PAK (Only available through COSTCO1710 855-213-0070)	LD	S
MAYZENT TAB (Only available through COSTCO1710 855-213-0070; Step Therapy requires failure of two of the following: dimethyl fumerate, fingolimod, KESIMPTA, or ZEPOSIA)	LD-ST	S
MAYZENT TAB STARTER PACK (Only available through COSTCO1710 855-213-0070; Step Therapy requires failure of two of the following: dimethyl fumerate, fingolimod, KESIMPTA, or ZEPOSIA)	LD-ST	S
PLEGRIDY INJ	CMSP	S
PLEGRIDY PEN INJ	CMSP	S
REBIF INJ	CMSP	S
ZEPOSIA CAP (QL= 1 cap/day)	CMSP-PA-QL	S
ZEPOSIA STARTER PACK (QL= 1 cap/day)	CMSP-PA-QL	S
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab (GRALISE equiv)	-	NC
GRALISE TAB	-	NC
LIDOTIN PAK	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	NC
MIPLYFFA CAP	-	NC
AQNEURSA POWDER (QL= 4 packets/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL	S
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0

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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	ST	Step Therapy			
VAC	Vaccine Program	¢	RxCENTS					

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
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	S
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL CAP	-	NC
ALYFTREK TAB (QL= 2 tabs/day)	MSP-PA-QL	S
ALYFTREK TAB 4-20-50MG (QL= 3 tabs/day)	MSP-PA-QL	S
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
ORKAMBI GRANULES PACKET	MSP-PA-QL	S
ORKAMBI TAB (QL= 4 tabs/day;)	MSP-PA-QL	S
PULMOZYME INH SOLN	CMSP	S
SYMDEKO TAB (QL= 2 tabs/day)	MSP-PA-QL	S
TRIKAFTA TAB (QL= 84 tabs/28 days)	MSP-PA-QL	S
TRIKAFTA THERAPY PACK (QL= 2 packets/day)	MSP-PA-QL	S
PULMONARY FIBROSIS AGENTS		
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	CMSP-PA-QL	1
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	CMSP-PA-QL	1
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	CMSP-PA-QL	1
ESBRIET CAP	-	NC
ESBRIET TAB	-	NC
JASCAYD TAB	-	NC
PIRFENIDONE TAB	-	NC
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	S
RESPIRATORY AGENTS - MISC.		
BRINSUPRI TAB	-	NC
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab	-	3
TETRACYCLINES		
AMINOMETHYLCYCLINES		

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**Ajinomoto Foods North America
Category/Class**

Last Updated* 12/1/2025

DrugName	Special Code	Tier
TETRACYCLINES Cont.		
NUZYRA TAB	-	NC
TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap (MONODOX equiv)	-	1
doxycycline monohydrate tab (ADOXA equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	2
minocycline tab (DYNACIN equiv)	-	2
demeclocycline tab (DECLOMYCIN equiv)	-	3
tetracycline cap	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
DORYX MPC TAB	-	NC
doxycycline hyclate DR tab (DORYX equiv)	-	NC
doxycycline hyclate tab (TARGADOX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
MINOCYCLINE ER CAP	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
MINOLIRA TAB	-	NC
SEYSARA TAB	-	NC
TETRACYCLINE TAB	-	NC

THYROID AGENTS

ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
SODIUM IODIDE I-131 SOLN	-	NC

THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	1
levothyroxine tab (SYNTHROID equiv)	-	1
liothyronine tab (CYTOMEL equiv)	-	1
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1
THYROLAR TAB	-	2
TIROSINT-SOL (QL= 1ml/day; Prior Authorization required for members age 9 years and older)	PA-QL	3
ERMEZA SOLN 150 MCG/5ML	-	NC
LEVOTHYROXINE INJ	-	NC
LEVOTHYROXINE INJ 100MCG/ML	-	NC
THYQUIDITY SOLN	-	NC
TIROSINT CAP	-	NC

TOXOIDS

TOXOID COMBINATIONS		
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**Ajinomoto Foods North America
Category/Class**

Last Updated* 12/1/2025

DrugName	Special Code	Tier
TOXOIDS Cont.		
ADACEL/BOOSTRIX INJ	VAC	\$0
DAPTACEL INJ, INFANRIX INJ	VAC	\$0
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	\$0
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	\$0
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	\$0
PEDIARIX INJ	VAC	\$0
PENTACEL INJ	VAC	\$0
TETANUS/DIPHTHERIA TOXOID INJ	VAC	\$0
VAXELIS INJ	VAC	\$0

ULCER DRUGS

ANTISPASMODICS

dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBIID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	2
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
PROPANTHELINE TAB	-	2
methscopolamine tab (PAMINE equiv)	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
DONNATAL TAB	-	NC
GLYCATO TAB, GLYCOPYRROLATE TAB	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC

H-2 ANTAGONISTS

cimetidine soln (CIMETIDINE equiv)	-	1
famotidine tab (PEPCID equiv)	OTC	1
nizatidine cap (AXID equiv)	-	1
famotidine susp (PEPCID equiv)	-	2
cimetidine tab (TAGAMET equiv)	-	3

MISC. ANTI-ULCER

sucralfate tab (CARAFATE equiv)	-	1
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PROTON PUMP INHIBITORS

esomeprazole cap (NEXIUM equiv)	-	1
lansoprazole cap (PREVACID equiv) (Rx Only)	-	1
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
rabeprazole EC tab (ACIPHEX equiv)	-	1
FIRST OMEPRAZOLE SUSP	-	3

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MSP	NC/3P = Not Covered, Third Party Reviewer		PA	Limited Distribution
QL	Costco Mandatory Specialty Pharmacy Program	INF	RS	Prior Authorization
SF	Mandatory Specialty Pharmacy Program	OTC	ST	Restricted to Specialist
VAC	Quantity Limit	RDX		Step Therapy
	Limited to two 15 day fills per month for first 3 months	SMKG		
	Vaccine Program	¢		
		RxCENTS		

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**Ajinomoto Foods North America
Category/Class**

Last Updated* 12/1/2025

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
LANSOPRAZOLE SUSP	-	3
PREVACID OTC CAP	OTC	EXC
ACIPHEX SPRINKLE CAP	-	NC
PRILOSEC CAP	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
ULCER THERAPY COMBINATIONS		
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID POWDER PACK	-	NC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
glycopyrrolate oral soln (CUVPOSA equiv)	-	3
DARTISLA ODT TAB	-	NC
DICYCLOMINE TAB	-	NC
GLYCATE TAB	-	NC
HYOSCYAMINE INJ	-	NC
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	1
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	2
CARAFATE SUSP	-	NC
PROTON PUMP INHIBITORS		
esomeprazole DR granule pack (NEXIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	3
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
NEXIUM 24HR TAB	OTC	3
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	EXC
omeprazole tab	OTC	EXC
PRILOSEC OTC DR TAB	OTC	EXC
DEXILANT DR CAP	-	NC
dexlansoprazole DR cap (DEXILANT equiv)	-	NC
FIRST PANTOPRAZOLE SUSP	-	NC
pantoprazole sodium packet (PROTONIX equiv)	-	NC
PREVACID CAP	-	NC
VOQUEZNA TAB	-	NC
ULCER THERAPY COMBINATIONS		
bismuth/metro/tetra cap (PYLERA equiv)	-	NC
HELIDAC PACK	-	NC
KONVOMEK SUSP	-	NC
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC
PYLERA CAP	-	NC
TALICIA CAP	-	NC

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**Ajinomoto Foods North America
Category/Class**

Last Updated* 12/1/2025

DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
VOQUEZNA DUAL PAK	-	NC
VOQUEZNA TRIP PAK	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
PROSED DS TAB	-	NC
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
tropium chloride SR cap (SANCTURA XR equiv)	-	2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	1
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
solifenacin tab (VESICARE equiv)	-	1
tolterodine SR cap (DETROL LA equiv)	-	1
tolterodine tab (DETROL equiv)	-	1
tropium tab (SANCTURA equiv)	-	1
darifenacin SR tab (ENABLEX equiv)	-	2
OXYBUTYNIN TAB	-	NC
TOVIAZ TAB	-	NC
VESICARE LS SUSP	-	NC
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
mirabegron tab er (MYRBETRIQ equiv)	-	1
GEMTESA TAB	-	NC
MYRBETRIQ SUSP	-	NC
MYRBETRIQ TAB	-	NC
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	NC
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ, HIBERIX INJ	VAC	\$0
BEXSERO INJ	VAC	\$0
CAPVAXIVE INJ	VAC	\$0
MENACTRA INJ	VAC	\$0
MENQUADFI INJ	VAC	\$0
MENVEO INJ	VAC	\$0
PEDVAXHIB INJ	VAC	\$0
PENBRAYA INJ	VAC	\$0
PENMENVY INJ	VAC	\$0
PNEUMOVAX INJ	VAC	\$0
PREVNAR 20 INJ	VAC	\$0
TRUMENBA INJ	VAC	\$0

