

Search Tip:

This is a large document, but you can search quickly and easily by entering CTRL F and it will then display a find 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.

**Select 3-Tier Formulary
Alphabetical Index
Last Updated 7/1/2020**

Drug Name	Special Code	Tier	Category
8-MOP CAP	-	2	DERMATOLOGICALS
abacavir soln (ZIAGEN equiv)	MSP	2	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	MSP	2	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	MSP	2	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	MSP	2	ANTIVIRALS
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY SOLN	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRAXANE INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCU-CHEK AVIVA PLUS METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE CARE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-PRIL TAB	-	NC	ANTIHYPERTENSIVES
ACCURETIC TAB	-	NC	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
ACEON TAB	-	NC	ANTIHYPERTENSIVES
acetaminophen/cafeine/dihydrocodeine tab (PANLOR SS equiv)	-	2	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	1	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
ACETASOL HC OTIC SOLN	-	3	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2	DIURETICS
acetazolamide tab	-	2	DIURETICS
acetic acid otic soln (VOSOL equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIDIC VAGINAL JELLY	-	2	VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
acitretin cap (SORIATANE equiv)	-	2	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA IV INJ	M-PA	M	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACTOPLUS MET XR TAB	-	3	ANTIDIABETICS
ACUVAIL OPTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	2	DERMATOLOGICALS
acyclovir oint (ZOVIRAX OINT equiv)	-	2	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	\$0	TOXOIDS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADCETRIS INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ADCIRCA TAB	LMSP-PA	3	CARDIOVASCULAR AGENTS - MISC.
ADDERALL XR CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	-	2	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
ADLYXIN INJ	-	NC	ANTIDIABETICS
ADMELOG INJ, INSULIN LISPRO INJ	-	NC	ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	-	NC	ANTIDIABETICS
ADOXA PAK	-	NC	TETRACYCLINES
ADRENALICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADVAIR DISKUS INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC	ANTIHYPERTENSIVES
ADZENYS ER SUSP, AMPHETAMINE ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AEMCOLO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AFINITOR DISPERZ (QL= 1 tab/day)	LMSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB 10MG (QL= 1 tab/day)	LMSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB 2.5MG, 5MG, 7.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	\$0	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	\$0	VACCINES
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AIRDUO RESPICLICK	-	NC	ASTHMA/BRONCHODILATOR AGENTS
AJOVY INJ	-	NC	MIGRAINE PRODUCTS
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
ALAMAST OPTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
albendazole tab (ALBENZA equiv)	-	NC	ANTHELMINTICS
ALBENZA TAB	-	NC	ANTHELMINTICS
albuterol neb soln	-	1	ASTHMA/BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ASTHMA/BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ASTHMA/BRONCHODILATOR AGENTS
albuterol sulfate tab	-	2	ASTHMA/BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	2	ASTHMA/BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ASTHMA/BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	1	DERMATOLOGICALS
alclometasone oint (ACLOVATE equiv)	-	1	DERMATOLOGICALS
ALCOHOL SWABS	OTC	1	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC	DERMATOLOGICALS
ALDURAZYME INJ	M-PA	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALENDRONATE SOLN	-	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.

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
ALEVICYN SOLN DERMAL	-	NC	DERMATOLOGICALS
ALFERON-N INJ	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALIMTA INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv)	TS	2	ANTIHYPERTENSIVES
allopurinol tab (ZYLORIM equiv)	-	1	GOUT AGENTS
ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv)	-	NC	MIGRAINE PRODUCTS
ALOCRIL OPTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
ALOGLIPTIN TAB, NESINA TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC	ANTIDIABETICS
ALOMIDE OPTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	3	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPTH SOLN 0.1% (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	2	ANTIANKXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	2	ANTIANKXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTIANKXIETY AGENTS
ALREX OPTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTACE CAP	-	NC	ANTIHYPERTENSIVES
ALTOPREV TAB	-	NC	ANTIHYPERTENSIVES
ALTRENO LOTION	-	NC	DERMATOLOGICALS
aluminum chloride soln (DRYSOL equiv)	-	1	DERMATOLOGICALS
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine tab	-	2	ANTIPARKINSON AGENTS
AMBIEN CR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	2	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
AMCINONIDE LOTION	-	NC	DERMATOLOGICALS
AMCINONIDE OINT	-	NC	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	ACA	\$0	CONTRACEPTIVES
AMICAR SYRUP	-	3	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	2	HEMOSTATICS
aminocaproic acid syrup (AMICAR equiv)	-	1	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	2	HEMOSTATICS
aminophylline tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	2	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)	-	2	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv)	-	2	DERMATOLOGICALS
AMOXAPINE TAB	-	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 chew tab (AUGMENTIN equiv)	-	1	PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	2	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	3	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	1	PENICILLINS
AMTURNIDE TAB	-	3	ANTIHYPERTENSIVES
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2	ANDROGENS-ANABOLIC

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
ANDROXY TAB	-	2	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS
ANNOVERA RING	-	NC	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERTENSIVES
antipyrine/ benzocaine/ polycosanol otic soln (TREAGAN OTIC equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	QL	3	ANTIEMETICS
APADAZ TAB	-	NC	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APHTHASOL PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
APIDRA INJ	-	NC	ANTIDIABETICS
APIDRA SOLOSTAR INJ	-	NC	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	2	ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv) (QL= 2 bottles/fill)	QL	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
APRISO CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC	DERMATOLOGICALS
APTOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	MSP	2	ANTIVIRALS
APTIVUS SOLN	MSP	2	ANTIVIRALS
ARAKODA TAB	-	3	ANTIMALARIALS
ARANESP INJ	PA	M	HEMATOPOIETIC AGENTS
ARAZLO LOTION	-	NC	DERMATOLOGICALS
ARCAPTA NEOHALER (Step Therapy requires trial of Foradil or Serevent)	ST	3	ASTHMA AND BRONCHODILATOR AGENTS
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	2	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	PA	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ARMONAIR RESPICLICK	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	1	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	1	ASTHMA AND BRONCHODILATOR AGENTS
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ashlyn tab, daysee tab (SEASONALE, SEASONIQUE equiv) (3 copays per RX)	ACA	\$0	CONTRACEPTIVES
ASMANEX HFA INHALER (QL= 2 inhalers/fill)	QL	1	ASTHMA AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 2 inhalers/fill)	QL	1	ASTHMA AND BRONCHODILATOR AGENTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	ACA-OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin EC tab 325mg (Covered for males age 45-79 and females age 55-79)	ACA-OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	ACA-OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	ACA-OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	ACA-OTC	\$0	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.
ASTAGRAF XL CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ATACAND TAB	-	NC	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	MSP	2	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA CAP equiv) (QL= 2 caps/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
atorvastatin tab 10mg (LIPITOR equiv)	ACA	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv)	ACA	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRIPLA TAB	MSP	2	ANTIVIRALS
atropine ophth oint (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER (QL= 2 inhalers/fill)	QL	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AURYXIA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB (QL= 4 tabs/day)	LMSP-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ	-	NC	VASOPRESSORS
AVALIDE TAB	-	NC	ANTIHYPERTENSIVES
AVANDAMET TAB	-	2	ANTIDIABETICS
AVANDARYL TAB	-	2	ANTIDIABETICS
AVANDIA TAB	-	2	ANTIDIABETICS
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVC VAGINAL CREAM	-	2	VAGINAL PRODUCTS
AVONEX INJ	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB	-	NC	MIGRAINE PRODUCTS
AYVAKIT TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASAN TAB	-	NC	ASSORTED CLASSES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
AZASITE SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azelaic acid gel (FINACEA equiv)	-	2	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv) (QL= 2 bottles/fill)	QL	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
AZESCO TAB	-	NC	MULTIVITAMINS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZOPT OPTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BACITRACIN OPTH OINT (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen tab 10mg, 20mg	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BALCOLTRA TAB	-	NC	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	PA	2	ANTICONVULSANTS
BANZEL TAB	PA	2	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2	ANTIDIABETICS
BARACLUDE SOLN	-	NC	ANTIVIRALS
BASAGLAR INJ	-	NC	ANTIDIABETICS
BAVENCIO INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2	FLUOROQUINOLONES
B-D INSULIN SYRINGE	--OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	1	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)	-	NC	ANTIHYPERTENSIVES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
BENDEKA INJ, BELRAPZO SOL	PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA IV	M-PA	M	ASSORTED CLASSES
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB	PA	2	ANTHELMINTICS
benzonatate cap (TESSALON equiv)	-	1	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
benztropine tab	-	1	ANTIPARKINSON AGENTS
BEPREVE OPTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	2	OPHTHALMIC AGENTS
BERINERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	2	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIVANCE OPTH SUSP	-	NC	OPHTHALMIC AGENTS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone augmented gel	-	1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1	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)	-	NC	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	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
betaxolol ophth soln (BETOPTIC-S equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETHKIS NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BETOPTIC-S OPTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP	-	NC	ANTICOAGULANTS
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEXSERO INJ	VAC	\$0	VACCINES
BEYAZ TAB	-	NC	CONTRACEPTIVES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC	ESTROGENS
BIKTARVY TAB	MSP	2	ANTIVIRALS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
BILTRICIDE TAB	-	3	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPHAMIDE OPTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	2	CARDIOVASCULAR AGENTS - MISC.
BOSULIF TAB	MSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX INJ	M-PA	M	NEUROMUSCULAR AGENTS
BRAFTOVI CAP 50MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAVELLE INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BREO ELLIPTA INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2% (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONSULTANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONSULTANTS
BRIVIACT TAB	-	NC	ANTICONSULTANTS
bromfenac ophth soln (BROMDAY equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
BROMSITE OPTH SOLN	-	NC	OPHTHALMIC AGENTS
BROVANA NEB SOLN	-	3	ASTHMA AND BRONCHODILATOR AGENTS
BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION	-	NC	DERMATOLOGICALS
B-SERENE PAD	-	NC	HEMATOPOIETIC 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) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv)	-	2	CORTICOSTEROIDS
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	2	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1	ANALGESICS - OPIOID

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
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
BUTISOL ELIXIR	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
BUTISOL TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days)	QL	3	ANTIDIABETICS
BYNFEZIA PEN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BYSTOLIC TAB	TS	2	BETA BLOCKERS
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	2	DERMATOLOGICALS
CALCIPOTRIENE FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint	-	2	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	2	DERMATOLOGICALS
calcipotriene/betamethasone dipropionate susp	-	NC	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC	DERMATOLOGICALS
CALCIPOTRIENE/BETAMETHASONE SUSP	-	NC	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTRON equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	3	DERMATOLOGICALS
calcitriol soln (ROCALTRON equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES AND SUPPLIES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
CALOMIST NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
CALQUENCE CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET	-	NC	MIGRAINE PRODUCTS
candesartan tab (ATACAND equiv)	-	NC	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
CANTIL TAB	-	3	ULCER DRUGS
capecitabine tab (XELODA equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	3	DERMATOLOGICALS
CAPITAL/CODEINE SUSP	-	3	ANALGESICS - OPIOID
CAPLYTA CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	NC	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	NC	ANTIHYPERTENSIVES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1	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
carbinoxamine soln (PALGIC equiv)	-	2	ANTIHISTAMINES
CARBINOXAMINE SOLN	-	3	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	2	ANTIHISTAMINES
CARBINOXAMINE TAB	-	3	ANTIHISTAMINES
CARDENE SR CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
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 OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv) (QL= 2 bottles/fill)	QL	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

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	2	ANTI-INFECTIVE AGENTS - MISC.
CEDAX CAP	-	3	CEPHALOSPORINS
CEDAX SUSP	-	3	CEPHALOSPORINS
cefaclor cap (CECLOR equiv)	-	2	CEPHALOSPORINS
CEFACLO ER TAB	-	3	CEPHALOSPORINS
CEFACLO SUSP	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	1	CEPHALOSPORINS
CEFDITOREN TAB	-	3	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	2	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	2	CEPHALOSPORINS
cefopodoxime proxetil susp (VANTIN equiv)	-	2	CEPHALOSPORINS
cefopodoxime proxetil tab (VANTIN equiv)	-	2	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	2	ANTICONSULSANTS
CENESTIN TAB	-	3	ESTROGENS
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	-	NC	OPHTHALMIC AGENTS
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	\$0	VACCINES
CERVICAL CAP	ACA	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS
CETROTIDE INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	2	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANKXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1	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 (ARALEN equiv)	-	1	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	1	DIURETICS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
chlorpheniramine ER cap	-	1	ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpropamide tab (DIABINESE equiv)	-	1	ANTIDIABETICS
CHLORTHALIDONE TAB	-	1	DIURETICS
chlorzoxazone tab	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG	-	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	2	GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1	ANALGESICS - NONNARCOTIC
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 OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
CIMDUO TAB	MSP	2	ANTIVIRALS
CIMETIDINE SOLN	-	NC	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	NC	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv) (Restricted to Endocrinology or Nephrology Specialist)	RS	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINQAIR INJ	M-PA	M	ASTHMA AND BRONCHODILATOR AGENTS
CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
CIPRO SUSP 5%	-	3	FLUOROQUINOLONES
CIPRODEX OTIC SUSP (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
CIPROFLOXACIN ER TAB	-	3	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CLARINEX REDITAB	-	EXC	ANTIHISTAMINES
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
CLARINEX TAB	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
CLARITHROMYC SUSP	-	2	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	2	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
CLARITIN CAP	OTC	EXC	ANTIHISTAMINES
CLENPIQ SOLN	-	2	LAXATIVES
CLEOCIN VAGINAL SUPP	-	3	VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
CLINDAGEL	-	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 soln (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	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
CLINDESSE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv)	-	NC	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	1	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	3	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	2	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	1	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 SHAMPOO equiv)	-	2	DERMATOLOGICALS
clobetasol spray (CLOBEX SPRAY equiv)	-	2	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	3	DERMATOLOGICALS
CLODERM CREAM	-	3	DERMATOLOGICALS
CLOMIPHENE CITRATE POWDER	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE CITRATE TAB	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomiphene citrate tab (CLOMID equiv)	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	2	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	2	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
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)	-	2	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv)	-	2	DERMATOLOGICALS
CLOZAPINE ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT 12.5MG	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
codeine sulfate tab	-	1	ANALGESICS - OPIOID
COLCHICINE CAP	-	NC	GOUT AGENTS
colchicine tab (COLCRYS equiv)	-	NC	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)	-	2	ANTIHYPERLIPIDEMICS
colestipol powder (COLESTID equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLY-MYCIN S OTIC SUSP (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
COMBIGAN OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
COMBIPATCH	-	NC	ESTROGENS
COMBIVENT INHALER (QL= 2 inhalers/fill)	QL	2	ASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/fill)	QL	2	ASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB	MSP	3	ANTIVIRALS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB	MSP	2	ANTIVIRALS
CONCEPT DHA CAP	-	1	MULTIVITAMINS
CONDYLOX GEL	-	3	DERMATOLOGICALS
CONSENSI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FILM	ACA-OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	ACA-OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	ACA-OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	ACA-OTC	\$0	VAGINAL PRODUCTS
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDRAN CREAM 0.025%	-	NC	DERMATOLOGICALS
CORDRAN TAPE	-	3	DERMATOLOGICALS
COREG CR CAP	-	NC	BETA BLOCKERS
CORLANOR SOLN	PA	3	CARDIOVASCULAR AGENTS - MISC.

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
CORLANOR TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B AQUEOUS OTIC SOLN	-	NC	OTIC AGENTS
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
CORZIDE TAB 80-5MG	-	3	ANTIHYPERTENSIVES
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
COSMEGEN INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
COVERA-HS TAB	-	3	CALCIUM CHANNEL BLOCKERS
CREON CAP	-	2	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB	-	NC	ANTIHYPERLIPIDEMICS
CRESTOR TAB 20MG	-	NC	ANTIHYPERLIPIDEMICS
CRINONE GEL	PA	2	VAGINAL PRODUCTS
CRIVAN CAP	MSP	2	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
CROTAN LOTION	-	3	DERMATOLOGICALS
cryselle tab	ACA	\$0	CONTRACEPTIVES
CRYSVITA INJ	M-PA	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVITRU INJ	-	NC	PASSIVE IMMUNIZING AGENTS
CUVPOSA SOLN	-	3	ULCER DRUGS
cyanocobalamin inj	-	1	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 (FLEXERIL equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
CYCLOMYDRIL OPTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cycloserine cap (CYCLOSERINE CAP equiv)	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
cyclosporine cap (SANDIMMUNE equiv)	-	2	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	2	ASSORTED CLASSES
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYRAMZA INJ	PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	2	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	OPHTHALMIC AGENTS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
DAKLINZA TAB	-	NC	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	LMSP-QL-RS	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
darifenacin SR tab (ENABLEX equiv)	-	2	URINARY ANTISPASMODICS
DARZALEX INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAXBIA CAP	-	NC	CEPHALOSPORINS
DAYTRANA PATCH	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DAYVIGO TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DECON-A LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
deferasirox tab (EXJADE equiv)	LMSP	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 180mg (JADENU equiv)	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	LMSP	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
DELSTRIGO TAB	MSP	2	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	2	TETRACYCLINES
DENAVIR CREAM	-	NC	DERMATOLOGICALS
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPLIN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	NC	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	ACA-QL	\$0	CONTRACEPTIVES
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMATOP CREAM	-	NC	DERMATOLOGICALS
DERMATOP OINT	-	NC	DERMATOLOGICALS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
DESCOVY TAB	MSP-PA	2	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	2	ANTIDEPRESSANTS
DESLORATADINE ODT	-	EXC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	EXC	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	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 gel (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv)	-	2	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone ophth soln (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
DEXILANT CAP	-	NC	ULCER DRUGS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2	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)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	2	ANTICONVULSANTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	2	ANTICONVULSANTS
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	1	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAPHRAGM	ACA	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (Restricted to Neurology Specialist)	RS	3	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	1	ANTI-ANXIETY AGENTS
DIAZEPAM SOLN	-	1	ANTI-ANXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1	ANTI-ANXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	2	ANTI-DIABETICS
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	2	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
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)	-	2	ANALGESICS - ANTI-INFLAMMATORY
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
didanosine DR cap (VIDEX EC equiv)	MSP	2	ANTIVIRALS
DIDANOSINE DR CAP, VIDEX EC CAP	MSP	2	ANTIVIRALS
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	1	DERMATOLOGICALS
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
DIGOXIN SOLN	-	1	CARDIOTONICS
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	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 CAP	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR 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 tab (CARDIZEM LA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
DIPENTUM CAP	-	2	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
DIPHENOXYLATE/ATROPINE LIQUID	-	1	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	2	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONSULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONSULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONSULSANTS
DIVIGEL GEL, ELESTRIN GEL	-	NC	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	2	ANTIARRHYTHMICS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
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; Step Therapy requires trial of donepezil 10mg)	QL-ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	3	ULCER DRUGS
DONNATAL EXTENTABS	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTLET TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2	HEMATOPOIETIC AGENTS
DORAL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
DORYX TAB 200MG	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv) (QL= 60 units/30 days)	QL	1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN (QL= 60 units/30 days)	QL	2	OPHTHALMIC AGENTS
DOVATO TAB	-	2	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
DOXEPIIN CAP	-	1	ANTIDEPRESSANTS
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
DOXEPIIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3	DERMATOLOGICALS
doxepin tab (SILENOR equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
doxercalciferol cap (HECTOROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE CAP, ORACEA CAP	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	2	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	2	TETRACYCLINES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	2	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
drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	NC	CONTRACEPTIVES
drosiprenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv)	-	NC	CONTRACEPTIVES
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	1	DERMATOLOGICALS
DST PLUS PAK KIT	-	NC	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAKLIR INHALER	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
DUETACT TAB	-	NC	ANTIDIABETICS
DUEXIS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	1	ANTIDEPRESSANTS
DUOBRII LOTION	-	NC	DERMATOLOGICALS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
DURAVENT PE TAB	-	NC	COUGH/COLD/ALLERGY
DUREZOL OPTH EMULSION (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUZALLO TAB	-	NC	GOUT AGENTS
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	2	ANALGESICS - OPIOID
DXEVO 11-DAY PAK	-	NC	CORTICOSTEROIDS
DYANAVEL XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DYNACIRC CR TAB	-	3	CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	3	DIURETICS
DYSPORT INJ	M-PA	M	NEUROMUSCULAR AGENTS
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	1	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	-	NC	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	NC	ANTIHYPERTENSIVES
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
EDURANT TAB	MSP	2	ANTIVIRALS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
efavirenz cap (SUSTIVA equiv)	MSP	2	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	MSP	2	ANTIVIRALS
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
eletriptan tab (RELPAX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ELIGEN B12 TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIMITE CREAM	-	2	DERMATOLOGICALS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	ACA	\$0	CONTRACEPTIVES
ELMIRON CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
eluryng vaginal ring (NUVARING equiv)	-	NC	CONTRACEPTIVES
ELZONRIS SOLN	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMADINE OPTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	NC	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
EMPLICITI INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMSAM PATCH	-	3	ANTIDEPRESSANTS
EMTRIVA CAP	MSP	2	ANTIVIRALS
EMTRIVA SOLN	MSP	2	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
enalapril tab (VASOTEC equiv)	-	NC	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 25MG (QL= 8 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK (QL= 6 packets/day)	LMSP-PA-QL	2	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2	VAGINAL PRODUCTS
ENGERIX-B INJ	VAC	\$0	VACCINES
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0	VACCINES
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	ACA	\$0	CONTRACEPTIVES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	MSP-QL	2	ANTIVIRALS
ENTRESTO TAB (QL= 2 tabs/day)	QL	2	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ	M-PA	M	GASTROINTESTINAL AGENTS - MISC.
ENVARSUS XR TAB	-	NC	ASSORTED CLASSES
EPANED PREMIXED SOLN	PA	3	ANTIHYPERTENSIVES
EPANED SOLN	PA	3	ANTIHYPERTENSIVES
EPCLUSA TAB	-	NC	ANTIVIRALS
EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416)	LD-PA	2	ANTICONSULSANTS
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	PA	3	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	QL	1	OPHTHALMIC AGENTS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIPEN (JR) INJ	-	NC	VASOPRESSORS
EPIVIR HBV SOLN	MSP	2	ANTIVIRALS
EPIVIR TAB	MSP	3	ANTIVIRALS
epirenone tab (INSPIRA equiv)	TS	2	ANTIHYPERTENSIVES
EPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
epoprostenol inj (FLOLAN equiv)	M-PA	M	CARDIOVASCULAR AGENTS - MISC.
EPROSARTAN TAB	-	NC	ANTIHYPERTENSIVES
EQUETRO CAP	-	2	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergotamine/cafeine tab (CAFERGOT equiv)	-	2	MIGRAINE PRODUCTS
ERIVEDGE CAP	MSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv)	LMSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ERWINAZE INJ	PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERY PAD	-	1	DERMATOLOGICALS
erythromycin DR cap (ERYC equiv)	-	2	MACROLIDES
ERYTHROMYCIN EC CAP	-	2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin stearate tab	-	2	MACROLIDES
erythromycin tab (ERY-TAB equiv)	-	2	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2	MACROLIDES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2	DERMATOLOGICALS
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv)	-	3	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ESOMEPRAZOLE STRONTIUM CAP	-	NC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI 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 equiv)	-	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	2	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	2	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	1	ESTROGENS
estropipate tab (OGEN equiv)	-	1	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI 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)	-	2	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EUCRISA OINT	-	NC	DERMATOLOGICALS
EURAX CREAM	-	2	DERMATOLOGICALS
EVAMIST SPRAY	-	NC	ESTROGENS
EVEKEO ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
EVENITY INJ	M-PA	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv)	PA	2	MISCELLANEOUS THERAPEUTIC CLASSE
EVIVO LIQUID	-	NC	ANTIARRHEALS
EVOCIN FOAM	-	NC	DERMATOLOGICALS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
EVOTAZ TAB	MSP	2	ANTIVIRALS
EVZIO INJ	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	3	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	3	DERMATOLOGICALS
exemestane tab (AROMASIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXTAVIA INJ	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EZALLOR SPRINKLE CAP	-	NC	ANTIHYPERTENSIVES
ezetimibe tab (ZETIA equiv)	TS	1	ANTIHYPERTENSIVES
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	2	ANTIHYPERTENSIVES
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERTENSIVES
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FABRAZYME INJ	M-PA	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	2	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	2	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	1	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANSIDAR TAB	-	3	ANTIMALARIALS
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FASENRA INJ	M-PA	M	ASTHMA AND BRONCHODILATOR AGENTS
FASENRA PEN INJ (QL= 1 inj/56 days)	LMSP-PA-QL	2	ASTHMA AND BRONCHODILATOR AGENTS
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-TS	2	GOUT AGENTS
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	ACA-OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERTENSIVES
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1	ANTIHYPERTENSIVES
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERTENSIVES
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERTENSIVES
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1	ANTIHYPERTENSIVES
fenofibric acid DR cap (TRILIPIX equiv)	-	1	ANTIHYPERTENSIVES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
FENOFIBRIC TAB, FIBRICOR TAB	-	3	ANTHYPERLIPIDEMICS
fenoprofen calcium tab	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	2	ANALGESICS - OPIOID
fantanyl patch (DURAGESIC equiv)	-	2	ANALGESICS - OPIOID
fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2	ANTIDOTES
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2	ANTIDOTES
ferrous sulfate elixir (Covered for members 1 year or younger)	ACA-OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	ACA-OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	ACA-OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	ACA-OTC	\$0	HEMATOPOIETIC AGENTS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS
FIASP FLEXTOUCH INJ	-	2	ANTIDIABETICS
FIASP INJ	-	2	ANTIDIABETICS
FIASP PENFILL INJ	-	2	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FINACEA FOAM	-	2	DERMATOLOGICALS
FINACEA PLUS KIT	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
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	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRST ATENOLOL SOLN	-	3	BETA BLOCKERS
FIRST BACLOFEN SUSP KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
FIRST METOPROLOL ORAL SOLN	-	3	BETA BLOCKERS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	2	ULCER DRUGS
FIRST-VANCOMYCIN SOLN	-	1	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN	-	1	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL ER TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	NC	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLOLAN INJ	M-PA	M	CARDIOVASCULAR AGENTS - MISC.
FLOLIPID SUSP	-	NC	ANTHYPERLIPIDEMICS
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
FLORIVA PLUS DROPS	-	2	MULTIVITAMINS
FLOVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER (QL= 2 inhalers/fill)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ	VAC	\$0	VACCINES
FLUAD QUAD INJ	VAC	\$0	VACCINES
FLUBLOK INJ	VAC	\$0	VACCINES
FLUBLOK QUAD PF INJ	VAC	\$0	VACCINES
FLUCELVAX INJ	VAC	\$0	VACCINES
FLUCELVAX QUAD INJ	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 QUAD INJ, FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0	VACCINES
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA SMOOTH/FS equiv)	-	1	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	NC	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	NC	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	ACA	\$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUOR-A-DAY CHEW TAB	-	1	MINERALS & ELECTROLYTES
fluorometholone opth soln (FML LIQUIFILM equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	2	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	2	DERMATOLOGICALS
FLUOROURACIL SOLN	-	2	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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) (Covered for members 15 years or younger)	-	1	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG	-	NC	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
FLUPHENAZINE TAB	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS
FLURAZEPAM CAP	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
FLURBIPROFEN OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
flurbiprofen ophth soln (OCUFEN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	2	ANTIHYPERTENSIVES
fluvastatin ER tab (LESCOL XL equiv)	-	2	ANTIHYPERTENSIVES
FLUVIRIN INJ	VAC	\$0	VACCINES
FLUVIRIN PF INJ	VAC	\$0	VACCINES
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 HD PF INJ	VAC	\$0	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	\$0	VACCINES
FLUZONE INTRADERMAL INJ	VAC	\$0	VACCINES
FLUZONE QUADRIVALENT INJ	VAC	\$0	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	\$0	VACCINES
FML FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
FOLBEE PLUS CZ TAB	-	1	MULTIVITAMINS
folbee tab	-	1	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	ACA	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	ACA-OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	ACA-OTC	\$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLITE TAB	-	NC	HEMATOPOIETIC AGENTS
FOLLISTIM AQ INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
folvite-d tab (GENICIN VITA-D equiv)	-	NC	HEMATOPOIETIC AGENTS
FOLVITE-FE TAB	-	NC	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	-	2	ANTICOAGULANTS
FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
FORTAMET TAB	-	NC	ANTIDIABETICS
FORTEO INJ	LMSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
FORTESTA GEL 2% (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
FORTICAL NASAL SPRAY	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	MSP	2	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	NC	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	NC	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.
FRAGMIN INJ	-	3	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv)	-	NC	MIGRAINE PRODUCTS
FULPHILA INJ	LMSP	2	HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ	LMSP	2	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONSULSANTS
FYCOMPA SUSP	-	NC	ANTICONSULSANTS
gabapentin cap (NEURONTIN equiv)	-	1	ANTICONSULSANTS
gabapentin soln (NEURONTIN equiv)	-	2	ANTICONSULSANTS
gabapentin tab (NEURONTIN equiv)	-	1	ANTICONSULSANTS
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
GALAFOLD CAP (QL= 15 caps/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	TS	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GAMMAGARD INJ, GAMUNEX-C INJ	M-PA	M	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMUNEX/ OCTAGAM/ PRIVIGEN/ FLEBOGAMMA/ BIVIGAM INJ	M-PA	M	PASSIVE IMMUNIZING AGENTS
GANCICLOVIR CAP (Restricted to Infectious Disease, Optometry or Ophthalmology Specialist)	RS	2	ANTIVIRALS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
GARDASIL 9 INJ	VAC	\$0	VACCINES
GARDASIL INJ	VAC	\$0	VACCINES
gatifloxacin ophth soln (ZYMAXID equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	\$0	LAXATIVES
gavilyte-h kit	-	NC	LAXATIVES
GAZYVA INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	2	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	-	NC	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1	ANTHYPERLIPIDEMICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN INJ	LMSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPTH OINT (QL= 2 tubes/fill)	QL	1	OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVOYA TAB	MSP	2	ANTIVIRALS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	ACA	\$0	CONTRACEPTIVES
GILENYA CAP	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIVLAARI INJ	M-PA	M	HEMATOLOGICAL AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLOPERBA SOLN	-	NC	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ	-	NC	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS