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Category/Class**

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DrugName	Special Code	Tier
VACCINES Cont.		
VAXNEUVANCE INJ	VAC	\$0
BCG INJ	VAC	EXC
TYPHIM VI INJ	VAC	EXC
VAXCHORA SUSP	VAC	EXC
VIVOTIF CAP	VAC	EXC
VIRAL VACCINES		
ABRYSVO INJ (QL= 1 dose/lifetime)	QL-VAC	\$0
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0
AREXVY INJ (QL= 1 dose/lifetime)	QL-VAC	\$0
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	\$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	\$0
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0
DENGXVAXIA SUSP	VAC	\$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUMIST NASAL (QL= 1 dose/28 days)	QL-VAC	\$0
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
GARDASIL 9 INJ	VAC	\$0
HAVRIX INJ, VAQTA INJ	VAC	\$0
HEPLISAV-B INJ	VAC	\$0
IPOLE INJ	VAC	\$0
JYNNEOS INJ	VAC	\$0
M-M-R II INJ	VAC	\$0
MNEXSPIKE INJ 10MCG/0.2ML (QL= 1 dose/24 days)	QL-VAC	\$0
MRESVIA INJ (QL= 1 dose/lifetime)	QL-VAC	\$0
NOVAVAX INJ 5MCG/0.5 ML (QL= 1 dose/24 days)	QL-VAC	\$0
PREHEVBRIO SUSP	VAC	\$0
PRIORIX INJ	VAC	\$0
PROQUAD INJ	VAC	\$0
ROTARIX SUSP	VAC	\$0
ROTATEQ INJ	VAC	\$0
SHINGRIX INJ (Covered for members age 19 years and older)	VAC	\$0
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	\$0
TWINRIX INJ	VAC	\$0
VARIVAX INJ	VAC	\$0
AUDENZ INJ	-	EXC
IMOVAX INJ	VAC	EXC
IXCHIQ INJ	VAC	EXC
IXIARO INJ	VAC	EXC
RABAVERT INJ	VAC	EXC
TICOVAC INJ	VAC	EXC
VIMKUNYA INJ	VAC	EXC

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

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Last Updated* 12/1/2025

DrugName	Special Code	Tier
VACCINES Cont.		
YF-VAX INJ	VAC	EXC
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
CLINDESSE VAGINAL CREAM (QL= 1 applicator (5 grams)/fill)	QL	2
XACIATO GEL (QL= 1 applicator/fill)	QL	2
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (QL= 1 box/fill)	QL	\$0
VAGINAL PROGESTINS		
progesterone vaginal insert (ENDOMETRIN equiv)	PA	1
ENDOMETRIN SUPP	-	NC
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC
SPERMICIDES		
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	1
metronidazole vaginal gel (METROGEL equiv)	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	3
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	1
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	2
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
FEMRING (3 copays per Rx)	-	3
IMVEXXY SUPP	-	NC
VAGINAL PROGESTINS		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1
ADRENALCLICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC

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SF	Mandatory Specialty Pharmacy Program	RDX	ST	Restricted to Specialist
VAC	Quantity Limit	SMKG		Step Therapy
	Limited to two 15 day fills per month for first 3 months	\$		
	Vaccine Program	RxCENTS		

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Ajinomoto Foods North America

Category/Class

Last Updated* 12/1/2025

DrugName	Special Code	Tier
VASOPRESSORS Cont.		
EPIPEN (JR) INJ	-	NC
NEFFY SPRAY	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	-	NC
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin D cap (RX strength only)	-	1
phytonadione tab (MEPHYTON equiv)	-	2
cholecalciferol tab (TRUE VIT D3 TAB equiv)	OTC	EXC
ERGOCAL CAP	-	NC
vitamin D cap 1000unit	OTC	NC
vitamin D cap 400unit	OTC	NC
VITAMIN D TAB 400UNIT	OTC	NC
WATER SOLUBLE VITAMINS		
POTABA POWDER PACKET	-	2

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

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Ajinomoto Foods North America
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)
ACTHAR GEL INJ	S
ACTIMMUNE INJ	S
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	S
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	S
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	S
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT	S
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	S
ADALIMUMAB-FKJP PFS KIT	S
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	S
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	S
adapalene cream	2
adapalene gel	2
ADBRY INJ	S
ADEMPAS TAB	S
ADVATE, KOVALTRY INJ	S
AFSTYLA KIT	S
AIMOVIG INJ	2
AJOVY INJ	2
ALECENSA CAP	S
ALKINDI SPRINKLE CAP 0.5MG	S
ALKINDI SPRINKLE CAP 1MG	S
ALPHANATE, HUMATE-P INJ	S
ALPHANINE SD INJ	S
ALPROLIX INJ	S
ALTUVIIIO INJ	S
ALUNBRIG TAB 30MG	S
ALUNBRIG TAB 90MG, 180MG	S
ALYFTREK TAB	S
ALYFTREK TAB 4-20-50MG	S
ambrisentan tab	1
APRETUDE SUSP	\$0
AQNEURSA POWDER	S
ARBLI SUSP	3
ARIKAYCE SUSP	S
ATORVALIQ SUSP	3
AUGTYRO CAP	S
AUGTYRO CAP 160MG	S
AUSTEDO TAB	S
AUSTEDO XR TAB	S
AUSTEDO XR TAB TITRATION PACK	S
AYVAKIT TAB	S

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Ajinomoto Foods North America cont.
Prior Authorization Drug List
Last Updated* 12/1/2025

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
baclofen oral soln 10mg/5ml	3
BACLOFEN ORAL SOLN 5 MG/5ML	3
baclofen oral soln 5mg/5ml	3
BACLOFEN SOLN 10MG/5ML	3
baclofen susp	3
BALVERSA TAB 3MG	S
BALVERSA TAB 4MG	S
BALVERSA TAB 5MG	S
BARACLUDE SOLN	3
BENEFIX INJ	S
BENLYSTA AUTO-INJECTOR	S
BENLYSTA INJ	S
BERINERT INJ	S
BESREMI INJ	S
bexarotene cap	1
bexarotene gel	1
bosentan tab	1
bosentan tab for oral susp	1
BOSULIF CAP	S
BOSULIF TAB	S
BRAFTOVI CAP 75MG	S
BRUKINSA CAP	S
BRUKINSA TAB	S
budesonide ER tab	3
budesonide rectal foam	3
BYLVAY CAP 1200MCG	S
BYLVAY CAP 400MCG	S
BYLVAY SPRINKLE CAP 200MCG	S
BYLVAY SPRINKLE CAP 600MCG	S
CABLIVI INJ KIT	S
CABOMETYX TAB	S
CALQUENCE TAB	S
CAMZYOS CAP	S
CAPRELSA TAB	S
CAPRELSA TAB 300MG	S
carglumic acid tab	1
CERDELGA CAP	S
cetrorelix acetate for inj kit	1
CETROTIDE KIT	3
CHOLBAM CAP	S
CIBINQO TAB	S

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Ajinomoto Foods North America cont.
Prior Authorization Drug List
Last Updated* 12/1/2025

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
CIMZIA INJ	S
CIMZIA INJ 200MG/ML	S
CINRYZE INJ	S
clobazam susp	2
clomiphene citrate tab	2
CLOMIPHENE TAB	2
COAGADEX INJ	S
COMETRIQ KIT	S
CONTRACE TAB	3
COPIKTRA CAP	S
CORIFACT KIT	S
CORLANOR SOLN	3
COTELLIC TAB	S
CRINONE GEL	2
dasatinib tab	1
DAYBUE SOLN	S
DAYVIGO TAB	3
deferiprone tab	1
DESCOVY TAB	\$0
DIACOMIT CAP	S
DIACOMIT POWDER PACK	S
diclofenac gel	2
DIFFERIN GEL	3
DOPTelet SPRINKLE CAP	S
DOPTelet TAB	S
dronabinol cap	2
DUPIXENT INJ	S
DUPIXENT PEN INJ	S
EBGLYSS INJ	S
EBGLYSS PEN INJ	S
ELOCTATE INJ	S
eltrombopag olamine powder pack for susp	S
eltrombopag olamine tab	S
eltrombopag olamine tab 50mg	S
eltrombopag olamine tab 75mg	S
EMGALITY INJ	2
EMGALITY INJ 100MG/ML	2
EMPAVELI INJ	S
enalapril maleate oral soln	3
ENBREL INJ 25MG	S
ENBREL INJ 50MG	S

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ENBREL MINI INJ	S
ENBREL SURECLICK INJ 50MG	S
ENDOMETRIN INSERT	2
ENSPRYNG INJ	S
ENTYVIO SC INJ	S
EPIDIOLEX SOLN	S
EPRONTIA SOLN	3
ERIVEDGE CAP	S
ERLEADA TAB	S
ERLEADA TAB 240MG	S
erlotinib tab	1
erlotinib tab 25mg	1
esomeprazole DR granule pack	3
ESPEROCT INJ	S
everolimus tab	1
everolimus tab (ZORTRESS equiv)	2
everolimus tab for oral susp	1
EVRYSDI SOLN	S
EZALLOR SPRINKLE CAP	3
FASENRA PEN INJ	S
FERRIPROX SOLN	S
FIBRYGA, RIASTAP INJ	S
FILSPARI TAB	S
FINTEPLA SOLN	S
FIRDAPSE TAB	S
FLEQSUVY SUSP	3
FLOLIPID SUSP	3
FOLLISTIM AQ INJ	2
FRUZAQLA CAP 1MG	S
FRUZAQLA CAP 5MG	S
GALAFOLD CAP	S
ganirelix ac inj	1
GAVRETO CAP	S
gefitinib tab	1
GENOTROPIN INJ	S
GENOTROPIN INJ 5MG	S
GILOTRIF TAB	S
GLOPERBA SOLN	3
GONAL-F RFF INJ	2
GONAL-F RFF INJ, GONAL-F INJ	2
HAEGARDA INJ	S