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

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

**Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020**

Drug Name	Special Code	Tier	Category
GLYCATÉ TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
glycopyrrolate tab (ROBINUL equiv)	-	2	ULCER DRUGS
GLYGEST PAK	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS
GOLYTELY SOLN	-	NC	LAXATIVES
GONAL-F RFF INJ	INF	NC	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 (QL= 1 tab/day)	PA-QL	2	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	2	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	2	ANTIFUNGALS
GUAIFENESIN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
GUANABENZ TAB	-	3	ANTIHYPERTENSIVES
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 PFS INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
HAEGARDA INJ	MSP-PA	2	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
HALFLYTELY BOWEL PREP KIT	-	NC	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	2	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
HARVONI PELLET PAK	-	NC	ANTIVIRALS
HARVONI TAB	-	NC	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	\$0	VACCINES
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HDC DM SYRUP	-	NC	COUGH/COLD/ALLERGY

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
HELIDAC PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ	LMSP-PA	2	HEMATOLOGICAL AGENTS - MISC.
heparin inj	-	2	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	\$0	VACCINES
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERZUMA INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HEXALEN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIZENTRA INJ	MSP-PA	2	PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
HOMATROPINE OPTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ	-	NC	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG MIX INJ	-	NC	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	-	NC	ANTIDIABETICS
HUMALOG PEN INJ	-	NC	ANTIDIABETICS
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG (QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2	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

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN R U-500 KWIIPEN INJ	-	2	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYCAMTIN CAP	LMSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
hydrocodone bitartrate ER cap (ZOHYDRO equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	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)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	2	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 4 oz/fill, 2 fills/month)	QL	2	COUGH/COLD/ALLERGY
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (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)	-	2	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	2	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS
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
hydromorphone ER tab (EXALGO equiv)	-	NC	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	1	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	EXC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
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

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
hydroxyzine syrup (ATARAX equiv)	-	1	ANTI-ANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTI-ANXIETY AGENTS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYOPHEN TAB	-	3	URINARY ANTI-INFECTIVES
hyoscyamine inj (LEVSIN equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF 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 sulfate SR cap (LEVSINEX equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	URINARY ANTISPASMODICS
HYQVIA INJ	MSP-PA	2	PASSIVE IMMUNIZING AGENTS
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB (QL= 1 tabs/day)	MSP-PA-QL	2	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
icatibant inj (FIRAZYR equiv)	LMSP-PA	2	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILUVIEN INJ	M-PA	M	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine pamoate cap (TOFRANIL PM equiv)	-	2	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	2	DERMATOLOGICALS
IMPAVIDO CAP	-	NC	ANTI-INFECTION AGENTS - MISC.
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INBRIJA INH POWDER	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCIVEK TAB	-	NC	ANTIVIRALS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
INCRELEX INJ	MSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ASTHMA 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
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	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 SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	MSP	2	ANTIVIRALS
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INVEGA INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP	MSP	2	ANTIVIRALS
INVIRASE TAB	MSP	2	ANTIVIRALS
INVOKAMET TAB	-	NC	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB	-	NC	ANTIDIABETICS
IODOFLEX PAD	-	2	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	2	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPTH SOLN 1% (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	NC	ANTIHYPERTENSIVES
IRESSA TAB	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON SUSP (Covered for members 1 year or younger)	ACA-OTC	\$0	HEMATOPOIETIC AGENTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
ISENTRESS (HD) TAB	MSP	2	ANTIVIRALS
ISENTRESS CHEW TAB	MSP	2	ANTIVIRALS
ISENTRESS POWDER PACK	MSP	2	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	ACA	\$0	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	2	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	1	ANTIMYCOBACTERIAL AGENTS
ISONIAZID TAB	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	2	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isoxsuprine tab	-	2	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ISTURISA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
itraconazole cap (SPORANOX equiv)	PA	2	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	2	ANTIFUNGALS
IVERMECTIN CREAM	-	NC	DERMATOLOGICALS
ivermectin cream (SOOLANTRA equiv)	-	NC	DERMATOLOGICALS
ivermectin tab (STROMECTOL equiv)	-	2	ANTHELMINTICS
JADENU SPRINKLE	LMSP	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL-TS	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JATENZO CAP	-	NC	ANDROGENS-ANABOLIC
JENTADUETO TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	2	ESTROGENS
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	MSP	2	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	ACA	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	ACA	\$0	CONTRACEPTIVES
JUXTAPID CAP	-	NC	ANTHYPERLIPIDEMICS
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
KADIAN CAP	-	NC	ANALGESICS - OPIOID
KALETRA TAB	MSP	2	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
KANJINTI INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KAPVAY TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
KATERZIA SUSP	-	NC	CALCIUM CHANNEL BLOCKERS
KEFLEX CAP 750MG	-	NC	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	ACA	\$0	CONTRACEPTIVES
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KETAMINE HCL TROCHES	-	NC	GENERAL ANESTHETICS
KETEK TAB (Restricted to Allergy, Infectious Disease or Otolaryngology Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
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 cap (ORUDIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv) (QL= 10ml/fill)	QL	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC TROMETHAMINE NASAL SPRAY, SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
KEYTRUDA INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHEDEZLA ER TAB	-	NC	ANTIDEPRESSANTS
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLOR-CON M15 TAB	-	2	MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET 25MEQ	-	3	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	2	ANTIDIABETICS
KOSELUGO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRINTAFEL TAB	-	2	ANTIMALARIALS
KRISTALOSE PACK	-	3	LAXATIVES
KRISTALOSE PACKET	-	3	LAXATIVES
K-TAB	-	1	MINERALS & ELECTROLYTES
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTHYPERLIPIDEMICS
KYNMOBI FILM	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
L.E.T. GEL	-	NC	DERMATOLOGICALS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
LAC-HYDRIN CREAM	-	2	DERMATOLOGICALS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
LACTULOSE PACK	-	NC	LAXATIVES
lactulose soln	-	1	GASTROINTESTINAL AGENTS - MISC.
LAMICTAL CHEW TAB 2MG	-	2	ANTICONSULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3	ANTICONSULSANTS
lamivudine soln (EPIVIR equiv)	MSP	2	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	MSP	2	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	MSP	2	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	MSP	2	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONSULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	2	ANTICONSULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	2	ANTICONSULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	2	ANTICONSULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONSULSANTS
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ	-	NC	CARDIOTONICS
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	NC	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
LANSOPRAZOLE SUSP	-	2	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	2	ULCER DRUGS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ	-	2	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
LARTRUVO INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
LASTACRAFT OPTH SOLN (QL= 3ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine)	QL-ST-TS	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	ACA	\$0	CONTRACEPTIVES
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day)	LMSP-PA-QL	2	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
LEMTRADA INJ	M-PA	M	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LENVIMA CAP (QL= 3 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	-	NC	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	INF	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3	ASTHMA AND BRONCHODILATOR AGENTS
levabuterol neb soln (XOPENEX equiv)	-	2	ASTHMA AND BRONCHODILATOR AGENTS
LEVATOL TAB	-	2	BETA BLOCKERS
LEVEMIR FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	2	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
LEVOBUNOLOL OPTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv) (QL= 2 bottles/fill)	QL	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) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	ACA-OTC	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	ACA	\$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	2	ANALGESICS - OPIOID
levorphanol tab (LEVORPHANOL equiv)	-	2	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	NC	THYROID AGENTS
LEXETTE FOAM	-	NC	DERMATOLOGICALS
LEXIVA SUSP	MSP	2	ANTIVIRALS
LIBTAYO INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
LICART PATCH	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC	DERMATOLOGICALS
LIDOCAINE GEL	-	1	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine lotion	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	2	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	2	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	2	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine viscous soln	-	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
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
lindane lotion	-	2	DERMATOLOGICALS
LINDANE LOTION	-	3	DERMATOLOGICALS
lindane shampoo	-	2	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
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 CITRATE SOLN	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3	ANTIHYPERLIPIDEMICS
L-METHYLFOLATE TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	ACA	\$0	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LOESTRIN 24 FE TAB	ACA	\$0	CONTRACEPTIVES
LOKELMA PAK	PA	2	MISCELLANEOUS THERAPEUTIC CLASSES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
LOMAIRA TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
LOPERAMIDE SOLN	-	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv)	MSP	2	ANTIVIRALS
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	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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 GEL (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT (QL= 2 tubes/fill)	QL	2	OPHTHALMIC AGENTS
LOTENSIN HCT TAB	-	NC	ANTIHYPERTENSIVES
loteprednol ophth susp (LOTEMAX equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
LOTTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	ACA	\$0	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUCEMYRA TAB (QL= 84 tabs/7 days)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUFYLLIN TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUMOXITI INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ	INF	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUVIRA CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYNPARZA CAP (QL= 16 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	NC	ANTICONSULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	NC	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	NC	ANTIDIABETICS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	2	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	1	ANTIEMETICS
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVENCLAD PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVIK TAB	-	NC	ANTIHYPERTENSIVES
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	2	ANTIVIRALS
MAXIDEX OPTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
MAYZENT TAB	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv)	OTC	1	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	1	ANTIEMETICS
MECLOFENAMATE CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	ACA-QL	\$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEFLOQUINE TAB	-	2	ANTIMALARIALS
mefloquine tab (LARIAM equiv)	-	2	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	2	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
melphalan tab (ALKERAN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	2	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.
MENACTRA INJ	VAC	\$0	VACCINES
MENEST TAB	-	3	ESTROGENS
MENHIBRIX INJ	VAC	\$0	VACCINES
MENOMUNE INJ	VAC	\$0	VACCINES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
MENOPUR INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MENOSTAR PATCH	-	NC	ESTROGENS
MENTAX CREAM	-	3	DERMATOLOGICALS
MENVEO INJ	VAC	\$0	VACCINES
MEPERIDINE TAB	-	NC	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv)	-	NC	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	NC	ANTIANKXIETY AGENTS
mercaptopurine tab (PURINETHOL equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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 supp (CANASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METANX CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1	ASTHMA AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3	ASTHMA AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
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)	-	2	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
methadone soln	-	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	2	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	2	URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	1	URINARY ANTI-INFECTIVES
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	PA	3	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
METHOTREXATE INJ	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	2	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	1	DIURETICS
methyldopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB 72MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
METHYLTESTOSTERONE CAP	PA	3	ANDROGENS-ANABOLIC
METIPRANOLOL OPTH SOLN (QL= 2 bottles/fill)	QL	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 tab 37.5mg, 75mg (LOPRESSOR equiv)	-	NC	BETA BLOCKERS
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	2	ANTIHYPERTENSIVES
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2	ANTIHYPERTENSIVES
METOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	2	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	2	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
MEXILETINE CAP	-	2	ANTIARRHYTHMICS
MIACALCIN INJ	LMSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	ACA	\$0	CONTRACEPTIVES
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICARDIS TAB	-	NC	ANTIHYPERTENSIVES
MICLARA LIQUID	-	NC	ANTIHISTAMINES
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midazolam syrup	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
MIGERGOT SUPP	-	2	MIGRAINE PRODUCTS
miglitol tab (GLYSET equiv)	-	2	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376)	LD-PA	2	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY	-	NC	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	3	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
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRALAX PACKET	-	NC	LAXATIVES
MIRALAX POWDER	-	NC	LAXATIVES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRENA IUD	ACA	\$0	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	NC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP	-	2	GOUT AGENTS
M-M-R II INJ	VAC	\$0	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MODERIBA TAB	-	NC	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	NC	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	NC	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	NC	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
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	-	3	URINARY ANTI-INFECTIVES
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP	-	NC	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv)	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate soln	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	2	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
MOTEGRITY TAB	PA	3	GASTROINTESTINAL AGENTS - MISC.
MOVANTIK TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	NC	LAXATIVES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPTH SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPTH SOLN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	2	FLUOROQUINOLONES
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULPLETA TAB	-	NC	HEMATOPOIETIC AGENTS
MULTAQ TAB (Restricted to Cardiology Specialist)	RS	2	ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	1	HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	1	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
MYALEPT INJ	-	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	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MYLERAN TAB	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	3	MULTIVITAMINS
MYOBLOC INJ	M-PA	M	NEUROMUSCULAR AGENTS
MYRBETRIQ TAB	-	2	URINARY ANTISPASMODICS
MYTESI TAB	-	NC	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	2	BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	2	ANTIHYPERTENSIVES
naftifine cream (NAFTIN equiv)	-	2	DERMATOLOGICALS
NAFTIFINE CREAM	-	3	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	2	DERMATOLOGICALS
NAFTIN GEL	-	3	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
naloxone inj	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj (QL= 2 inj/fill)	--QL	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
NAMENDA XR CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPRELAN CR TAB 375MG, 750MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	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	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	3	HEMATOPOIETIC AGENTS
NATAZIA TAB	ACA	\$0	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	2	ANTIDIABETICS
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
NAYZILAM SPRAY (Restricted to Neurology Specialist)	RS	3	ANTICONSULSANTS
NEBUSAL NEB SOLN	-	2	COUGH/COLD/ALLERGY
NECON 10/11-28	ACA	\$0	CONTRACEPTIVES
NEFAZODONE TAB	-	1	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	1	ANTIDEPRESSANTS
neomycin tab	-	1	AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/polymyxin/hydrocortisone otic soln (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
neomycin/polymyxin/hydrocortisone otic susp (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN (QL= 2 bottles/	QL	1	OPHTHALMIC AGENTS
NEOSALUS FOAM	-	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	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUMEGA INJ	LMSP	2	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3	ANTIPARKINSON AGENTS
NEVANAC OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine)	MSP-ST	2	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	MSP-ST	2	ANTIVIRALS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
nevirapine susp (VIRAMUNE equiv)	MSP	2	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	MSP	1	ANTIVIRALS
NEXAVAR TAB	MSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR SUSP	-	3	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	3	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	-	NC	ULCER DRUGS
NEXIUM CAP	-	NC	ULCER DRUGS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS
NEXLETOL TAB	-	NC	ANTIHYPERTENSIVES
NEXLIZET TAB	-	NC	ANTIHYPERTENSIVES
niacin cap	OTC	NC	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	NC	VITAMINS
niacin ER tab	-	NC	ANTIHYPERTENSIVES
niacin tab	OTC	1	VITAMINS
NIACIN TR TAB	OTC	NC	VITAMINS
niacinamide tab	OTC	NC	VITAMINS
NIACOR TAB	-	NC	ANTIHYPERTENSIVES
NIASPAN ER TAB	-	NC	ANTIHYPERTENSIVES
nicardipine cap (CARDENE equiv)	-	2	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
nilutamide tab (NILANDRON equiv)	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	2	CALCIUM CHANNEL BLOCKERS
nitisinone cap (ORFADIN equiv)	-	NC	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	URINARY ANTI-INFECTIVES
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	NC	URINARY ANTI-INFECTIVES
NITROGLYCERIN ER CAP	-	1	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	2	ANTIANGINAL AGENTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
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	LMSP	2	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
nizoral a-d shampoo (NIZORAL equiv)	OTC	NC	DERMATOLOGICALS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (NORA-QD equiv)	ACA	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	ACA--	1	PROGESTINS
NORGESIC FORTE TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
NORGESIC TAB FORTE	-	3	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NOROXIN TAB	-	3	FLUOROQUINOLONES
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	ACA	\$0	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	ACA	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	1	ANTIDEPRESSANTS
NORVIR CAP	MSP	2	ANTIVIRALS
NORVIR POWDER PACK	MSP	2	ANTIVIRALS
NORVIR SOLN	MSP	2	ANTIVIRALS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN INJ	OTC	2	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOXAFIL SUSP	-	2	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1	THYROID AGENTS

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

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

**Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020**

Drug Name	Special Code	Tier	Category
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2	ASTHMA AND BRONCHODILATOR AGENTS
NUCALA INJ	LMSP-PA-QL	M	ASTHMA AND BRONCHODILATOR AGENTS
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	NC	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
NUCYNTA TAB	-	3	ANALGESICS - OPIOID
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NULOJIX INJ	M-PA	M	ASSORTED CLASSES
NULYTELY SOLN	-	NC	LAXATIVES
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NURTEC ODT	-	NC	MIGRAINE PRODUCTS
NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUVARING	ACA	\$0	CONTRACEPTIVES
NUZYRA TAB	-	NC	TETRACYCLINES
NYMALIZE SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	1	VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	2	DERMATOLOGICALS
nystatin/triamcinolone oint	-	2	DERMATOLOGICALS
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF-TS	2	GASTROINTESTINAL AGENTS - MISC.
OCREVUS INJ	M-PA	M	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	LMSP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB (QL= 1 tab/day)	PA-QL	2	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB	MSP	2	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	LMSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
OGIVRI INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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

**Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020**

Drug Name	Special Code	Tier	Category
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB	-	3	ANTIDEPRESSANTS
OLLIZAC POWDER	-	NC	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)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole tab	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 PACK PODS	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
ONCASPAR INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron ODT (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONDANSETRON TAB	-	1	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONEXTON GEL	-	NC	DERMATOLOGICALS
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONPATTRO INJ	M-PA	M	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB (CRUSH RESISTANT)	-	NC	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
OPDIVO INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
opium tincture	-	2	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB (QL= 1 tab/day)	PA-QL	2	BIOLOGICALS MISC
ORAVIG TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
ORAXYL CAP	-	3	TETRACYCLINES
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA INJ	M-PA	M	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORIAHNN CAP	-	NC	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 (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC (FORTE) equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
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)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC	OTIC AGENTS
OTOZIN OTIC DROPS	-	NC	OTIC AGENTS
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVCON 50 TAB	ACA	\$0	CONTRACEPTIVES
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDREL INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxandrolone tab (OXANDRIN equiv)	-	1	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY

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

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

**Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020**

Drug Name	Special Code	Tier	Category
OXAZEPAM CAP	-	2	ANTIANXIETY AGENTS
oxazepam cap (SERAX equiv)	-	2	ANTIANXIETY AGENTS
OXBRYTA TAB	-	NC	HEMATOPOIETIC AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
OXERVATE OPTH SOLN	-	NC	OPHTHALMIC AGENTS
oxiconazole nitrate cream (OXISTAT equiv)	-	2	DERMATOLOGICALS
OXISTAT LOTION	-	3	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv) (QL= 2 tabs/day)	QL	2	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	2	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 2.5-300mg (NALOCET equiv)	-	NC	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	2	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYMORPHONE ER TAB	-	NC	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC	ANALGESICS - OPIOID
OXYTROL PATCH (OTC)	OTC	1	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2	ANTIDIABETICS
OZOBAX SOLN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OZURDEX IMPLANT	M-PA	M	OPHTHALMIC AGENTS
PALFORZIA POWDER PACK	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANCRELIPASE CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	3	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
PARAGARD IUD	ACA	\$0	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	2	AMINOGLYCOSIDES
PAROMOMYCIN CAP	-	3	AMINOGLYCOSIDES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	2	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PATADAY OPTH SOLN	-	NC	OPHTHALMIC AGENTS
PATANASE NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
PAZEO OPTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
pb-belladonna elixir (DONNATAL equiv)	-	2	ULCER DRUGS
PCE TAB	-	2	MACROLIDES
PEAK FLOW METER	-	NC	MEDICAL DEVICES AND SUPPLIES
pediatric multiple vitamins/fluoride chew tab	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	\$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ	LMSP	2	ANTIVIRALS
PEG-INTRON INJ	LMSP	2	ANTIVIRALS
PEMAZYRE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
penicillamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
pentamidine neb soln (NEBUPENT equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	2	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PERFOROMIST NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
perindopril tab (ACEON equiv)	-	NC	ANTIHYPERTENSIVES
PERJETA INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2	ANTIHYPERTENSIVES
phenylephrine ophth soln (MYDFRIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHEXXI GEL	-	NC	VAGINAL AND RELATED PRODUCTS
PHISOHEX LIQUID	-	3	ANTISEPTICS & DISINFECTANTS
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	2	VITAMINS
PICATO GEL (QL= 1 box/fill)	QL	3	DERMATOLOGICALS
PIFELTRO TAB	MSP	2	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
PILOPINE HS OPHTH GEL (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or 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	LMSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piroxicam cap (FELDENE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	ACA-OTC	\$0	CONTRACEPTIVES
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENVU SOLN	-	NC	LAXATIVES
PLIAGLIS CREAM	-	NC	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	\$0	VACCINES
PODIAPN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
POLIVY INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
posaconazole DR tab (NOXAFIL equiv)	-	2	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	2	VITAMINS
POTABA TAB	-	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 citrate CR tab (UROCIT-K TAB equiv)	-	2	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
POTIGA TAB (QL= 3 tabs/day)	QL	2	ANTICONVULSANTS
PRADAXA CAP	-	2	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	2	ANTIHYPERTENSIVES
pramipexole ER tab (MIRAPLEX ER equiv)	-	2	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPLEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	NC	DERMATOLOGICALS
PRAMOSONE CREAM 1-2.5%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	2	DERMATOLOGICALS
PRAMOSONE LOTION	-	3	DERMATOLOGICALS
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1	ANORECTAL AGENTS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1	ANORECTAL AGENTS
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC	OTIC AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	ACA	\$0	ANTIHYPERTENSIVES
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	NC	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	2	DERMATOLOGICALS
prednicarbate cream (DERMATOP equiv)	-	2	DERMATOLOGICALS
PREDNICARBATE OIN	-	2	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	2	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN (QL= 2 bottle/ fill)	QL	1	OPHTHALMIC AGENTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	3	CORTICOSTEROIDS
PREDNISOLONE SYRUP	-	1	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	1	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	-	1	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	3	ESTROGENS
pregabalin cap (LYRICA equiv)	-	1	ANTICONVULSANTS
pregabalin soln (LYRICA equiv)	-	2	ANTICONVULSANTS
PREGENNA TAB	-	NC	MULTIVITAMINS
PREGNYL INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
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
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1	MULTIVITAMINS
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PRETOMANID TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
PREVACID OTC CAP	OTC	NC	ULCER DRUGS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	ACA	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT RINSE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	\$0	VACCINES
PREVYMIS TAB	-	NC	ANTIVIRALS
PREZCOBIX TAB	MSP	2	ANTIVIRALS
PREZISTA SUSP	MSP	2	ANTIVIRALS
PREZISTA TAB	MSP	2	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRIOLOSEC CAP	-	NC	ULCER DRUGS
PRIOLOSEC OTC DR TAB	OTC	NC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	1	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
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
progesterone cap (PROMETRIUM equiv)	-	2	PROGESTINS
progesterone oil inj	-	1	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PROLENSA OPTH SOLN	-	2	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA INJ	M-PA	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER	LMSP-PA	2	HEMATOPOIETIC AGENTS
PROMACTA TAB	LMSP-PA	2	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	-	2	ANTIHISTAMINES
propafenone ER cap (RYTHMOL SR equiv)	-	2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
propylthiouracil tab	-	1	THYROID AGENTS
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSTIGMIN TAB	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
PROTONIX PAK	-	NC	ULCER DRUGS
protriptyline tab (VIVACTIL equiv)	-	2	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PROZENA PAD	-	NC	DERMATOLOGICALS
PULMICORT FLEXHALER	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	LMSP	2	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
PURIXAN SUSP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	3	ULCER DRUGS
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
pyridostigmine soln (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	ANTIMALARIALS
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC	ANTIMALARIALS
QBRELIS SOLN	PA	3	ANTIHYPERTENSIVES
QBREXZA PAD	-	NC	DERMATOLOGICALS
QINLOCK TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QMIIZ ODT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	NC	ANTIDIABETICS
QUALAQUIN CAP	-	NC	ANTIMALARIALS
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	3	MULTIVITAMINS
QUILLICHEW ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	NC	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	2	ANTIARRHYTHMICS
QUINIDINE SULFATE ER TAB	-	3	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QVAR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	NC	ULCER DRUGS
RADICAVA INJ	M-PA	M	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB (QL= 1 tab/day)	PA-QL	2	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	ACA	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDERS AGENTS
ramipril cap (ALTACE equiv)	-	NC	ANTIHYPERTENSIVES
ranitidine cap (ZANTAC equiv)	-	NC	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	NC	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC	ULCER DRUGS
ranolazine tab (RANEXA equiv)	-	2	ANTIANGINAL AGENTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
rasagiline tab (AZILECT equiv)	TS	2	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
REBETOL SOLN	LMSP	2	ANTIVIRALS
REBIF INJ	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REGRANEX GEL (QL= 30gm/fill)	QL	2	DERMATOLOGICALS
RELAFEN DS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMEDIENT CAP	-	NC	MULTIVITAMINS
RENAGEL TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
RENFLXIS INJ (Restricted to Gastroenterology or Rheumatology Specialist)	M-PA-RS	M	GASTROINTESTINAL AGENTS - MISC.
RENOVA CREAM	-	EXC	DERMATOLOGICALS
REVELA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPAGLINIDE TAB	-	NC	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2	ANTIHYPERTENSIVES
RESCRIPTOR TAB	MSP	2	ANTIVIRALS
RESERPINE TAB	-	3	ANTIHYPERTENSIVES
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS OPHTH EMULSION (QL= 60 unit dose vials/fill; Restricted to Optometry or Ophthalmology Specialist)	QL-RS	2	OPHTHALMIC AGENTS
RETACRIT INJ	MSP-PA	2	HEMATOPOIETIC AGENTS
RETEVMO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
RETROVIR CAP	MSP	3	ANTIVIRALS
RETROVIR SYRUP	MSP	3	ANTIVIRALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	MSP-QL-RS	2	ASSORTED CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ POWDER PACK	MSP	2	ANTIVIRALS
REYVOW TAB	-	NC	MIGRAINE PRODUCTS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	NC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	PA	3	OPHTHALMIC AGENTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
RIBAPAK TAB	-	NC	ANTIVIRALS
ribavirin cap (REBETOL equiv)	LMSP	1	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
ribavirin tab (COPEGUS equiv)	LMSP	1	ANTIVIRALS
RIBAVIRIN TAB 400MG	-	NC	ANTIVIRALS
RIDAURA CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
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	-	1	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
RIOMET ER SUSP	-	3	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	2	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)	MSP	2	ANTIVIRALS
RITUXAN HYCELA INJ (Restricted to Rheumatology Specialist)	M-PA-RS	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ (Restricted to Rheumatology Specialist)	M-PA-RS	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL 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
ROCKLATAN OPTH SOLN	-	NC	OPHTHALMIC AGENTS
ropinirole ER tab (REQUIP XL equiv)	-	2	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	\$0	ANTIHYPERTENSIVES
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	2	ANTIHYPERTENSIVES
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	2	ANTIHYPERTENSIVES
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	\$0	ANTIHYPERTENSIVES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROZEREM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ROZLYTREK CAP (QL= 3 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	2	HEMATOLOGICAL AGENTS - MISC.