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HEMLIBRA INJ	S
HEMOFIL M, KOATE INJ	S
HIZENTRA INJ	S
HYCAMTIN CAP	S
HYFTOR GEL	S
HYQVIA INJ	S
icatibant inj	1
ICLUSIG TAB	S
IDHIFA TAB	S
IMBRUVICA CAP 140MG	S
IMBRUVICA CAP 70MG	S
IMBRUVICA SUSP	S
IMBRUVICA TAB 420MG	S
IMCIVREE INJ	S
INBRIJA INH POWDER	3
INGREZZA CAP	S
INGREZZA PACK 40-80MG	S
INGREZZA SPRINKLE CAP	S
INLYTA TAB	S
INLYTA TAB 1MG	S
INQOVI TAB	2
INZIRQO SUSP	3
IQIRVO TAB	S
ISTURISA TAB	S
itraconazole soln	3
IWILFIN TAB	S
JAKAFI TAB	S
JAYPIRCA TAB	S
JIVI INJ	S
JOENJA TAB	S
JYLAMVO SOLN, XATMEP SOLN	3
KALYDECO PAK	S
KALYDECO TAB	S
KATERZIA SUSP	3
KERENDIA TAB	2
KEVZARA INJ	S
KHINDIVI SOLN	S
KINERET INJ	S
KISQALI PAK	S
KISQALI TAB	S
KOSELUGO CAP	S

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Ajinomoto Foods North America cont.
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
KOSELUGO CAP 10MG	S
KOSELUGO CAP 5MG	S
KRAZATI TAB	S
lansoprazole odt	3
lapatinib ditosylate tab	1
LEDIPASVIR/SOFOSBUVIR TAB	S
LENVIMA CAP	S
leuprolide inj	1
l-glutamine powder packet	1
LIKMEZ SUSP	3
liraglutide soln pen inj	2
LITFULO CAP	S
lithium oral solution	1
LIVDELZI CAP	S
LIVMARLI SOLN	S
LIVMARLI SOLN 19MG/ML	S
LIVMARLI TAB	S
LIVMARLI TAB 30 MG	S
LIVTENCITY TAB	S
lofexidine hcl tab	3
LOKELMA PAK	2
LONSURF TAB	S
LOPRESSOR SOLN	3
LORBRENA TAB 100MG	S
LORBRENA TAB 25MG	S
LUCEMYRA TAB	3
LUMAKRAS TAB	S
LUMAKRAS TAB 240MG	S
LUMAKRAS TAB 320MG	S
LUMRYZ PACK	S
LUMRYZ STARTER PACK	S
LUPKYNIS CAP	S
LYNPARZA TAB	S
LYTGOBI THERAPY PACK	S
LYVISPAH GRANULE PACKET	2
MAVYRET PAK	S
MAVYRET TAB	S
MEKINIST SOLN	S
MEKINIST TAB 0.5MG	S
MEKINIST TAB 2MG	S
MEKTOVI TAB	S

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Ajinomoto Foods North America cont.
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
MENOPUR INJ	2
mercaptopurine susp	3
mifepristone tab	1
miglustat cap	1
MOVANTIK TAB	2
MYFEMBREE TAB	2
NEMLUVIO INJ	S
NERLYNX TAB	S
nilotinib hcl cap	S
NINLARO CAP	S
nitazoxanide tab	2
nitisinone cap	1
nitrofurantoin susp	3
NORLIQVA ORAL SOLN	3
NOVOEIGHT INJ	S
NOVOSEVEN RT INJ	S
NUBEQA TAB	S
NUCALA INJ	S
NUEDEXTA CAP	2
NUWIQ INJ	S
NUWIQ KIT	S
ODACTRA SL TAB	3
ODOMZO CAP	S
OFEV CAP	S
OGSIVEO TAB	S
OGSIVEO TAB 50MG	S
OHTUVAYRE SUSP	S
OJEMDA SUSP	S
OJEMDA TAB	S
OJJAARA TAB	S
OLUMIANT TAB	S
OMNITROPE INJ	S
ONGENTYS CAP	3
OPSUMIT TAB	S
OPZELURA CREAM	S
ORENCIA CLICK INJ	S
ORENCIA SC INJ 125MG/ML	S
ORENCIA SC INJ 50MG/0.4ML	S
ORENCIA SC INJ 87.5MG/0.7ML	S
ORGOVYX TAB	S
ORIAHNN CAP	2

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Ajinomoto Foods North America cont.
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2
ORKAMBI GRANULES PACKET	S
ORKAMBI TAB	S
ORSERDU TAB	S
ORSERDU TAB 345MG	S
OTEZLA STARTER PACK	S
OTEZLA TAB	S
OTEZLA XR TAB	S
OTEZLA/OTEZLA XR STARTER PACK	S
OVIDREL INJ	2
OXERVATE OPHTH SOLN	S
PALFORZIA POWDER PACK	S
PALFORZIA SPRINKLE CAP	S
PALYNZIQ INJ	S
pazopanib hcl tab	1
PEMAZYRE TAB	S
phentermine cap	1
phentermine hcl-topiramate cap er	2
phentermine tab	1
PIQRAY TAB	S
pirfenidone cap	1
pirfenidone tab 267mg	1
pirfenidone tab 801mg	1
POMALYST CAP	S
PREGNYL INJ, NOVAREL INJ	2
PREVYMIS PAK	S
PREVYMIS TAB	S
PROFILNINE INJ	S
PROGESTERONE SUPP	3
progesterone vaginal insert	1
PURIXAN SUSP	3
pyrimethamine tab	1
PYRUKYND TAB	S
PYRUKYND TAPER PACK	S
QBRELIS SOLN	3
QINLOCK TAB	S
QSYMIA CAP	3
QULIPTA TAB	3
RADICAVA ORS STARTER KIT	S
RADICAVA ORS SUSP	S

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
RECOMBINATE INJ	S
RETEVMO CAP	S
RETEVMO CAP 40MG	S
RETEVMO TAB	S
RETEVMO TAB 40MG	S
REYVOW TAB	2
REZDIFFRA TAB	S
REZLIDHIA CAP	S
REZUROCK TAB	S
RINVOQ ER TAB	S
RINVOQ ORAL SOLN	S
RIVFLOZA INJ	S
RIVFLOZA INJ 160 MG/ML	S
RIVFLOZA VIAL	S
RIXUBIS INJ	S
ROZLYTREK CAP	S
ROZLYTREK PAK	S
RUBRACA TAB	S
RUCONEST INJ	S
rufinamide susp	2
rufinamide tab	2
RYDAPT CAP	S
sapropterin dihydrochloride powder packet	2
sapropterin dihydrochloride soluble tab	2
SAXENDA INJ	3
SCEMBLIX TAB	S
SCEMBLIX TAB 100MG	S
SEVENFACT INJ	S
SIGNIFOR INJ	S
sildenafil susp	2
sildenafil tab 20mg	1
SIMPONI AUTO-INJECTOR 100MG	S
SIMPONI INJ 100MG	S
SKYCLARYS CAP	S
SKYRIZI INJ 150MG/ML	S
SKYRIZI INJ 180 MG/1.2ML	S
SKYRIZI INJ 360MG/2.4ML	S
SODIUM OXYBATE SOLN	S
SOFOSBUVIR/VELPATASVIR TAB	S
SOLOSEC GRANULES PACKET	3
SOMAVERT INJ	S

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
sorafenib tosylate tab	1
SOTYLIZE SOLN 5MG/ML	3
SPEVIGO INJ	S
spironolactone susp	3
SPORANOX SOLN	3
STEQEYMA INJ	S
STEQEYMA INJ 90MG	S
STIVARGA TAB	S
STRENSIQ INJ	S
sunitinib malate cap	1
SUNOSI TAB	2
SYMDEKO TAB	S
SYMPROIC TAB	2
TABRECTA TAB	S
tadalafil tab (PAH)	1
TADLIQ SUSP	1
TAFINLAR CAP	S
TAFINLAR TAB	S
TAGRISSO TAB	S
TAKHZYRO INJ	S
TAKHZYRO INJ 150MG/ML	S
TALTZ INJ	S
TALTZ INJ 20MG/0.25ML	S
TALTZ INJ 40MG/0.5ML	S
TALZENNA CAP 0.25MG	S
TALZENNA CAP 0.5MG, 0.75MG, 1MG	S
TAVNEOS CAP	S
TAZVERIK TAB	S
testosterone gel 1% 25mg	2
testosterone gel 1% 50mg	2
testosterone gel 1% pump	2
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%	2
testosterone gel pump 1.62%	2
testosterone soln	2
TEZSPIRE INJ	S
TIBSOVO TAB	S
tiopronin tab	1
tiopronin tab delayed release	1

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
TIROSINT-SOL	3
TOBI PODHALER	3
tolvaptan tab	S
tolvaptan tab therapy pack	S
topiramate oral soln	3
TREMFYA INDUCTION INJ 200MG/ML	S
TREMFYA INJ	S
TREMFYA INJ 200MG/2ML	S
tretinoin cream	2
tretinoin gel	2
tretinoin gel 0.08%	2
TRETINOIN MICROSPHERE GEL 0.04%	2
TRETINOIN MICROSPHERE GEL 0.1%	2
TRETINOIN MICROSPHERE GEL PUMP 0.04%	2
TRETINOIN MICROSPHERE GEL PUMP 0.1%	2
trientine cap	1
TRIKAFTA TAB	S
TRIKAFTA THERAPY PACK	S
TRUQAP TAB	S
TRUQAP THERAPY PACK	S
TRUVADA TAB	\$0
TUKYSA TAB	S
TURALIO CAP	S
TYENNE INJ	S
TYVASO DPI POWDER	S
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	S
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG	S
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG	S
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	S
TYVASO DPI POWDER TITRATION KIT 16-32MCG	S
TYVASO INH SOLN 0.6 MG/ML	S
UBRELVY TAB	2
UCERIS RECTAL FOAM	3
UPTRAVI TAB	S
VALCHLOR GEL	S
VANFLYTA TAB	S
VANFLYTA TAB 26.5MG	S
VELTASSA POWDER	2
VELTASSA POWDER 1GM	2
VENCLEXTA STARTER PACK	S
VENCLEXTA TAB	S

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
VENTAVIS INH SOLN	S
VERZENIO TAB	S
vigabatrin powder pack	1
vigabatrin tab	1
vigadrone powder pack	1
VIJOICE GRANULES PACKET	S
VIJOICE TAB	S
VIJOICE TAB 250MG	S
VITRAKVI CAP 100MG	S
VITRAKVI CAP 25MG	S
VITRAKVI SOLN	S
VIZIMPRO TAB	S
VOGELXO GEL PUMP 1%	3
VONJO CAP	S
VONVENDI INJ	S
VORANIGO TAB	S
VORANIGO TAB 10 MG	S
VOSEVI TAB	S
VOWST CAP	S
VOXZOGO INJ	S
VOYDEYA TAB	S
VOYDEYA TAB THERAPY PACK	S
VYNDAMAX CAP	S
VYNDAQEL CAP	S
VYVGART HYTRULO INJ	S
WAINUA INJ	S
WAKIX TAB	S
WEGOVY INJ	2
WEGOVY INJ 1.7MG/0.75ML	2
WEGOVY INJ 2.4MG/0.75ML	2
WELIREG TAB	S
WILATE INJ	S
WINREVAIR INJ	S
XADAGO TAB	3
XALKORI CAP	S
XALKORI SPRINKLE CAP	S
XELJANZ SOLN	S
XELJANZ TAB	S
XELJANZ XR TAB	S
XEMBIFY INJ	S
XOLAIR INJ	S

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
XOLAIR INJ 150MG/ML	S
XOLAIR INJ 300MG/2ML	S
XOLAIR SYRINGE	S
XOLAIR SYRINGE 150MG/ML	S
XOLAIR SYRINGE 300MG/2ML	S
XOLREMDI CAP	S
XOSPATA TAB	S
XPHOZAH TAB	S
XPOVIO PAK	S
XROMI SOLN	3
XYNTHA INJ	S
YESINTEK INJ	S
YESINTEK SYRINGE	S
YESINTEK SYRINGE 90MG	S
YEZTUGO INJ 463.5MG	\$0
YEZTUGO TAB 300MG	\$0
YORVIPATH INJ	S
YORVIPATH INJ 294 MCG	S
YORVIPATH INJ 420 MCG	S
YUFLYMA INJ, ADALIMUMAB-AATY INJ	S
YUFLYMA STARTER KIT	S
YUTREPIA CAP	S
ZAVZPRET NASAL SPRAY	2
ZEJULA TAB	S
ZELBORAF TAB	S
ZEPBOUND INJ	2
ZEPOSIA CAP	S
ZEPOSIA STARTER PACK	S
ZILBRYSQ INJ	S
ZILBRYSQ INJ 23MG	S
ZILBRYSQ INJ 32.4MG	S
ZOLINZA CAP	S
ZONISADE SUSP	3
ZORYVE CREAM	2
ZORYVE FOAM	2
ZTALMY SUSP	S
ZURZUVAE CAP 20MG, 25MG	S
ZURZUVAE CAP 30MG	S
ZYDELIG TAB	S
ZYKADIA CAP	S
ZYKADIA TAB	S

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Ajinomoto Foods North America cont.
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ZYMFENTRA INJ	S

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Ajinomoto Foods North America
Last Updated* 12/1/2025
RxCents (Cost Savings Enabled by Tablet Splitting)

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

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

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

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

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

RxCents Program Medications

JANUVIA TAB

TRINTELLIX TAB

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Ajinomoto Foods North America
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

AEROCHAMBER	ALCOHOL SWABS	aspirin chew tab 81mg	aspirin ec tab 81mg
B-D INSULIN SYRINGE	CALIBRATION LIQUID	CLINISTIX TEST STRIP	CONTRACEPTIVE FILM
CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	EMBECTA INSULIN
			SYRINGE
esomeprazole magnesium	famotidine tab	FEMALE CONDOMS	folic acid tab 400mcg
DR tab			
folic acid tab 800mcg	FREESTYLE FREEDOM	FREESTYLE INSULINX	FREESTYLE LITE METER
	LITE METER	TEST STRIP	
FREESTYLE LITE TEST	FREESTYLE PRECISION	FREESTYLE PRECISION	FREESTYLE TEST STRIP
STRIP	NEO METER	NEO TEST STRIP	
guaifenesin/codeine syrup	KETO-DIASTIX TEST STRIF	KETOSTIX	LANCET KIT
LANCETS	levonorgestrel tab	MALE CONDOMS	NARCAN NASAL SPRAY
NEXIUM 24HR TAB	nicotine gum	NICOTINE KIT	nicotine lozenge
nicotine patch	NOVOLIN 70/30 FLEXPEN	NOVOLIN 70/30 INJ	NOVOLIN N FLEXPEN INJ
	INJ		
NOVOLIN N INJ	NOVOLIN R FLEXPEN INJ	NOVOLIN R INJ	NOVOLIN R INJ 100 UNIT
ONETOUCH DELICA 30G	ONETOUCH DELICA 33G	ONETOUCH DELICA PLUS	ONETOUCH DELICA PLUS
LANCETS	LANCETS	30G LANCT	33G LANCT
ONETOUCH ULTRASOFT	OPIII TAB	PEAK FLOW METER	PRECISION XTRA METER
LANCETS			
PRECISION XTRA TEST	RIVIVE, REXTOVY SPRAY	TODAY SPONGE	TRUE METRIX KIT AIR
STRIP			
TRUE METRIX KIT METER	TRUEPLUS PEN NEEDLES	zinc gluconate tab	

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Ajinomoto Foods North America
Last Updated* 12/1/2025
Mandatory Specialty Pharmacy (MSP)

- Costco Specialty Services is experienced in handling specialty drugs and coordinating personalized support for members impacted by chronic illnesses and complex conditions.
- Specialty drugs are only available for a one month supply per fill.
- The following drugs are required to be filled through Costco Specialty Services.

Mandatory Specialty Pharmacy (MSP) Medications

abacavir soln ACTHAR GEL INJ	abacavir tab ACTIMMUNE INJ	abacavir/lamivudine tab ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	abiraterone tab 250mg ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT	ADALIMUMAB-FKJP AUTO-INJECTOR KIT	ADALIMUMAB-FKJP PFS KIT
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	ADBRY INJ	adefovir dipivoxil tab
ADEMPAS TAB	ADVATE, KOVALTRY INJ	AFSTYLA KIT	ALECENSA CAP
ALFERON-N INJ	ALKINDI SPRINKLE CAP 0.5MG	ALKINDI SPRINKLE CAP 1MG	ALPHANATE, HUMATE-P INJ
ALPHANINE SD INJ	ALPROLIX INJ	ALTUVIII INJ	ALUNBRIG TAB 30MG
ALUNBRIG TAB 90MG, 180MG	ALYFTREK TAB	ALYFTREK TAB 4-20-50MG	ambrisentan tab
APRETUDE SUSP	APTIVUS CAP	APTIVUS SOLN	AQNEURSA POWDER
ARIKAYCE SUSP	atazanavir cap	AUGTYRO CAP	AUGTYRO CAP 160MG
AUSTEDO TAB	AUSTEDO XR TAB	AUSTEDO XR TAB	AVONEX INJ
AYVAKIT TAB	BALVERSA TAB 3MG	TITRATION PACK	BALVERSA TAB 5MG
BENEFIX INJ	BENLYSTA AUTO-INJECTOI	BALVERSA TAB 4MG	BERINERT INJ
BESREMI INJ	BETASERON INJ	BENLYSTA INJ	bexarotene gel
BIKTARVY TAB	bosentan tab	bexarotene cap	bosentan tab for oral susp
BOSULIF TAB	BRAFTOVI CAP 75MG	bosentan tab for oral susp	BRUKINSA CAP
BYLVAY CAP 1200MCG	BYLVAY CAP 400MCG	BRUKINSA CAP	BRUKINSA TAB
		BYLVAY SPRINKLE CAP 200MCG	BYLVAY SPRINKLE CAP 600MCG
CABENUVA IM SUSP	CABENUVA IM SUSP 600-900	CABLIVI INJ KIT	CABOMETYX TAB
CALQUENCE TAB	CAMZYOS CAP	capecitabine tab	CAPRELSA TAB
CAPRELSA TAB 300MG	carglumic acid tab	CAYSTON INH SOLN	CERDELGA CAP
CHOLBAM CAP	CIBINQO TAB	CIMDUO TAB	CIMZIA INJ
CIMZIA INJ 200MG/ML	CINRYZE INJ	COAGADEX INJ	COMETRIQ KIT
COPIKTRA CAP	CORIFACT KIT	COTELLIC TAB	CRIXIVAN CAP
CYSTADANE POWDER	CYSTADROPS SOLN	CYSTAGON CAP	CYSTARAN OPHTH SOLN
dalfampridine ER tab	darunavir tab	dasatinib tab	DAYBUE SOLN
deferasirox granules packet	deferasirox tab 90mg, 360mc	deferasirox tab for oral susp	deferiprone tab
DELSTRIGO TAB	DESCOVY TAB	DIACOMIT CAP	DIACOMIT POWDER PACK