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
RUZURGI TAB (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
RYBELSUS TAB (QL=1 tab/day)	QL	2	ANTIDIABETICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
RYDAPT CAP	LMSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
RYVENT TAB	-	NC	ANTIHISTAMINES
SABRIL TAB	-	NC	ANTICONVULSANTS
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALAGEN TAB	-	2	MOUTH/THROAT/DENTAL AGENTS
salicyclic acid soln	-	NC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	2	ANALGESICS - NONNARCOTIC
SAMSCA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCUSO PATCH (QL= 4 patches/fill)	QL	3	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	2	ASSORTED CLASSES
SANDOSTATIN LAR INJ KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	2	DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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.
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCENESSE IMPLANT	M-PA	M	DERMATOLOGICALS
scopolamine patch (TRANSDERM-SCOP equiv)	-	2	ANTIEMETICS
seb-prev cream (OVACE CREAM equiv)	-	2	DERMATOLOGICALS
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SECUADO PATCH	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLUROMET TAB	-	NC	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	2	DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	MSP	2	ANTIVIRALS
SELZENTRY TAB	MSP	2	ANTIVIRALS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
SEMPREX-D CAP	-	EXC	COUGH/COLD/ALLERGY
SENSIPAR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	2	ASTHMA/BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
SHINGRIX INJ (Prior Authorization required for members under age 50)	PA-VAC	\$0	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIGNIFOR LAR INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
sildenafil susp (REVATIO equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS
SIMPONI ARIA INJ	M-PA	M	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI SC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMVASTATIN SUSP	-	NC	ANTIHYPERLIPIDEMICS
simvastatin tab (ZOCOR equiv)	ACA	\$0	ANTIHYPERLIPIDEMICS
SINUVA IMPLANT	M-PA	M	NASAL AGENTS - SYSTEMIC AND TOPICAL
SINUVA NASAL IMPLANT	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
sirolimus soln (RAPAMUNE equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	2	ASSORTED CLASSES
SIRTURO TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
SKELAXIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SKELID TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3	DERMATOLOGICALS
SKYRIZI INJ (QL= 2 inj/84 days)	LMSP-PA-QL	2	DERMATOLOGICALS
SLO-NIACIN TAB	OTC	NC	VITAMINS
SLYND TAB	-	3	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
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) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	ACA	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT 5000 PLUS equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	ACA	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	ACA	\$0	MINERALS & ELECTROLYTES
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) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	ACA	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	ACA	\$0	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
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 PLUS equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/urea pad (ROSULA equiv)	-	2	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day)	LMSP-PA-QL	2	ANTIVIRALS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	1	URINARY ANTISPASMODICS
SOLIQUA INJ	-	NC	ANTIDIABETICS
SOLIRIS INJ	M-PA	M	HEMATOLOGICAL AGENTS - MISC.
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3	AMEBICIDES
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
SOMNOTE CAP	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SOOLANTRA CREAM	-	NC	DERMATOLOGICALS
SORIATANE CK KIT	-	2	DERMATOLOGICALS
SORILUX FOAM	-	3	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOVALDI PELLET PAK	-	NC	ANTIVIRALS
SOVALDI TAB	-	NC	ANTIVIRALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPINRAZA INJ	M-PA	M	NEUROMUSCULAR AGENTS
SPIRIVA HANDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX SOLN	PA	3	ANTIFUNGALS
SPRAVATO NASAL SOLN (QL= 1st month-2 kits per week; 1 kit per week thereafter)	M-PA-QL	3	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	ACA	\$0	CONTRACEPTIVES
SPRITAM TAB	-	NC	ANTICONSULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	LMSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	2	COUGH/COLD/ALLERGY
STAMARIL INJ	-	NC	VACCINES
stavudine cap (ZERIT equiv)	MSP	2	ANTIVIRALS
stavudine soln (ZERIT equiv)	MSP	2	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONSULSANTS
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	2	DERMATOLOGICALS
STELARA IV	M-PA	M	GASTROINTESTINAL AGENTS - MISC.
STIMATE NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM	-	NC	ANDROGENS-ANABOLIC
STRIBILD TAB	MSP	2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
SUBLOCADE INJ	MSP	1	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCLEAR KIT	-	NC	LAXATIVES
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucralfate susp (CARAFATE equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
sucralfate tab (CARAFATE equiv)	-	1	ULCER DRUGS
sulfacetamide sodium ophth soln (BLEPH-10 equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
sulfacetamide sodium shampoo (OVACE equiv)	-	2	DERMATOLOGICALS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	1	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 KIT	-	NC	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
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	1	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
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
SUPRAX TAB	-	3	CEPHALOSPORINS
SUPREP SOLN	-	NC	LAXATIVES
SUSTIVA TAB	MSP	3	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTENT CAP	MSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	MSP	2	ANTIVIRALS
SYMJEPI INJ (QL= 2 inj/fill)	QL	2	VASOPRESSORS
SYMLINPEN INJ	-	NC	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONSULSANTS
SYMPROIC TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	2	ANTIVIRALS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
SYNAGIS INJ	M-PA	M	PASSIVE IMMUNIZING AGENTS
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
SYNRIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	1	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
TABLOID TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TABRECTA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	2	DERMATOLOGICALS
tadalafil tab (PAH) (ADCIRCA equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGAMET TAB	-	NC	ULCER DRUGS
TAGRISSO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
TALTZ INJ	-	NC	DERMATOLOGICALS
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	ACA	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TARCEVA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGADOX TAB	-	NC	TETRACYCLINES
TARGRETIN CAP	LMSP-PA-SF	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	LMSP-PA	2	DERMATOLOGICALS
TARKA TAB	-	3	ANTIHYPERTENSIVES
TASIGNA CAP	LMSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2	HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	NC	CONTRACEPTIVES
tazarotene cream 0.1% (TAZORAC equiv)	-	2	DERMATOLOGICALS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
TAZORAC CREAM 0.05%	-	3	DERMATOLOGICALS
TAZORAC GEL	-	NC	DERMATOLOGICALS
TAZVERIK TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKAMLO TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	3	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA 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)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	MSP	2	ANTIVIRALS
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
TERIPARATIDE INJ	-	NC	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 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 (QL= 2 packets/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 (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	2	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (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 (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
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)	LMSP-PA	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	2	TETRACYCLINES
THALOMID CAP	MSP-PA	2	ASSORTED CLASSES
THEOCHRON TAB	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline CR tab (QUIBRON-T equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2	ANTICONVULSANTS
TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ticlopidine tab (TICLID equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
TIMOLOL OPHTH GEL SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
TIROSINT CAP	-	NC	THYROID AGENTS
TIROSINT-SOL	-	NC	THYROID AGENTS
TIVICAY PD TAB	-	NC	ANTIVIRALS
TIVICAY TAB (QL= 2 tabs/day)	MSP-QL	2	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	MSP-PA	3	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	2	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
TOBREX OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TODAY SPONGE	ACA-OTC	\$0	VAGINAL PRODUCTS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
TOLAZAMIDE TAB	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	2	ANTIPARKINSON AGENTS
tolmetin cap (TOLECTIN DS equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	TS	2	URINARY ANTISPASMODICS
tolvaptan tab (SAMSCA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOPICORT CREAM	-	NC	DERMATOLOGICALS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT	-	NC	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONSULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONSULSANTS
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 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	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)	-	2	ANALGESICS - OPIOID
TRAMADOL HCL TAB 100MG	-	NC	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	2	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	NC	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	2	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	-	2	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	2	ANTIDEPRESSANTS
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
TREANDA INJ	PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELEGY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TRELSTAR INJ	INF	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREMFYA INJ	-	NC	DERMATOLOGICALS
treprostinil inj 10mg/ml (REMODULIN equiv)	M-PA	M	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	M-PA	M	CARDIOVASCULAR AGENTS - MISC.

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	M-PA	M	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	M-PA	M	CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS
TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
TRETIN-X CREAM	-	NC	DERMATOLOGICALS
TREXALL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	3	ANALGESICS - OPIOID
triamcinolone acetone 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 nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	2	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv)	-	2	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDERS AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
trientine cap (SYPRINE equiv)	MSP-PA	2	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trifluridine ophth soln (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERTENSIVES
trihexyphenidyl elixir (ARTANE equiv)	-	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; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	2	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	ACA	\$0	CONTRACEPTIVES
TRILIPIX CAP	-	NC	ANTIHYPERTENSIVES

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	ACA-QL	\$0	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	2	ANTIDEPRESSANTS
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	ACA	\$0	CONTRACEPTIVES
TRIUMEQ TAB	MSP	2	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONSULSANTS
tropicamide ophth soln (MYDRIACYL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	-	2	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	2	URINARY ANTISPASMODICS
TRULANCE TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days)	QL	2	ANTIDIABETICS
TRUMENBA INJ	VAC	\$0	VACCINES
TRUVADA TAB	-	2	ANTIVIRALS
TRUXIMA INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3	COUGH/COLD/ALLERGY
TUSSI-PRES LIQUID	-	NC	COUGH/COLD/ALLERGY
TUSSLIN LIQUID	OTC	NC	COUGH/COLD/ALLERGY
TUXARIN ER TAB	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	\$0	VACCINES
TYBOST TAB	-	NC	ANTIVIRALS
TYKERB TAB	LMSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ	LMSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYSABRI INJ	M-PA	M	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB	-	NC	ANTIVIRALS
UBRELVY TAB	-	NC	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	PA	3	ANORECTAL AGENTS
U-CORT CREAM	-	2	DERMATOLOGICALS
UDENYCA INJ	MSP	2	HEMATOPOIETIC AGENTS
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3	DERMATOLOGICALS
ULORIC TAB	-	NC	GOUT AGENTS
ULTOMIRIS INJ	M-PA	M	HEMATOLOGICAL AGENTS - MISC.
ULTRAVATE LOTION	-	NC	DERMATOLOGICALS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA PD EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UNIRETIC TAB	-	NC	ANTIHYPERTENSIVES
UNIVASC TAB	-	NC	ANTIHYPERTENSIVES
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
UREA EMULSION	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
UREA LOTION	-	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
URITACT DS TAB	-	3	URINARY ANTI-INFECTIVES
URITACT EC TAB	-	3	URINARY ANTI-INFECTIVES
UROQID #2 TAB	-	3	URINARY ANTI-INFECTIVES
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	NC	URINARY ANTI-INFECTIVES
UTIBRON NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779)	LD-PA-QL	2	DERMATOLOGICALS
VALCYTE TAB (Restricted to Infectious Disease or Transplant Specialist)	RS	3	ANTIVIRALS
valganciclovir soln (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	2	ANTIVIRALS
valganciclovir tab (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	2	ANTIVIRALS
valproate inj (DEPAICON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	2	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY	-	NC	ANTICONVULSANTS
VALTURNA TAB	-	3	ANTIHYPERTENSIVES
VANOCIN CAP (QL= 56 caps/fill)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANOCIN equiv) (QL= 56 caps/fill)	QL	1	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
VARIVAX INJ	VAC	\$0	VACCINES
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
VASCEPA CAP (QL= 4 caps/day)	QL	2	ANTHYPERLIPIDEMICS
vasolex oint (XENADERM equiv)	-	1	DERMATOLOGICALS
VASOTEC TAB	-	NC	ANTIHYPERTENSIVES
VAXCHORA SUSP	VAC	\$0	VACCINES
vcf vaginal gel (CONCEPTROL equiv)	ACA-OTC	\$0	VAGINAL PRODUCTS
VECAMEYL TAB	-	NC	ANTIHYPERTENSIVES
VECTIBIX INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VECTICAL OINT	-	NC	DERMATOLOGICALS
VELCADE INJ	PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
velivet tab (CYCLESSA equiv)	ACA	\$0	CONTRACEPTIVES
VELPHORO CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	-	NC	ASSORTED CLASSES
VELTIN GEL	-	NC	DERMATOLOGICALS
VEMLIDY TAB	-	2	ANTIVIRALS
VENCLEXTA STARTER PACK	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine ER tab	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
VERAPAMIL CAP 100MG	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 200MG	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 300MG	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	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
VERELAN PM ER CAP 100MG, 300MG	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN SR CAP 360mg	-	3	CALCIUM CHANNEL BLOCKERS
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VEXOL OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
VFEND SUSP (Restricted to Infectious Disease or Oncology Specialist)	RS	3	ANTIFUNGALS
VFEND TAB (Restricted to Infectious Disease or Oncology Specialist)	RS	3	ANTIFUNGALS
V-GO INJ KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VICTOZA INJ (QL= 9ml/30 days)	QL	2	ANTIDIABETICS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
VICTRELIS CAP	-	NC	ANTIVIRALS
VIDEX SOLN	MSP	2	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	ACA	\$0	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	2	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	2	ANTICONVULSANTS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	2	ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
viorele tab, kariva tab (MIRCETTE equiv)	ACA	\$0	CONTRACEPTIVES
VIRACEPT POWDER	MSP	2	ANTIVIRALS
VIRACEPT TAB	MSP	2	ANTIVIRALS
VIREAD TAB	MSP	2	ANTIVIRALS
VISICOL TAB	-	3	LAXATIVES
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL STRIPS	-	3	MULTIVITAMINS
vitamin D cap (RX strength only)	-	1	VITAMINS
vitamin D cap 1000unit (Covered for members 65 years or older)	ACA-OTC	\$0	VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	ACA-OTC	\$0	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	ACA-OTC	\$0	VITAMINS
VITEKTA TAB	MSP	2	ANTIVIRALS
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIVELLE-DOT PATCH	-	NC	ESTROGENS
VIVITROL INJ	LMSP	2	ANTIDOTES
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	\$0	VACCINES
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOGELXO PUMP (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	2	ANTIVIRALS
VOTRIENT TAB	LMSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VP-PNV-DHA CAP	-	1	MULTIVITAMINS
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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

**Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020**

Drug Name	Special Code	Tier	Category
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VUMERITY CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYLEESI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYNDAMAX CAP (QL= 1 cap/day)	MSP-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
VYNDALOX CAP (QL= 4 caps/day)	MSP-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
VYTORIN CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYVANSE CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYVANSE CHEW TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYZULTA SOLN (QL= 2.5ml/30 days)	PA-QL	3	OPHTHALMIC AGENTS
WAKIX TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WELCHOL PACK	-	NC	ANTIHYPERTENSIVES
WELCHOL TAB	-	NC	ANTIHYPERTENSIVES
WESTCORT OINT	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
XADAGO TAB (QL= 1 tab/day)	PA-QL	3	ANTIPARKINSON AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID
XATMEP SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XCOPRI PAK	-	NC	ANTICONVULSANTS
XCOPRI TAB	-	NC	ANTICONVULSANTS
XELJANZ TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPTH EMULSION	-	NC	OPHTHALMIC AGENTS
XEMBIFY INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENADERM OINT	-	3	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
XEOMIN INJ	M-PA	M	NEUROMUSCULAR AGENTS
XEPI CREAM	-	NC	DERMATOLOGICALS
XERESE CREAM	-	NC	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XGEVA INJ	M-PA	M	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIAFLEX INJ	M-PA	M	MISCELLANEOUS THERAPEUTIC CLASSES
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
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 (QL= 2 tabs/fill)	QL	3	ANTIVIRALS
XOLAIR INJ	M-PA	M	ASTHMA AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC	DERMATOLOGICALS
XOSPATA TAB (QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2	ANALGESICS - OPIOID
XTANDI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	ACA	\$0	CONTRACEPTIVES
XULTOPHY INJ (QL= 15ml/30 days)	PA-QL	2	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYOSTED INJ	-	NC	ANDROGENS-ANABOLIC
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	EXC	ANTIHISTAMINES
XYZAL TAB	-	EXC	ANTIHISTAMINES
XYZBAC TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YAZ TAB	-	NC	CONTRACEPTIVES
YBUPHEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YERVOY INJ	M-PA	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YODOXIN TAB	-	3	AMEBICIDES
YONSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUPELRI SOLN	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
ZADITOR OPTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafirlukast tab (ACCOLATE equiv)	-	2	ASTHMA AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDERS
ZANTAC EFFER TAB	-	NC	ULCER DRUGS
ZARXIO INJ	LMSP	2	HEMATOPOIETIC AGENTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGERID CAP	-	NC	ULCER DRUGS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
ZEGERID CAP OTC	OTC	1	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	NC	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZENZEDI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZEPOSIA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERIT SOLN	MSP	3	ANTIVIRALS
ZERVATE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ZETIA TAB	-	NC	ANTIHYPERTENSIVES
ZETONNA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIANA GEL	-	NC	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	MSP	2	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	MSP	2	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	MSP	2	ANTIVIRALS
ZIEXTENZO INJ	-	NC	HEMATOPOIETIC AGENTS
ZILACAIN PAK	-	NC	DERMATOLOGICALS
zileuton ER tab (ZYFLO CR equiv)	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	NC	DERMATOLOGICALS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	1	MINERALS & ELECTROLYTES
ZINPLAVA IV	M-PA	M	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZMAX SUSP	-	3	MACROLIDES
ZOCOR TAB 80MG	-	NC	ANTIHYPERTENSIVES
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOLGENSMA INJ	M-PA	M	NEUROMUSCULAR AGENTS
ZOLINZA CAP	LMSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan 5mg tab (ZOMIG equiv)	-	NC	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv)	-	NC	MIGRAINE PRODUCTS
zolpidem ER tab (AMBIEN CR equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDERS AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS

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

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

Select 3-Tier Formulary Cont.
Alphabetical Index
Last Updated 7/1/2020

Drug Name	Special Code	Tier	Category
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOMIG TAB	-	NC	MIGRAINE PRODUCTS
ZOMIG ZMT	-	NC	MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC	COUGH/COLD/ALLERGY
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONSULSANTS
ZONTIVITY TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ZORPRIN TAB	-	3	ANALGESICS - NONNARCOTIC
ZORTRESS TAB 1MG	PA	2	ASSORTED CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	\$0	VACCINES
ZOVIRAX OINT	-	NC	DERMATOLOGICALS
ZUBSOLV SL TAB	-	1	ANALGESICS - OPIOID
ZULRESSO INJ	M-PA	M	ANTIDEPRESSANTS
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB	MSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO TAB	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYPITAMAG TAB	-	NC	ANTIHYPERTENSIVES
ZYTIGA TAB 500MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX TAB (Restricted to Infectious Disease or Oncology Specialist)	RS	3	ANTI-INFECTION AGENTS - MISC.