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didanosine DR cap	DIDANOSINE DR CAP, VIDEX EC CAP	dimethyl fumarate DR cap	dimethyl fumarate DR starter pack
DOPTELET SPRINKLE CAP	DOPTELET TAB	DOVATO TAB	DUPIXENT INJ
DUPIXENT PEN INJ	EBGLYSS INJ	EBGLYSS PEN INJ	EDURANT PED TAB
EDURANT TAB	EFAVIRENZ CAP	efavirenz tab	efavirenz/emtricitabine/tenofc vir df tab
efavirenz/lamivudine/tenofovi df (lo) tab	EFAVIRENZ/LAMIVUDINE/T ENOFOVIR TAB	ELOCTATE INJ	eltrombopag olamine powder pack for susp
eltrombopag olamine tab	eltrombopag olamine tab 50mg	eltrombopag olamine tab 75mg	EMPAVELI INJ
emtricitabine cap	emtricitabine/tenofovir disoproxil fumarate tab	emtricitabine-rilpivirine-tenofc vir df tab	EMTRIVA SOLN
ENBREL INJ 25MG	ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG
ENSPRYNG INJ	ENTYVIO SC INJ	EPIDIOLEX SOLN	ERIVEDGE CAP
ERLEADA TAB	ERLEADA TAB 240MG	erlotinib tab	erlotinib tab 25mg
ESPEROCT INJ	ETOPOSIDE CAP	etravirine tab	everolimus tab
everolimus tab for oral susp	EVOTAZ TAB	EVRYSDI SOLN	FASENRA PEN INJ
FERRIPROX SOLN	FIBRYGA, RIASTAP INJ	FILSPARI TAB	figolimod hcl cap 0.5mg
FINTEPLA SOLN	FIRDAPSE TAB	fosamprenavir tab	FRUZAQLA CAP 1MG
FRUZAQLA CAP 5MG	FULPHILA INJ	FUROSCIX KIT	GALAFOLD CAP
GAVRETO CAP	gefitinib tab	GENOTROPIN INJ	GENOTROPIN INJ 5MG
GENVOYA TAB	GILENYA CAP 0.25MG	GILOTRIF TAB	glatopa inj
HAEGARDA INJ	HEMLIBRA INJ	HEMOFIL M, KOATE INJ	HIZENTRA INJ
HYCAMTIN CAP	HYFTOR GEL	HYQVIA INJ	icatibant inj
ICLUSIG TAB	IDHIFA TAB	imatinib tab	IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG	IMBRUVICA SUSP	IMBRUVICA TAB 420MG	IMCIVREE INJ
INCRELEX INJ	INGREZZA CAP	INGREZZA PACK 40-80MG	INGREZZA SPRINKLE CAP
INLYTA TAB	INLYTA TAB 1MG	INQOVI TAB	INTELENCE TAB
INTRON-A INJ	INVIRASE CAP	INVIRASE TAB	IQIRVO TAB
ISENTRESS (HD) TAB	ISENTRESS CHEW TAB	ISENTRESS POWDER PACK	ISTURISA TAB
IWILFIN TAB	JAKAFI TAB	JAYPIRCA TAB	JIVI INJ
JOENJA TAB	JULUCA TAB	KALYDECO PAK	KALYDECO TAB
KESIMPTA INJ	KEVZARA INJ	KHINDIVI SOLN	KINERET INJ
KISQALI PAK	KISQALI TAB	KOSELUGO CAP	KOSELUGO CAP 10MG
KOSELUGO CAP 5MG	KRAZATI TAB	lamivudine soln	lamivudine tab
lamivudine/zidovudine tab	lapatinib ditosylate tab	LEDIPASVIR/SOFOSBUVIR TAB	lenalidomide cap
LENVIMA CAP	LEXIVA SUSP	l-glutamine powder packet	LITFULO CAP
LIVDELZI CAP	LIVMARLI SOLN	LIVMARLI SOLN 19MG/ML	LIVMARLI TAB
LIVMARLI TAB 30 MG	LIVTENCITY TAB	LONSURF TAB	lopinavir/ritonavir soln
lopinavir/ritonavir tab	LORBRENA TAB 100MG	LORBRENA TAB 25MG	LUMAKRAS TAB
LUMAKRAS TAB 240MG	LUMAKRAS TAB 320MG	LUMRYZ PACK	LUMRYZ STARTER PACK
LUPKYNIS CAP	LYNPARZA TAB	LYSODREN TAB	LYTGOBI THERAPY PACK
maraviroc tab	MAVENCLAD THERAPY PAK	MAVYRET PAK	MAVYRET TAB
MAYZENT TAB	MAYZENT TAB STARTER PACK	MEKINIST SOLN	MEKINIST TAB 0.5MG
MEKINIST TAB 2MG	MEKTOVI TAB	mesna tab	mifepristone tab

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miglustat cap	MYLERAN TAB	NEMLUVIO INJ	NERLYNX TAB
nevirapine ER tab	NEVIRAPINE SUSP	nevirapine tab	nilotinib hcl cap
nilutamide tab	NINLARO CAP	nitisinone cap	NIVESTYM INJ
NORVIR CAP	NORVIR POWDER PACK	NORVIR SOLN	NOVOEIGHT INJ
NOVOSEVEN RT INJ	NUBEQA TAB	NUCALA INJ	NUWIQ INJ
NUWIQ KIT	NYVEPRIA INJ	octreotide inj	OCTREOTIDE INJ 100MCG
ODEFSEY TAB	ODOMZO CAP	OFEV CAP	OGSIVEO TAB
OGSIVEO TAB 50MG	OHTUVAYRE SUSP	OJEMDA SUSP	OJEMDA TAB
OJJAARA TAB	OLUMIANT TAB	OMNITROPE INJ	OPSUMIT TAB
OPZELURA CREAM	ORENCIA CLICK INJ	ORENCIA SC INJ 125MG/MI	ORENCIA SC INJ 50MG/0.4ML
ORENCIA SC INJ 87.5MG/0.7ML	ORGOVYX TAB	ORKAMBI GRANULES PACKET	ORKAMBI TAB
ORSERDU TAB	ORSERDU TAB 345MG	OTEZLA STARTER PACK	OTEZLA TAB
OTEZLA XR TAB	OTEZLA/OTEZLA XR STARTER PACK	OXERVATE OPHTH SOLN	PALFORZIA POWDER PACK
PALFORZIA SPRINKLE CAP	PALYNZIQ INJ	pazopanib hcl tab	PEGASYS INJ
PEG-INTRON INJ	PEMAZYRE TAB	PHEBURANE ORAL PELLETS	PIFELTRO TAB
PIQRAY TAB	pirfenidone cap	pirfenidone tab 267mg	pirfenidone tab 801mg
PLEGRIDY INJ	PLEGRIDY PEN INJ	POMALYST CAP	PREVYMIS PAK
PREVYMIS TAB	PREZCOBIX TAB	PREZISTA SUSP	PREZISTA TAB
PROFILNINE INJ	PULMOZYME INH SOLN	pyrimethamine tab	PYRUKYND TAB
PYRUKYND TAPER PACK	QINLOCK TAB	RADICAVA ORS STARTER KIT	RADICAVA ORS SUSP
REBIF INJ	RECOMBINATE INJ	RESCRIPTOR TAB	RETEVMO CAP
RETEVMO CAP 40MG	RETEVMO TAB	RETEVMO TAB 40MG	REYATAZ POWDER PACK
REZDIFFRA TAB	REZLIDHIA CAP	REZUROCK TAB	RIBAVIRIN CAP
RIBAVIRIN TAB	RINVOQ ER TAB	RINVOQ ORAL SOLN	ritonavir tab
RIVFLOZA INJ	RIVFLOZA INJ 160 MG/ML	RIVFLOZA VIAL	RIXUBIS INJ
ROZLYTREK CAP	ROZLYTREK PAK	RUBRACA TAB	RUCONEST INJ
RUKOBIA ER TAB	RYDAPT CAP	sapropterin dihydrochloride powder packet	sapropterin dihydrochloride soluble tab
SCEMBLIX TAB	SCEMBLIX TAB 100MG	SELZENTRY SOLN	SELZENTRY TAB
SEVENFACT INJ	SIGNIFOR INJ	SIMPONI AUTO-INJECTOR 100MG	SIMPONI INJ 100MG
SKYCLARYS CAP	SKYRIZI INJ 150MG/ML	SKYRIZI INJ 180 MG/1.2ML	SKYRIZI INJ 360MG/2.4ML
SODIUM OXYBATE SOLN	SOFOSBUVIR/VELPATASVIR TAB	SOMAVERT INJ	sorafenib tosylate tab
SPEVIGO INJ	STAVUDINE CAP	STEQEYMA INJ	STEQEYMA INJ 90MG
STIVARGA TAB	STRENSIQ INJ	STRIBILD TAB	SUBLOCADE SOLN, BRIXADI SOLN
sunitinib malate cap	SUNLENCA INJ	SUNLENCA TAB	SUNLENCA TAB 300MG
SYMDEKO TAB	SYMTUZA TAB	TABRECTA TAB	TAFINLAR CAP
TAFINLAR TAB	TAGRISSO TAB	TAKHZYRO INJ	TAKHZYRO INJ 150MG/ML
TALTZ INJ	TALTZ INJ 20MG/0.25ML	TALTZ INJ 40MG/0.5ML	TALZENNA CAP 0.25MG
TALZENNA CAP 0.5MG, 0.75MG, 1MG	TAVNEOS CAP	TAZVERIK TAB	temozolomide cap
tenofovir disoproxil fumarate tab	teriflunomide tab	teriparatide (recombinant) soln pen-inj	tetrabenazine tab

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TEZSPIRE INJ tiopronin tab delayed release tobramycin neb soln	THALOMID CAP TIVICAY PD TAB tolvaptan tab	TIBSOVO TAB TIVICAY TAB tolvaptan tab therapy pack	tiopronin tab TOBI PODHALER TREMIFYA INDUCTION INJ 200MG/ML trientine cap TRIUMEQ TAB TRUVADA TAB TYMLOS INJ TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG UPTRAVI TAB
TREMIFYA INJ TRIKAFTA TAB TRIZIVIR TAB TUKYSA TAB TYVASO DPI POWDER	TREMIFYA INJ 200MG/2ML TRIKAFTA THERAPY PACK TRUQAP TAB TURALIO CAP TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG TYVASO DPI POWDER TITRATION KIT 16-32MCG VANFLYTA TAB	tretinoin cap TRIUMEQ PD TAB TRUQAP THERAPY PACK TYENNE INJ TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG TYVASO INH SOLN 0.6 MG/ML VANFLYTA TAB 26.5MG	VENCLEXTA STARTER PACK VIDEX SOLN VIJOICE GRANULES PACKET VIREAD TAB VIVITROL INJ VORANIGO TAB VOXZOGO INJ VYNDAQEL CAP
TYVASO DPI POWDER TITRATION KIT 16-32-48MC VALCHLOR GEL	VENTAVIS INH SOLN vigabatrin tab	VERZENIO TAB vigadrone powder pack	WELIREG TAB XALKORI SPRINKLE CAP XELJANZ XR TAB XOLAIR INJ 300MG/2ML XOLREMDI CAP
VENCLEXTA TAB vigabatrin powder pack	VIJOICE TAB 250MG VITRAKVI CAP 25MG VONJO CAP VOSEVI TAB VOYDEYA TAB THERAPY PACK	VIRACEPT TAB VITRAKVI SOLN VONVENDI INJ VOWST CAP VYNDAMAX CAP	WELIREG TAB XALKORI SPRINKLE CAP XELJANZ XR TAB XOLAIR INJ 300MG/2ML XOLREMDI CAP
VIJOICE TAB VITRAKVI CAP 100MG VIZIMPRO TAB VORANIGO TAB 10 MG VOYDEYA TAB	WAINUA INJ WINREVAIR INJ XELJANZ SOLN XOLAIR INJ XOLAIR SYRINGE 150MG/ML XPHOZAH TAB YESINTEK SYRINGE YORVIPATH INJ YUFLYMA STARTER KIT	WAKIX TAB XALKORI CAP XELJANZ TAB XOLAIR INJ 150MG/ML XOLAIR SYRINGE 300MG/2ML XPOVIO PAK YESINTEK SYRINGE 90MG YORVIPATH INJ 294 MCG YUTREPIA CAP	WELIREG TAB XALKORI SPRINKLE CAP XELJANZ XR TAB XOLAIR INJ 300MG/2ML XOLREMDI CAP
VYVGART HYTRULO INJ WILATE INJ XDEMVY DROP XEMBIFY INJ XOLAIR SYRINGE	ZELBORAF TAB zidovudine syrup ZILBRYSQ INJ 32.4MG ZURZUVAE CAP 30MG	ZEPOSIA CAP zidovudine tab ZOLINZA CAP ZYDELIG TAB	XYNTHA INJ YEZTUGO INJ 463.5MG YORVIPATH INJ 420 MCG ZARXIO INJ
XOSPATA TAB YESINTEK INJ YEZTUGO TAB 300MG YUFLYMA INJ, ADALIMUMAB-AATY INJ ZEJULA TAB zidovudine cap ZILBRYSQ INJ 23MG ZURZUVAE CAP 20MG, 25MG ZYKADIA TAB	ZYMFENTRA INJ		ZEPOSIA STARTER PACK ZILBRYSQ INJ ZTALMY SUSP ZYKADIA CAP

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Ajinomoto Foods North America

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
buprenorphine patch	QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
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
DIFICID TAB	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
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/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
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
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)

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Ajinomoto Foods North America 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
HYDROCODONE 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
MAYZENT TAB	Only available through COSTCO1710 855-213-0070; Step Therapy requires failure of two of the following: dimethyl fumarate, fingolimod, KESIMPTA, or ZEPOSIA
MAYZENT TAB STARTER PACK	Only available through COSTCO1710 855-213-0070; Step Therapy requires failure of two of the following: dimethyl fumarate, fingolimod, KESIMPTA, or ZEPOSIA
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 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)
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)
PHEBURANE ORAL PELLETS	Only available through Accredo 800-803-2523; Step Therapy requires trial of sodium phenylbutyrate
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
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
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
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 one of the following generic antidepressants: bupropion, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, or venlafaxine
XTAMPZA ER CAP	QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
YUPELRI SOLN	Step Therapy requires trial of INCRUSE ELLIPTA

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Ajinomoto Foods North America
Smoking Cessation Agents
Last Updated* 12/1/2025

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	\$0
CHANTIX STARTER PACK	NC
nicotine gum(Limited to 180 days/plan year)	\$0
NICOTINE KIT	\$0
nicotine lozenge(Limited to 180 days/plan year)	\$0
nicotine patch(Limited to 180 days/plan year)	\$0
NICOTROL INHALER(Limited to 180 days/plan year)	\$0
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	\$0
VARENICLINE TAB(Limited to 180 days/plan year)	\$0
varenicline tartrate tab(Limited to 180 days/plan year)	\$0
varenicline tartrate tab starter pack(Limited to 180 days/plan year)	\$0

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Ajinomoto Foods North America
Infertility Drug List
Last Updated* 12/1/2025

Drug Name	Tier # for Drug Copay
cetrorelix acetate for inj kit	1
CETROTIDE KIT	3
clomiphene citrate tab	2
CLOMIPHENE TAB	2
FOLLISTIM AQ INJ	2
GANIRELIX AC INJ	3
GONAL-F RFF INJ	2
GONAL-F RFF INJ, GONAL-F INJ	2
leuprolide inj	1
MENOPUR INJ	2
OVIDREL INJ	2
PREGNYL INJ, NOVAREL INJ	2

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Ajinomoto Foods North America
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
ABRYSVO INJ	QL= 1 dose/lifetime
ACTHAR GEL INJ	QL= 4 vials/fill
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 PFS (2 SYRINGE) 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 PFS KIT	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	QL= 2 inj/28 days
ADBRY INJ	QL= 2 inj/28 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
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
ALECENSA CAP	QL= 8 caps/day; Only available through COSTCO1710 855-213-0070
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
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
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ALYFTREK TAB	QL= 2 tabs/day
ALYFTREK TAB 4-20-50MG	QL= 3 tabs/day
ambrisentan tab	QL= 1 tab/day; Only available through COSTCO1710 855-213-0070
AMITIZA CAP	QL= 2 caps/day
ANNOVERA RING	QL= 1 ring/year
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill
aprepitant pak	QL= 3 caps/fill
APRETUDE SUSP	QL= 7 inj/year; Only available through Lumicera 855-847-3553