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
ADDERALL XR CAP	-	2
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
dextroamphetamine soln (PROCENTRA equiv)	-	2
VYVANSE CAP	-	2
VYVANSE CHEW TAB	-	2
ADZENYS ER SUSP, AMPHETAMINE ER SUSP	-	NC
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC
DYANAVEL XR SUSP	-	NC
EVEKEO ODT	-	NC
methamphetamine tab (DESOXYN equiv)	-	NC
MYDAYIS CAP	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
LOMAIRA TAB	-	NC
ANTI-OBESITY AGENTS		
XENICAL CAP	-	EXC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	1
atomoxetine cap (STRATTERA CAP equiv) (QL= 2 caps/day)	QL	2
clonidine ER tab (KAPVAY equiv)	-	NC
KAPVAY TAB	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB	-	NC
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	1
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2
METHYLPHENIDATE ER TAB	-	2
methylphenidate ER tab (CONCERTA equiv)	-	2

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

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

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

Select 3-Tier Formulary

Category/Class

Last Updated* 7/1/2020

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
methylphenidate soln (METHYLIN equiv)	-	2
methylphenidate chew tab (METHYLIN equiv)	-	3
COTEMPLA XR ODT	-	NC
DAYTRANA PATCH	-	NC
METHYLPHENIDATE ER TAB 72MG	-	NC
QUILLICHEW ER TAB	-	NC
QUILLIVANT XR SUSP	-	NC

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

ODACTRA SL TAB (QL= 1 tab/day)	PA-QL	2
PALFORZIA POWDER PACK	-	NC
PALFORZIA SPRINKLE CAP	-	NC

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - R'S

RESERVAPAK SYRUP	-	NC
------------------	---	----

AMEBICIDES

AMEBICIDES

SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3
YODOXIN TAB	-	3

AMINOGLYCOSIDES

AMINOGLYCOSIDES

neomycin tab	-	1
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	2
paromomycin cap (HUMATIN equiv)	-	2
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	2
PAROMOMYCIN CAP	-	3
TOBI PODHALER	MSP-PA	3
BETHKIS NEB SOLN	-	NC
KITABIS PAK NEB SOLN	-	NC

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	2
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	2
XELJANZ TAB	-	NC
XELJANZ XR TAB	-	NC

ANTIRHEUMATIC ANTIMETABOLITES

RHEUMATREX TAB	-	3
----------------	---	---

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10MG (QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2
HUMIRA INJ 20MG (QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2
HUMIRA INJ 40MG (QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	2
SIMPONI ARIA INJ	M-PA	M
SIMPONI SC INJ	-	NC
GOLD COMPOUNDS		
RIDAURA CAP	-	2
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
ACTEMRA IV INJ	M-PA	M
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	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
flurbiprofen tab (ANSAID equiv)	-	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 tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	2
etodolac ER tab (LODINE XL equiv)	-	2
oxaprozin tab (DAYPRO equiv)	-	2
piroxicam cap (FELDENE equiv)	-	2
tolmetin cap (TOLECTIN DS equiv)	-	2
KETOPROFEN ER CAP	-	3
TOLMETIN CAP	-	3
TOLMETIN TAB	-	3
DUEXIS TAB	-	NC
fenoprofen calcium tab	-	NC
FENOPROFEN CAP	-	NC
FENOPROFEN TAB	-	NC
IBU 600-EZS KIT	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC
INDOMETHACIN CAP, TIVORBEX CAP	-	NC
INFLATHERM PAK	-	NC
KETOPROFEN CAP	-	NC
ketoprofen cap (ORUDIS equiv)	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
KETOROLAC TROMETHAMINE NASAL SPRAY, SPRIX NASAL SPRAY	-	NC
MECLOFENAMATE CAP	-	NC
mefenamic acid cap (PONSTEL equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
NAPRELAN CR TAB	-	NC
NAPRELAN CR TAB 375MG, 750MG	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
naproxen sodium tab (ANAPROX 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
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	2
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	2
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA INJ	M-PA	M
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	2
ENBREL INJ 25MG (QL= 8 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-PA-QL	2
ENBREL INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-PA-QL	2
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-PA-QL	2
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
ACA NC =Not Covered LD Affordable Care Act MSP Limited Distribution QL Mandatory Specialty Pharmacy Program SMKG Quantity Limit SMKG Smoking Cessation	EXC generic =small letters LMSP Plan Exclusion OTC Lumicera Mandatory Specialty Pharmacy Program RS Over-the-Counter ST Restricted to Specialist ST Step Therapy	BRANDS =CAPITAL LETTERS INF Infertility M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months TS Tablet Splitting

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
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
SALICYLATES		
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	ACA-OTC	\$0
ASPIRIN EC TAB 325MG (Covered for males age 45-79 and females age 55-79)	ACA-OTC	\$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	ACA-OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	ACA-OTC	\$0
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	ACA-OTC	\$0
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	2
ZORPRIN TAB	-	3
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULFATE TAB	-	1
HYDROMORPHONE SUPP	-	1
hydromorphone tab (DILAUDID equiv)	-	1
methadone soln	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv)	-	1
oxycodone tab (ROXICODONE equiv)	-	1
tramadol tab (ULTRAM equiv)	-	1
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	2
fentanyl patch (DURAGESIC equiv)	-	2
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2
LEVORPHANOL TAB	-	2
levorphanol tab (LEVORPHANOL equiv)	-	2
MORPHINE SULFATE SUPP	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
oxycodone conc (ROXICODONE equiv)	-	2
oxycodone soln (ROXICODONE equiv)	-	2
tramadol ER tab (ULTRAM ER equiv)	-	2
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
ACA LD MSP QL SMKG	NC =Not Covered Affordable Care Act Limited Distribution Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation	EXC LMSP OTC RS ST
	generic =small letters Plan Exclusion Lumicera Mandatory Specialty Pharmacy Program Over-the-Counter Restricted to Specialist Step Therapy	INF M PA SF TS
	BRANDS =CAPITAL LETTERS Infertility Medical Benefit Prior Authorization Limited to two 15 day fills per month for first 3 months Tablet Splitting	

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
CODEINE SULFATE SOLN	-	3
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
NUCYNTA TAB	-	3
ARYMO ER TAB	-	NC
DSUVIA SL TAB	-	NC
EMBEDA CAP	-	NC
EXALGO TAB	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
hydrocodone bitartrate ER cap (ZOHYDRO equiv)	-	NC
hydromorphone ER tab (EXALGO equiv)	-	NC
KADIAN CAP	-	NC
MEPERIDINE TAB	-	NC
meperidine tab (DEMEROL equiv)	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ER BEAD CAP	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC
OXYCONTIN CR TAB	-	NC
OXYMORPHONE ER TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
TRAMADOL HCL TAB 100MG	-	NC
ZOHYDRO ER CAP	-	NC
OPIOID COMBINATIONS		
acetaminophen/codeine soln	-	1
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 tab (PERCOCET equiv)	-	1
OXYCODONE/ASPIRIN TAB	-	1
oxycodone/aspirin tab (PERCODAN equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	2
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	2
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	2
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	2
OXYCODONE/ACETAMINOPHEN SOLN	-	2
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	2
tramadol/acetaminophen tab (ULTRACET equiv)	-	2
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
ACA NC =Not Covered LD Affordable Care Act MSP Limited Distribution QL Mandatory Specialty Pharmacy Program SMKG Quantity Limit SMKG Smoking Cessation	EXC generic =small letters LMSP Plan Exclusion OTC Lumicera Mandatory Specialty Pharmacy Program RS Over-the-Counter ST Restricted to Specialist ST Step Therapy	INF BRANDS =CAPITAL LETTERS M Infertility PA Medical Benefit SF Prior Authorization TS Limited to two 15 day fills per month for first 3 months TS Tablet Splitting

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
CAPITAL/CODEINE SUSP	-	3
LORTAB ELIXIR	-	3
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	3
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 tab 2.5-300mg (NALOCET equiv)	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XARTEMIS XR TAB	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
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
SUBLOCADE INJ	MSP	1
ZUBSOLV SL TAB	-	1
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	2
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2
pentazocine/naloxone tab (TALWIN NX equiv)	-	2
BELBUCA FILM	-	NC
BUNAVAIL FILM	-	NC
SUBOXONE SL FILM	-	NC
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	1
ANDROGENS		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2
ANDROXY TAB	-	2
danazol cap (DANOCRINE equiv)	-	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 (QL= 2 packets/day)	PA-QL	2
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	2
TESTOSTERONE GEL PUMP (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
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
ACA LD MSP QL SMKG	NC =Not Covered Affordable Care Act Limited Distribution Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation	EXC LMSP OTC RS ST
	generic =small letters Plan Exclusion Lumicera Mandatory Specialty Pharmacy Program Over-the-Counter Restricted to Specialist Step Therapy	INF M PA SF TS
	BRANDS =CAPITAL LETTERS Infertility Medical Benefit Prior Authorization Limited to two 15 day fills per month for first 3 months Tablet Splitting	

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
FORTESTA GEL 2% (QL= 2 bottles/30 days)	PA-QL	3
METHITEST TAB	PA	3
METHYLTESTOSTERONE CAP	PA	3
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	3
VOGELXO PUMP (QL= 4 bottles/30 days)	PA-QL	3
JATENZO CAP	-	NC
STRIANT FILM	-	NC
XYOSTED INJ	-	NC

ANORECTAL AGENTS

INTRARECTAL STEROIDS

hydrocortisone enema (CORTENEMA equiv)	-	2
CORTIFOAM	-	3
UCERIS RECTAL FOAM	PA	3

RECTAL COMBINATIONS

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

ANTHELMINTICS

ANTHELMINTICS

BENZNIDAZOLE TAB	PA	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

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER

ranolazine tab (RANEXA equiv)	-	2
-------------------------------	---	---

NITRATES

isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1
isosorbide dinitrate SL tab	-	1
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

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIANGINAL AGENTS Cont.		
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	2
NITRO-BID OINT	-	2
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	2
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
NITROMIST SPRAY	-	3
GONITRO POWDER	-	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
meprobamate tab (MILTOWN equiv)	-	NC
BENZODIAZEPINES		
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
DIAZEPAM SOLN	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
alprazolam ER tab (XANAX XR equiv)	-	2
alprazolam ODT (NIRAVAM equiv)	-	2
clorazepate tab (TRANXENE-T equiv)	-	2
OXAZEPAM CAP	-	2
oxazepam cap (SERAX equiv)	-	2
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
quinidine sulfate tab	-	1
disopyramide ER cap (NORPACE CR equiv)	-	2
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2
QUINIDINE SULFATE ER TAB	-	3
ANTIARRHYTHMICS TYPE I-B		
MEXILETINE CAP	-	2
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
MULTAQ TAB (Restricted to Cardiology Specialist)	RS	2

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ASTHMA AND BRONCHODILATOR AGENTS Cont.		
ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ (QL= 1 inj/56 days)	LMSP-PA-QL	2
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2
CINQAIR INJ	M-PA	M
FASENRA INJ	M-PA	M
NUCALA INJ	M-PA	M
XOLAIR INJ	M-PA	M
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	NC
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER (QL= 2 inhalers/fill)	QL	2
INCRUSE ELLIPTA INHALER	-	2
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	2
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	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
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB	-	NC
STEROID INHALANTS		
ARNUITY ELLIPTA INHALER	-	1
ASMANEX HFA INHALER (QL= 2 inhalers/fill)	QL	1
ASMANEX INHALER (QL= 2 inhalers/fill)	QL	1
budesonide inh susp (PULMICORT equiv)	-	1
FLOVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	1
FLOVENT HFA INHALER (QL= 2 inhalers/fill)	QL	1
ALVESCO INHALER	-	NC
ARMONAIR RESPICLICK	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
QVAR REDHALER	-	NC
SYMPATHOMIMETICS		
albuterol neb soln	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
albuterol sulfate syrup	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
FLUTICASONE/SALMETEROL INHALER	-	1
METAPROTERENOL SYRUP	-	1
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1
ADVAIR DISKUS INHALER	-	2
ADVAIR HFA INHALER	-	2
albuterol sulfate tab	-	2
ALBUTEROL TAB ER	-	2
ANORO ELLIPTA INHALER	-	2
BREO ELLIPTA INHALER	-	2
COMBIVENT INHALER (QL= 2 inhalers/fill)	QL	2
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/fill)	QL	2
DULERA INHALER	-	2
levalbuterol neb soln (XOPENEX equiv)	-	2
SEREVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	2
STIOLTO INHALER	-	2
terbutaline sulfate tab (BRETHINE equiv)	-	2
TRELEGY ELLIPTA INHALER	-	2
ARCAPTA NEOHALER (Step Therapy requires trial of Foradil or Serevent)	ST	3
BROVANA NEB SOLN	-	3
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3
METAPROTERENOL TAB	-	3
PERFOROMIST NEB SOLN	-	3
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
AIRDUO RESPICLICK	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER	-	NC
DUAKLIR INHALER	-	NC
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC
UTIBRON NEOHALER CAP	-	NC
XANTHINES		
aminophylline tab	-	1
THEOCHRON TAB	-	1
theophylline CR tab (QUIBRON-T equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
LUFYLLIN TAB	-	3
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
XARELTO TAB	-	2
BEVYXXA CAP	-	NC
SAVAYSA TAB	-	NC
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2
fondaparinux inj (ARIXTRA equiv)	-	2
heparin inj	-	2
FRAGMIN INJ	-	3
THROMBIN INHIBITORS		
PRADAXA CAP	-	2
ANTICONSULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
ANTICONSULSANTS - BENZODIAZEPINES		
clobazam tab (ONFI equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
clonazepam ODT (KLONOPIN equiv)	-	2
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (Restricted to Neurology Specialist)	RS	3
NAYZILAM SPRAY (Restricted to Neurology Specialist)	RS	3
clobazam susp (ONFI equiv)	-	NC
ONFI SUSP	-	NC
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
VALTOCO NASAL SPRAY	-	NC
ANTICONSULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv)	-	1
gabapentin tab (NEURONTIN equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL 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)	-	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
BANZEL SUSP	PA	2
BANZEL TAB	PA	2
carbamazepine ER cap (CARBATROL equiv)	-	2
carbamazepine ER tab (TEGRETOL XR equiv)	-	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	2
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	2
EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416)	LD-PA	2
gabapentin soln (NEURONTIN equiv)	-	2
LAMICTAL CHEW TAB 2MG	-	2
lamotrigine ER tab (LAMICTAL XR equiv)	-	2
lamotrigine ODT (LAMICTAL equiv)	-	2
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	2
levetiracetam ER tab (KEPPRA XR equiv)	-	2
POTIGA TAB (QL= 3 tabs/day)	QL	2
pregabalin soln (LYRICA equiv)	-	2
VIMPAT SOLN	-	2
VIMPAT TAB (QL= 2 tabs/day)	QL	2
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
APTiom TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
LYRICA CAP	-	NC
OXTELLAR XR TAB	-	NC
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC
SPRITAM TAB	-	NC
TROKENDI XR CAP	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
XCOPRI PAK	-	NC
XCOPRI TAB	-	NC
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	2
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	2
vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	2
SABRIL TAB	-	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
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
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
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		
ZULRESSO INJ	M-PA	M
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	-	3
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN (QL= 1st month-2 kits per week; 1 kit per week thereafter)	M-PA-QL	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) (Covered for members 15 years or younger)	-	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
fluoxetine tab 60mg	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PEXEVA TAB	-	NC
PROZAC WEEKLY CAP	-	NC

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

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

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

Select 3-Tier Formulary

Category/Class

Last Updated* 7/1/2020

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
OLEPTRO TAB	-	3
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
desvenlafaxine ER tab (PRISTIQ equiv)	-	2
DESVENLAFAXINE ER TAB	-	NC
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
KHEDEZLA ER TAB	-	NC
venlafaxine ER tab	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
AMOXAPINE TAB	-	1
DOXEPIN CAP	-	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
NORTRIPTYLINE SOLN	-	1
clomipramine cap (ANAFRANIL equiv)	-	2
desipramine tab (NORPRAMIN equiv)	-	2
imipramine pamoate cap (TOFRANIL PM equiv)	-	2
protriptyline tab (VIVACTIL equiv)	-	2
trimipramine cap (SURMONTIL equiv)	-	2
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
miglitol tab (GLYSET equiv)	-	2
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	-	NC
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
AVANDAMET TAB	-	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
AVANDARYL TAB	-	2
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
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 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)	PA-QL	2
ACTOPLUS MET XR TAB	-	3
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
DUETACT TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
REPAGLINIDE TAB	-	NC
SEGLUROMET TAB	-	NC
SOLIQUA INJ	-	NC
STEGLUJAN TAB	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
metformin soln (RIOMET equiv)	-	2
RIOMET ER SUSP	-	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
DIABETIC OTHER		
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2
diazoxide susp (PROGLYCEM equiv)	-	2
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE INJ (QL= 2 inj/fill)	QL	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	2
GLUCAGON EMR INJ	-	NC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL-TS	2
TRADJENTA TAB (QL= 1 tab/day)	QL	2
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2
BYDUREON INJ (QL= 4 inj/28 days)	QL	2
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2
RYBELSUS TAB (QL=1 tab/day)	QL	2
TRULICITY INJ (QL= 4 pens/28 days)	QL	2
VICTOZA INJ (QL= 9ml/30 days)	QL	2
BYETTA INJ (QL= 1 pen/30 days)	QL	3
ADLYXIN INJ	-	NC
TANZEUM INJ	-	NC
INSULIN		
FIASP FLEXTouch INJ	-	2
FIASP INJ	-	2
FIASP PENFILL INJ	-	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
LANTUS INJ	-	2
LANTUS SOLOSTAR INJ	-	2
LEVEMIR FLEXTouch INJ	-	2
LEVEMIR INJ	-	2
NOVOLIN 70/30 FLEXPEN INJ	OTC	2
NOVOLIN INJ	OTC	2
NOVOLIN N FLEXPEN INJ	OTC	2
NOVOLIN R FLEXPEN INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
TOUJEO MAX SOLOSTAR INJ	-	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
TOUJEO SOLOSTAR INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2
ADMELOG INJ, INSULIN LISPRO INJ	-	NC
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	-	NC
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ	-	NC
HUMALOG INJ	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG MIX INJ	-	NC
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	-	NC
HUMALOG PEN INJ	-	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
LYUMJEV INJ	-	NC
LYUMJEV KWIKPEN INJ	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2
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
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
SULFONYLUREAS		
chlorpropamide tab (DIABINESE equiv)	-	1
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
TOLAZAMIDE TAB	-	1
TOLBUTAMIDE TAB	-	2
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	1
LOPERAMIDE SOLN	-	NC
ANTIDIARRHEALS		

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

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

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

Select 3-Tier Formulary

Category/Class

Last Updated* 7/1/2020

DrugName	Special Code	Tier																																				
ANTIDIARRHEALS Cont.																																						
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS																																						
MYTESI TAB	-	NC																																				
ANTIDIARRHEAL AGENTS - MISC.																																						
REZYST CHEW TAB	-	NC																																				
VSL #3 CAP	-	NC																																				
ANTIDIARRHEAL COMBINATIONS																																						
EVIVO LIQUID	-	NC																																				
ANTIPERISTALTIC AGENTS																																						
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1																																				
opium tincture	-	2																																				
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	2																																				
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2																																				
OPIOID ANTAGONISTS																																						
naltrexone tab (REVIA equiv)	-	1																																				
VIVITROL INJ	LMSP	2																																				
EVZIO INJ	-	NC																																				
ANTIDOTES AND SPECIFIC ANTAGONISTS																																						
ANTIDOTES - CHELATING AGENTS																																						
deferasirox tab (EXJADE equiv)	LMSP	2																																				
deferasirox tab 90mg, 360mg (JADENU equiv)	LMSP	2																																				
JADENU SPRINKLE	LMSP	2																																				
deferasirox tab 180mg (JADENU equiv)	-	NC																																				
ANTIDOTES AND SPECIFIC ANTAGONISTS																																						
CETYLEV TAB	-	NC																																				
OPIOID ANTAGONISTS																																						
naloxone inj	-	1																																				
NALOXONE PREFILLED INJ	-	1																																				
naloxone prefilled inj (QL= 2 inj/fill)	--QL	1																																				
NARCAN NASAL SPRAY	-	1																																				
EVZIO INJ	-	NC																																				
ANTIEMETICS																																						
5-HT3 RECEPTOR ANTAGONISTS																																						
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1																																				
ondansetron ODT (ZOFTRAN equiv)	-	1																																				
ondansetron soln (ZOFTRAN equiv)	-	1																																				
ONDANSETRON TAB	-	1																																				
ondansetron tab (ZOFTRAN equiv)	-	1																																				
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																																						
<table><tr><td>ACA</td><td>NC =Not Covered</td><td>EXC</td><td>generic =small letters</td><td>INF</td><td>BRANDS =CAPITAL LETTERS</td></tr><tr><td>LD</td><td>Affordable Care Act</td><td>LMSP</td><td>Plan Exclusion</td><td>M</td><td>Infertility</td></tr><tr><td>MSP</td><td>Limited Distribution</td><td>OTC</td><td>Lumicera Mandatory Specialty Pharmacy Program</td><td>PA</td><td>Medical Benefit</td></tr><tr><td>QL</td><td>Mandatory Specialty Pharmacy Program</td><td>RS</td><td>Over-the-Counter</td><td>SF</td><td>Prior Authorization</td></tr><tr><td>SMKG</td><td>Quantity Limit</td><td>ST</td><td>Restricted to Specialist</td><td>TS</td><td>Limited to two 15 day fills per month for first 3 months</td></tr><tr><td></td><td>Smoking Cessation</td><td></td><td>Step Therapy</td><td></td><td>Tablet Splitting</td></tr></table>			ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS	LD	Affordable Care Act	LMSP	Plan Exclusion	M	Infertility	MSP	Limited Distribution	OTC	Lumicera Mandatory Specialty Pharmacy Program	PA	Medical Benefit	QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Specialist	TS	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy		Tablet Splitting
ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS																																	
LD	Affordable Care Act	LMSP	Plan Exclusion	M	Infertility																																	
MSP	Limited Distribution	OTC	Lumicera Mandatory Specialty Pharmacy Program	PA	Medical Benefit																																	
QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization																																	
SMKG	Quantity Limit	ST	Restricted to Specialist	TS	Limited to two 15 day fills per month for first 3 months																																	
	Smoking Cessation		Step Therapy		Tablet Splitting																																	

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIEMETICS Cont.		
ANZEMET TAB (QL= 9 tabs/fill)	QL	3
GRANISOL SOLN (QL= 60ml/fill)	QL	3
SANCUSO PATCH (QL= 4 patches/fill)	QL	3
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
ANTIEMETICS - ANTICHOLINERGIC		
maldemar tab (SCOPACE equiv)	-	1
meclizine chew tab (BONINE equiv)	OTC	1
meclizine tab (ANTIVERT equiv)	OTC	1
trimethobenzamide cap (TIGAN equiv)	-	1
scopolamine patch (TRANSDERM-SCOP equiv)	-	2
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		
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
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	PA	2
itraconazole soln (SPORANOX equiv)	PA	2
NOXAFIL SUSP	-	2
posaconazole DR tab (NOXAFIL equiv)	-	2
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2
SPORANOX SOLN	PA	3
VFEND SUSP (Restricted to Infectious Disease or Oncology Specialist)	RS	3
VFEND TAB (Restricted to Infectious Disease or Oncology Specialist)	RS	3
CRESEMBA CAP	-	NC
NOXAFIL TAB	-	NC
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
ACA NC =Not Covered LD Affordable Care Act MSP Limited Distribution QL Mandatory Specialty Pharmacy Program SMKG Quantity Limit Smoking Cessation	EXC generic =small letters Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy	INF BRANDS =CAPITAL LETTERS Infertility M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months TS Tablet Splitting

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

Select 3-Tier Formulary

Category/Class

Last Updated* 7/1/2020

DrugName	Special Code	Tier																																				
ANTIFUNGALS Cont.																																						
TOLSURA CAP	-	NC																																				
ANTIHISTAMINES																																						
ANTIHISTAMINES - ALKYLAMINES																																						
chlorpheniramine ER cap	-	1																																				
MICLARA LIQUID	-	NC																																				
RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP	-	NC																																				
ANTIHISTAMINES - ETHANOLAMINES																																						
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1																																				
carbinoxamine soln (PALGIC equiv)	-	2																																				
carbinoxamine tab (PALGIC equiv)	-	2																																				
CARBINOXAMINE SOLN	-	3																																				
CARBINOXAMINE TAB	-	3																																				
KARBINAL ER SUSP	-	NC																																				
RYVENT TAB	-	NC																																				
ANTIHISTAMINES - NON-SEDATING																																						
CLARINEX REDITAB	-	EXC																																				
CLARINEX SYRUP	-	EXC																																				
CLARINEX TAB	-	EXC																																				
CLARITIN CAP	OTC	EXC																																				
DES Loratadine ODT	-	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																																				
ANTIHISTAMINES - PHENOTHIAZINES																																						
promethazine syrup	-	1																																				
promethazine tab (PHENERGAN equiv)	-	1																																				
promethazine supp (PHENERGAN equiv)	-	2																																				
PROMETHEGAN SUPP	-	2																																				
ANTIHISTAMINES - PIPERIDINES																																						
cyproheptadine syrup	-	1																																				
cyproheptadine tab	-	1																																				
ANTIHYPERTENSIVES																																						
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS																																						
NEXLETOL TAB	-	NC																																				
ANTIHYPERTENSIVES - COMBINATIONS																																						
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	2																																				
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC																																				
NEXLIZET TAB	-	NC																																				
OMEGA-3 RX PAK COMPLETE	-	NC																																				
ANTIHYPERTENSIVES - MISC.																																						
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2																																				
VASCEPA CAP (QL= 4 caps/day)	QL	2																																				
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																																						
<table><tr><td>ACA</td><td>NC =Not Covered</td><td>EXC</td><td>generic =small letters</td><td>INF</td><td>BRANDS =CAPITAL LETTERS</td></tr><tr><td>LD</td><td>Affordable Care Act</td><td>LMSP</td><td>Plan Exclusion</td><td>M</td><td>Infertility</td></tr><tr><td>MSP</td><td>Limited Distribution</td><td>OTC</td><td>Lumicera Mandatory Specialty Pharmacy Program</td><td>PA</td><td>Medical Benefit</td></tr><tr><td>QL</td><td>Mandatory Specialty Pharmacy Program</td><td>RS</td><td>Over-the-Counter</td><td>SF</td><td>Prior Authorization</td></tr><tr><td>SMKG</td><td>Quantity Limit</td><td>ST</td><td>Restricted to Specialist</td><td>TS</td><td>Limited to two 15 day fills per month for first 3 months</td></tr><tr><td></td><td>Smoking Cessation</td><td></td><td>Step Therapy</td><td></td><td>Tablet Splitting</td></tr></table>			ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS	LD	Affordable Care Act	LMSP	Plan Exclusion	M	Infertility	MSP	Limited Distribution	OTC	Lumicera Mandatory Specialty Pharmacy Program	PA	Medical Benefit	QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Specialist	TS	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy		Tablet Splitting
ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS																																	
LD	Affordable Care Act	LMSP	Plan Exclusion	M	Infertility																																	
MSP	Limited Distribution	OTC	Lumicera Mandatory Specialty Pharmacy Program	PA	Medical Benefit																																	
QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization																																	
SMKG	Quantity Limit	ST	Restricted to Specialist	TS	Limited to two 15 day fills per month for first 3 months																																	
	Smoking Cessation		Step Therapy		Tablet Splitting																																	