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Ajinomoto Foods North America 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
AQNEURSA POWDER	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
ARIKAYCE SUSP	QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046
armodafinil tab	QL= 1 tab/day
asenapine maleate SL tab	QL= 2 tabs/day
AUGTYRO CAP	QL= 8 caps/day
AUGTYRO CAP 160MG	QL= 4 caps/day
AUSTEDO TAB	QL= 4 tabs/day
AUSTEDO XR TAB	QL= 1 tab/day
AUSTEDO XR TAB TITRATION PACK	QL= 1 pack/28 days
AYVAKIT TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
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
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 days; Only available through COSTCO1710 855-213-0070
BENLYSTA INJ	QL= 4 inj/28 days; Only available through COSTCO1710 855-213-0070
BESREMI INJ	QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
bimatoprost ophth soln	QL= 2.5ml/30 days
bosentan tab	QL= 2 tabs/day; Only available through COSTCO1710 855-213-0070
bosentan tab for oral susp	QL= 4 tabs/day; Only available through Accredo 800-803-2523
BRAFTOVI CAP 75MG	QL= 6 caps/day
BRUKINSA CAP	QL= 4 caps/day; Only available through COSTCO1710 855-213-0070
BRUKINSA TAB	QL= 2 tabs/day; Only available through COSTCO1710 855-213-0070
budesonide ER tab	QL=1 tab/day
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
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 IM SUSP 600-900	QL= 1 kit/30 days
CABLIVI INJ KIT	QL= 1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633

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Ajinomoto Foods North America 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
CAMZYOS CAP	QL= 1 cap/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
CERDELGA CAP	QL= 2 caps/day; Only available through COSTCO1710 855-213-0070
CIBINQO TAB	QL= 1 tab/day
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
CLEOCIN VAGINAL SUPP	QL= 3 suppositories/fill
clindamycin vaginal cream	QL= 1 tube/fill
CLINDESSE VAGINAL CREAM	QL= 1 applicator (5 grams)/fill
COMIRNATY INJ	QL= 1 dose/17 days
CONTRACE TAB	QL= 4 tabs/day
COPIKTRA CAP	QL= 2 caps/day
COTELLIC TAB	QL= 3 tabs/day
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
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 OPTH 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
DAYVIGO TAB	QL= 1 tab/day
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
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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Ajinomoto Foods North America 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 soln 1.5%	QL= 3 bottles/fill
DIFICID SUSP	QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DIFICID TAB	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
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
DOPTelet TAB	QL= 2 tabs/day
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
EBGLYSS INJ	QL= 1 inj/28 days
EBGLYSS PEN INJ	QL= 1 inj/28 days
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
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantheRx 855-726-8479
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
ENSPRYNG INJ	QL= 1 inj/28 days; Only available through COSTCO1710 855-213-0070
entecavir tab	QL= 1 tab/day
ENTYVIO SC INJ	QL= 2 inj/28 days
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
ERIVEDGE CAP	QL= 1 cap/day; Only available through COSTCO1710 855-213-0070
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab	QL= 1 tab/day
erlotinib tab 25mg	QL= 3 tabs/day
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

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Ajinomoto Foods North America 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
everolimus tab for oral susp	QL= 1 tab/day
EVRYSDI SOLN	QL= 6.67ml/day; Only available through Accredo 800-803-2523
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FARXIGA TAB	QL= 1 tab/day
FASENRA PEN INJ	QL= 1 inj/56 days; Only available through COSTCO1710 855-213-0070
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
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
fluticasone nasal spray	QL= 2 bottles/fill
FLUZONE HIGH DOSE PF INJ	QL= 1 inj/28 days
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/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
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
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

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Ajinomoto Foods North America 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
gabapentin tab 800mg	QL= 4.5 tabs/day
GALAFOLD CAP	QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GAVILYTE-C SOLN	\$0 copay for members age 45-75 years; all other members covered at preferred branch; 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
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; Limited to 2 fills/calendar year
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
guaifenesin/codeine syrup	QL= 240ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill
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 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
hydrocodone/chlorpheniramine/pseudoephedrine liquid	QL= 120ml/fill, 2 fills/month
hydrocortisone sodium succinate pf for inj 100mg	QL= 2 vials/fill
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; Only available through COSTCO1710 855-213-0070
IMBRUVICA CAP 140MG	QL= 3 caps/day
IMBRUVICA CAP 70MG	QL= 1 cap/day
IMBRUVICA SUSP	QL= 6ml/day
IMBRUVICA TAB 420MG	QL= 1 tab/day
IMCIVREE INJ	QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479

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Ajinomoto Foods North America 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
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days
IMITREX INJ 4MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
INBRIJA INH POWDER	QL= 10 caps/day
INGREZZA CAP	QL= 1 cap/day; Only available through PantheRx 855-726-8479
INGREZZA PACK 40-80MG	QL= 1 pack/28 days; Only available through PantheRx 855-726-8479
INGREZZA SPRINKLE CAP	QL= 1 cap/day; Only available through PantheRx 855-726-8479
INLYTA TAB	QL= 4 tabs/day
INLYTA TAB 1MG	QL= 8 tabs/day
INQOVI TAB	QL= 5 tabs/28 days
IQIRVO TAB	QL= 1 tab/day; Only available through Caremark/CVS Specialty 800-378-0695 or Walgreens 888-347-3416
ISTURISA TAB	QL= 12 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
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; Only available through Lumicera 855-847-3553
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JOENJA TAB	QL= 2 tabs/day; Only available through PantheRx 855-726-8479
KALYDECO PAK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KERENDIA TAB	QL= 1 tab/day
ketorolac inj 15mg/ml	QL= 20ml/5 days
ketorolac inj 30mg/ml	QL= 20ml/5 days
ketorolac inj 60mg/2ml	QL= 20ml/5 days
ketorolac tab	QL= 20 tabs/5 days
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
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
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 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	QL= 40 caps/fill
LAGEVRIO CAP (EUA)	QL= 40 caps/fill
latanoprost ophth soln	QL= 2.5ml/30 days

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Ajinomoto Foods North America 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
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
lenalidomide cap	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist
LENVIMA CAP	QL= 3 caps/day
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
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
LINZESS CAP	QL= 1 cap/day
liraglutide soln pen inj	QL= 5 pens/30 days
liraglutide soln pen-injector	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
LITFULO CAP	QL= 1 cap/day
LIVDELZI CAP	QL= 1 cap/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-847
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 30 MG	QL= 1 tab/day; Only available through Eversana 866-849-4481
LIVTENCITY TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
lofexidine hcl tab	QL= 96 tabs/7 days
LOKELMA PAK	QL= 1 packet/day
LOPRESSOR SOLN	QL= 45mL/day; Prior Authorization required for members age 9 years and older
LORBRENA TAB 100MG	QL= 1 tab/day
LORBRENA TAB 25MG	QL= 3 tabs/day
lubiprostone cap	QL= 2 caps/day
LUCEMYRA TAB	QL= 96 tabs/7 days
LUMAKRAS TAB	QL= 8 tabs/day
LUMAKRAS TAB 240MG	QL= 4 tabs/day
LUMAKRAS TAB 320MG	QL= 3 tabs/day
LUMIGAN OPTH SOLN	QL= 2.5ml/30 days
LUMRYZ PACK	QL= 1 packet/day; Only available through Accredo 800-803-2523
LUMRYZ STARTER PACK	QL= 1 packet/day; Only available through Accredo 800-803-2523
LUPKYNIS CAP	
LYNPARZA TAB	QL= 4 tabs/day
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
medroxyprogesterone inj	QL= 1 inj/90 days
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day

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Ajinomoto Foods North America 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
MEKTOVI TAB	QL= 6 tabs/day
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
mifepristone tab	QL= 4 tabs/day
miglustat cap	QL= 3 caps/day
MNEXSPIKE INJ 10MCG/0.2ML	QL= 1 dose/24 days
modafinil tab	QL= 2 tabs/day
MOUNJARO INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MOVANTIK TAB	QL= 1 tab/day
MRESVIA INJ	QL= 1 dose/lifetime
MYFEMBREE TAB	QL= 1 tab/day
naloxone hcl nasal spray	QL= 2 sprays/fill
NALOXONE PREFILLED INJ	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NATACYN OPTH SUSP	QL= 15ml/fill
NATROBA SUSP	QL= 1 bottle/fill
NAYZILAM SPRAY	QL= 4 doses/fill
NEMLUVIO INJ	QL= 1 inj/56 days; Only available through Lumicera 855-847-3553
NERLYNX TAB	QL= 6 tabs/day
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
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	
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 5MCG/0.5 ML	QL= 1 dose/24 days
NUBEQA TAB	QL= 4 tabs/day
NUCALA INJ	QL= 1 inj/28 days; Only available through COSTCO1710 855-213-0070
NUCYNTA ER TAB	QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid E Dependency)
NUDEXTA CAP	QL= 2 caps/day
ODOMZO CAP	QL= 1 cap/day
OFEV CAP	QL= 2 caps/day
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

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Ajinomoto Foods North America 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
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/month
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH INTRO KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 10 pods/month
OMNIPOD STARTER KIT	QL= 1 kit/year
ONGENTYS CAP	
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
OPZELURA CREAM	QL= 12 tubes/year
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORGOVYX TAB	QL= 30 tabs/28 days; Only available through 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
ORKAMBI GRANULES PACKET	
ORKAMBI TAB	QL= 4 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

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.

Ajinomoto Foods North America 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
OXERVATE OPTH SOLN	QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523
OZEMPIC INJ	QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
PALYNZIQ INJ	QL= 1 inj/day; Only available through Accredo 800-803-2523
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 hcl 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
PEMAZYRE TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
phentermine cap	QL= 1 cap/day
phentermine hcl-topiramate cap er	QL= 1 cap/day
phentermine tab	QL=1 tab/day
PHEXXI GEL	QL= 1 box/fill
PICATO GEL	QL= 1 box/fill
pirfenidone cap	QL= 9 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day
POMALYST CAP	QL= 21 caps/28 days
POTIGA TAB	QL= 3 tabs/day
pregabalin cap	QL= 3 caps/day
pregabalin cap 225mg	QL= 2 caps/day
pregabalin cap 300mg	QL= 2 caps/day
pregabalin soln	QL= 30ml/day
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
PREVYMIS PAK	QL= 4 packets/day; Limit 800 packets/365 days
PREVYMIS TAB	QL= 1 tab/day; Limit 200 tabs/365 days
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
QSYMIA CAP	QL= 1 cap/day
QULIPTA TAB	QL= 30 tabs/30 days
RADICAVA ORS STARTER KIT	QL= 70ml/365 days
RADICAVA ORS SUSP	QL= 50mL/28 days
ramelteon tab	QL= 1 tab/day
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
RELION TRUE METRIX AIR KIT	QL= 1 meter per fill/2 meters per year

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Ajinomoto Foods North America 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
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; Only available through Lumicera 855-847-3553
RETEVMO CAP 40MG	QL= 3 caps/day; Only available through Lumicera 855-847-3553
RETEVMO TAB	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
RETEVMO TAB 40MG	QL= 3 tabs/day; Only available through Lumicera 855-847-3553
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
REZDIFFRA TAB	QL= 1 tab/day
REZLIDHIA CAP	QL= 2 caps/day; Only available through Biologics 800-850-4306
REZUROCK TAB	QL= 1 tab/day; Only available through Lumicera 855-847-3553
RINVOQ ER TAB	QL= 1 tab/day
RINVOQ ORAL SOLN	QL= 12ml/day
RIVFLOZA INJ	QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA INJ 160 MG/ML	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
ROZLYTREK CAP	QL= 3 caps/day; Only available through COSTCO1710 855-213-0070
ROZLYTREK PAK	QL= 6 packs/day; Only available through COSTCO1710 855-213-0070
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
RYBELSUS TAB	QL=1 tab/day; 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
SAVELLA TAB	QL= 2 tabs/day
SAXENDA INJ	QL= 5 pens/30 days
SCSEMBLIX TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
SCSEMBLIX TAB 100MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
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
SODIUM OXYBATE SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3668

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Ajinomoto Foods North America 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/magnesium/potassium soln	\$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
SOLQUA INJ	QL= 15ml/25 days
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SOLU-CORTEF INJ	QL= 1 vial/fill
SPEVIGO INJ	QL= 2ml/28 days; Only available through Accredo 800-803-2523
SPIKEVAX INJ	QL= 1 dose/24 days
SPINOSAD SUSP	QL= 1 bottle/fill
SPIRIVA RESPIMAT INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR
1.25MCG/ACT	(FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT
STEQUEYMA INJ	QL= 1 inj/84 days
STEQUEYMA INJ 90MG	QL= 1 inj/84 days
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUMATRIPTAN INJ	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	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; Only available through Lumicera 855-847-3553
SUNLENCA INJ	QL= 2 vials/26 weeks; Only available through CVS Specialty 800-237-2767; Restricted to Infectious Disease Specialist
SUNLENCA TAB	QL= 4 tabs/28 days; Only available through CVS Specialty 800-238-7828; Restricted to Infectious Disease Specialist
SUNLENCA TAB 300MG	QL= 5 tabs/28 days; Only available through CVS Specialty 800-237-2767; Restricted to Infectious Disease Specialist
SUNOSI TAB	QL= 1 tab/day
SYMDEKO TAB	QL= 2 tabs/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
TABRECTA TAB	QL= 4 tabs/day
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
TAFINLAR CAP	QL= 4 caps/day
TAGRISSO TAB	QL= 1 tab/day

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Ajinomoto Foods North America 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
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 40MG/0.5ML	QL= 1 inj/28 days
TALZENNA CAP 0.25MG	QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG	QL= 1 cap/day
TAVNEOS CAP	QL= 6 caps/day; Only available through PantheRx 855-726-8479
TAZVERIK TAB	QL= 8 tabs/day; Only available through Onco360 877-662-6633
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; Only available through COSTCO1710 855-213-0070
TIBSOVO TAB	QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
TIROSINT-SOL	QL= 1ml/day; Prior Authorization required for members age 9 years and older
tolvaptan tab	QL= 2 tabs/day
tolvaptan tab therapy pack	QL= 2 tabs/day
TRADJENTA TAB	QL= 1 tab/day
travoprost ophth soln	QL= 2.5ml/30 days
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
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
TRIKAFTA THERAPY PACK	QL= 2 packets/day
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial of one of the following generic antidepressants: bupropion, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, or venlafaxine
TRUE METRIX KIT AIR	QL= 1 meter per fill/2 meters per year
TRUE METRIX KIT METER	QL= 1 meter per fill/2 meters per year

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Ajinomoto Foods North America 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
TRUE METRIX AIR METER	QL= 1 meter per fill/2 meters per year
TRUE METRIX GO METER	QL= 1 meter per fill/2 meters per year
TRULANCE TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days; 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
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
TYVASO DPI POWDER	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
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
UBRELVY TAB	QL= 10 tabs/30 days
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
VALCHLOR GEL	QL= 4 tubes/30 days
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
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VERQUVO TAB	
VERZENIO TAB	QL= 2 tabs/day; Only available through Lumicera 855-847-3553

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Ajinomoto Foods North America 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
V-GO INJ KIT	QL= 1 kit/day
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
VIVITROL INJ	QL= 1 dose/fill, 1 fill/30 days
VIZIMPRO TAB	QL= 1 tab/day
VOGELXO GEL PUMP 1%	QL= 4 bottles/30 days
VONJO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VORANIGO TAB	QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VORANIGO TAB 10 MG	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
VOXZOGO INJ	QL= 1 vial/day; Only available through Accredo 888-773-7376
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
VYNDAMAX CAP	QL= 1 cap/day
VYNDAQEL CAP	QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYVGART HYTRULO INJ	QL= 4 inj/28 days; Only available through Accredo 800-803-2523
WAINUA INJ	QL= 1 inj/28 days; Only available through Orsini 800-410-8575
WAKIX TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
WEGOVY INJ	QL= 4 pens/28 days
WEGOVY INJ 1.7MG/0.75ML	QL= 4 pens/28 days
WEGOVY INJ 2.4MG/0.75ML	QL= 4 pens/28 days
WELIREG TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
XACIATO GEL	QL= 1 applicator/fill
XADAGO TAB	QL= 1 tab/day
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 PAK 50-200MG	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

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Ajinomoto Foods North America 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
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 (1 bottle= 10ml); Restricted to Ophthalmology or Optometry Specialist; Only available through CVS Specialty 800-238-7828 or Walgreens Specialty 888-347-3416
XELJANZ SOLN	QL= 10 ml/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
XOLAIR INJ	QL= 2 inj/28 days
XOLAIR INJ 150MG/ML	QL= 2 inj/28 days
XOLAIR INJ 300MG/2ML	QL= 1 inj/28 days
XOLAIR SYRINGE	QL= 2 inj/28 days
XOLAIR SYRINGE 150MG/ML	QL= 2 inj/28 days
XOLAIR SYRINGE 300MG/2ML	QL= 1 inj/28 days
XOLREMDI CAP	QL= 4 caps/day; Only available through PantheRx 855-726-8479
XOSPATA TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
XPHOZAH TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
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 463.5MG	QL= 2 inj/180 days; Only available through Walgreens Specialty 888-347-3416
YEZTUGO TAB 300MG	QL= 4 tabs/28 days; Only available through Walgreens Specialty 888-347-3416
YORVIPATH INJ	QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YORVIPATH INJ 294 MCG	QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YORVIPATH INJ 420 MCG	QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YUFLYMA INJ, ADALIMUMAB-AATY INJ	QL= 2 inj/28 days
YUFLYMA STARTER KIT	QL= 1 pack/fill, 1 fill/plan year
YUTREPIA CAP	QL= 112 caps/28 days; Only available through CVS Specialty 800-238-7828
zaleplon cap	QL= 1 cap/day

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Ajinomoto Foods North America 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
ZAVZPRET NASAL SPRAY	QL= 6 units/fill, 60 units/365 days
ZEGALOGUE INJ	QL= 2 inj/fill
ZEJULA TAB	QL= 1 tab/day
ZELBORAF TAB	QL= 8 tabs/day; Only available through COSTCO1710 855-213-0070
ZEPBOUND INJ	QL= 4 inj/28days (2ml/28 days)
ZEPOSIA CAP	QL= 1 cap/day
ZEPOSIA STARTER PACK	QL= 1 cap/day
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
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 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
ZORYVE CREAM	QL= 60 grams/30 days
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
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYLET OPTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)
ZYMFENTRA INJ	QL= 2 inj/28 days

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