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
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)	-	2
colestipol powder (COLESTID equiv)	-	2
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, FIBRICOR TAB	-	3
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	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 10mg (LIPITOR equiv)	ACA	\$0
atorvastatin tab 20mg (LIPITOR equiv)	ACA	\$0
lovastatin tab (MEVACOR equiv)	ACA	\$0
pravastatin tab (PRAVACHOL equiv)	ACA	\$0
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	\$0
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	\$0
simvastatin tab (ZOCOR equiv)	ACA	\$0
atorvastatin tab 40mg (LIPITOR equiv)	-	1
atorvastatin tab 80mg (LIPITOR equiv)	-	1
fluvastatin cap (LESCOL equiv)	-	2
fluvastatin ER tab (LESCOL XL equiv)	-	2
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	2
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	2
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
CRESTOR TAB	-	NC
CRESTOR TAB 20MG	-	NC
EZALLOR SPRINKLE CAP	-	NC
FLOLIPID SUSP	-	NC

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

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

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

Select 3-Tier Formulary

Category/Class

Last Updated* 7/1/2020

DrugName	Special Code	Tier
ANTIHYPERTENSIVES		
SIMCOR TAB	-	NC
SIMVASTATIN SUSP	-	NC
ZOCOR TAB 80MG	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	TS	1
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab	-	NC
NIACOR TAB	-	NC
NIASPAN ER TAB	-	NC
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	2
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
EPANED PREMIXED SOLN	PA	3
EPANED SOLN	PA	3
QBRELIS SOLN	PA	3
ACCUPRIL TAB	-	NC
ACEON TAB	-	NC
ALTACE CAP	-	NC
captopril tab (CAPOTEN equiv)	-	NC
enalapril tab (VASOTEC equiv)	-	NC
fosinopril tab (MONOPRIL equiv)	-	NC
MAVIK TAB	-	NC
moexipril tab (UNIVASC equiv)	-	NC
perindopril tab (ACEON equiv)	-	NC
quinapril tab (ACCUPRIL equiv)	-	NC
ramipril cap (ALTACE equiv)	-	NC
trandolapril tab (MAVIK equiv)	-	NC
UNIVASC TAB	-	NC
VASOTEC TAB	-	NC
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
valsartan tab (DIOVAN equiv)	-	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
ATACAND TAB	-	NC
candesartan tab (ATACAND equiv)	-	NC
EDARBI TAB	-	NC
EPROSARTAN TAB	-	NC
MICARDIS TAB	-	NC
telmisartan tab (MICARDIS equiv)	-	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
GUANABENZ TAB	-	3
NEXICLON XR SUSP	-	3
NEXICLON XR TAB	-	3
RESERPINE TAB	-	3
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
amlodipine/olmesartan tab (AZOR equiv)	-	2
amlodipine/valsartan tab (EXFORGE equiv)	-	2
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	2
trandolapril/verapamil ER tab (TARKA equiv)	-	2
AMTURNIDE TAB	-	3
CORZIDE TAB 80-5MG	-	3
TARKA TAB	-	3
TEKAMLO TAB	-	3
TEKTURN HCT TAB	-	3
VALTURN TAB	-	3
ACCURETIC TAB	-	NC
AVALIDE TAB	-	NC
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	NC
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	NC
LOTENSIN HCT TAB	-	NC
MICARDIS HCT TAB	-	NC
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	NC
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC
PRESTALIA TAB	-	NC
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRIBENZOR TAB	-	NC
UNIRETIC TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
VECAMEYL TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv)	TS	2
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPIRA equiv)	TS	2
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole cap (FLAGYL equiv)	-	1
metronidazole tab (FLAGYL equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	2
tinidazole tab (TINDAMAX equiv)	-	2
FIRST METRONIDAZOLE SUSP	-	3
FLAGYL ER TAB	-	3
PRIMSOL SOLN	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	3
AEMCOLO TAB	-	NC
IMPAVIDO CAP	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
ANTIPROTOZOAL AGENTS		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	2
atovaquone susp (MEPRON equiv)	-	2
GLYCOPEPTIDES		
FIRST-VANCOMYCIN SOLN	-	1
FIRVANQ SOLN	-	1
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	1
VANCOCIN CAP (QL= 56 caps/fill)	QL	3
VANCOMYCIN INJ	-	NC
VANCOMYCIN SOLN	-	NC
KETOLIDES		
KETEK TAB (Restricted to Allergy, Infectious Disease or Otolaryngology Specialist)	RS	2
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 or Oncology Specialist)	RS	2
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
ZYVOX TAB (Restricted to Infectious Disease or Oncology Specialist)	RS	3
PLEUROMUTILINS		
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2
POLYMYXINS		
colistimethate inj (COLY-MYCIN M equiv)	-	NC
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	1
FANSIDAR TAB	-	3
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
primaquine tab (PRIMAQUINE equiv)	-	1
KRINTAFEL TAB	-	2
MEFLOQUINE TAB	-	2
mefloquine tab (LARIAM equiv)	-	2
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
ARAKODA TAB	-	3

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

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

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

Select 3-Tier Formulary

Category/Class

Last Updated* 7/1/2020

DrugName	Special Code	Tier
ANTIMALARIALS Cont.		
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
PROSTIGMIN TAB	-	2
pyridostigmine CR tab (MESTINON equiv)	-	2
pyridostigmine soln (MESTINON equiv)	-	2
RUZURGI TAB (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	2
FIRDAPSE TAB	-	NC
PYRIDOSTIGMINE TAB 30MG	-	NC
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	2
ANTIMYCOBACTERIAL AGENTS		
ISONIAZID SYRUP	-	1
ISONIAZID TAB	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2
rifampin cap (RIFADIN equiv)	-	2
cycloserine cap (CYCLOSERINE CAP equiv)	-	NC
PRETOMANID TAB	-	NC
SIRTURO TAB	-	NC
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
temozolomide cap (TEMODAR equiv)	LMSP	1
cyclophosphamide cap	-	2
cyclophosphamide tab (CYTOXAN equiv)	-	2
GLEOSTINE/LOMUSTINE CAP	-	2
HEXALEN CAP	-	2
LEUKERAN TAB	-	2
melphalan tab (ALKERAN equiv)	-	2
MYLERAN TAB	LMSP	2
BENDEKA INJ, BELRAPZO SOL	PA	M
TREANDA INJ	PA	M
ANTIMETABOLITES		
capecitabine tab (XELODA equiv)	LMSP	1
methotrexate inj	-	1
methotrexate tab (TREXALL equiv)	-	1
mercaptopurine tab (PURINETHOL equiv)	-	2
TABLOID TAB	-	2
ALIMTA INJ	M-PA	M
PURIXAN SUSP	-	NC

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

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

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

Select 3-Tier Formulary

Category/Class

Last Updated* 7/1/2020

DrugName	Special Code	Tier																																				
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.																																						
TREXALL TAB	-	NC																																				
XATMEP SOLN	-	NC																																				
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS																																						
CYRAMZA INJ	PA	M																																				
ANTINEOPLASTIC - ANTIBODIES																																						
ADCETRIS INJ	M-PA	M																																				
BAVENCIO INJ	M-PA	M																																				
DARZALEX INJ	M-PA	M																																				
EMPLICITI INJ	M-PA	M																																				
GAZYVA INJ	M-PA	M																																				
HERCEPTIN INJ	M-PA	M																																				
HERZUMA INJ	M-PA	M																																				
KANJINTI INJ	M-PA	M																																				
KEYTRUDA INJ	M-PA	M																																				
KEYTRUDA IV	M-PA	M																																				
LARTRUVO INJ	M-PA	M																																				
LIBTAYO INJ	M-PA	M																																				
LUMOXITI INJ	M-PA	M																																				
OGIVRI INJ	M-PA	M																																				
ONTRUZANT INJ	M-PA	M																																				
OPDIVO INJ	M-PA	M																																				
PERJETA INJ	M-PA	M																																				
POLIVY INJ	M-PA	M																																				
RITUXAN INJ (Restricted to Rheumatology Specialist)	M-PA-RS	M																																				
TECENTRIQ INJ	M-PA	M																																				
TRUXIMA INJ	M-PA	M																																				
VECTIBIX INJ	M-PA	M																																				
YERVOY INJ	M-PA	M																																				
ANTINEOPLASTIC - BCL-2 INHIBITORS																																						
VENCLEXTA STARTER PACK	MSP-PA	2																																				
VENCLEXTA TAB	MSP-PA	2																																				
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS																																						
ERIVEDGE CAP	MSP-PA-SF	2																																				
ODOMZO CAP (QL= 1 cap/day)	LMSP-PA-QL-SF	2																																				
DAURISMO TAB	-	NC																																				
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS																																						
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	ACA	\$0																																				
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-QL	1																																				
anastrozole tab (ARIMIDEX equiv)	-	1																																				
bicalutamide tab (CASODEX equiv)	-	1																																				
letrozole tab (FEMARA equiv)	-	1																																				
megestrol susp (MEGACE equiv)	-	1																																				
megestrol tab (MEGACE equiv)	-	1																																				
EMCYT CAP	-	2																																				
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	2																																				
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																																						
<table><tr><td>ACA</td><td>NC =Not Covered</td><td>EXC</td><td>generic =small letters</td><td>INF</td><td>BRANDS =CAPITAL LETTERS</td></tr><tr><td>LD</td><td>Affordable Care Act</td><td>LMSP</td><td>Plan Exclusion</td><td>M</td><td>Infertility</td></tr><tr><td>MSP</td><td>Limited Distribution</td><td>OTC</td><td>Lumicera Mandatory Specialty Pharmacy Program</td><td>PA</td><td>Medical Benefit</td></tr><tr><td>QL</td><td>Mandatory Specialty Pharmacy Program</td><td>RS</td><td>Over-the-Counter</td><td>SF</td><td>Prior Authorization</td></tr><tr><td>SMKG</td><td>Quantity Limit</td><td>ST</td><td>Restricted to Specialist</td><td>TS</td><td>Limited to two 15 day fills per month for first 3 months</td></tr><tr><td></td><td>Smoking Cessation</td><td></td><td>Step Therapy</td><td></td><td>Tablet Splitting</td></tr></table>			ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS	LD	Affordable Care Act	LMSP	Plan Exclusion	M	Infertility	MSP	Limited Distribution	OTC	Lumicera Mandatory Specialty Pharmacy Program	PA	Medical Benefit	QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Specialist	TS	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy		Tablet Splitting
ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS																																	
LD	Affordable Care Act	LMSP	Plan Exclusion	M	Infertility																																	
MSP	Limited Distribution	OTC	Lumicera Mandatory Specialty Pharmacy Program	PA	Medical Benefit																																	
QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization																																	
SMKG	Quantity Limit	ST	Restricted to Specialist	TS	Limited to two 15 day fills per month for first 3 months																																	
	Smoking Cessation		Step Therapy		Tablet Splitting																																	

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
exemestane tab (AROMASIN equiv)	-	2
flutamide cap (EULEXIN equiv)	-	2
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD	2
nilutamide tab (NILANDRON equiv)	LMSP	2
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2
toremifene tab (FARESTON equiv)	-	2
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
leuprolide inj (LUPRON equiv)	INF	NC
LUPRON DEPOT INJ	INF	NC
TRELSTAR INJ	INF	NC
XTANDI CAP	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 500MG	-	NC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	2
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
ANTINEOPLASTIC ANTIBIOTICS		
COSMEGEN INJ	M-PA	M
ANTINEOPLASTIC COMBINATIONS		
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	2
RITUXAN HYCELA INJ (Restricted to Rheumatology Specialist)	M-PA-RS	M
HERCEPTIN HYLECTA INJ	-	NC
KISQALI PAK	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
imatinib tab (GLEEVEC equiv)	LMSP	1
AFINITOR DISPERZ (QL= 1 tab/day)	LMSP-PA-QL-SF	2
AFINITOR TAB 10MG (QL= 1 tab/day)	LMSP-PA-QL-SF	2
ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	2
ALUNBRIG TAB 30MG (QL= 4 tabs/day)	MSP-PA-QL-SF	2
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day)	MSP-PA-QL-SF	2
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	2
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	2
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	2
BOSULIF TAB	MSP-PA-SF	2
BRAFTOVI CAP 50MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2
CALQUENCE CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	2
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	2
erlotinib tab (TARCEVA equiv)	LMSP-PA-SF	2
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL-SF	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	2
GILOTRIF TAB (QL= 1 tab/day)	MSP-PA-QL	2
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	2
IBRANCE TAB (QL= 1 tabs/day)	MSP-PA-QL	2
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	2
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	2
IMBRUVICA CAP 140MG (QL= 3 caps/day)	MSP-PA-QL	2
IMBRUVICA CAP 70MG	MSP-PA	2
IMBRUVICA TAB	MSP-PA	2
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	2
IRESSA TAB	MSP-PA	2
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	2
LENVIMA CAP (QL= 3 caps/day)	MSP-PA-QL	2
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-SF	2
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	2
LYNPARZA CAP (QL= 16 caps/day)	MSP-PA-QL-SF	2
LYNPARZA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	2
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	2
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
NERLYNX TAB (QL= 6 tabs/day)	MSP-PA-QL-SF	2
NEXAVAR TAB	MSP-PA-SF	2
NINLARO CAP	MSP-PA	2
PIQRAY TAB	LMSP-PA-SF	2
ROZLYTREK CAP (QL= 3 caps/day)	MSP-PA-QL-SF	2
RUBRACA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2
RYDAPT CAP	LMSP-PA	2
SPRYCEL TAB	LMSP-PA-SF	2
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2
SUTENT CAP	MSP-PA-SF	2
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	2
TAGRISSO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	2
TALZENNA CAP 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	2
TASIGNA CAP	LMSP-PA-SF	2
TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
TYKERB TAB	LMSP-PA	2
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL-SF	2
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	2
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	2
VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	2
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2
VOTRIENT TAB	LMSP-PA-SF	2
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2
XOSPATA TAB (QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
ZEJULA CAP (QL= 3 caps/day)	MSP-PA-QL-SF	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ZELBORAF TAB (QL= 8 tabs/day)	MSP-PA-QL	2
ZOLINZA CAP	LMSP-PA-SF	2
ZYDELIG TAB	MSP-PA-SF	2
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	2
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	2
VELCADE INJ	PA	M
AFINITOR TAB 2.5MG, 5MG, 7.5MG	-	NC
ALUNBRIG PAK	-	NC
AYVAKIT TAB	-	NC
INREBIC CAP	-	NC
KISQALI TAB	-	NC
KOSELUGO CAP	-	NC
PEMAZYRE TAB	-	NC
QINLOCK TAB	-	NC
RETEVMO CAP	-	NC
TABRECTA TAB	-	NC
TARCEVA TAB	-	NC
TAZVERIK TAB	-	NC
TUKYSA TAB	-	NC
ANTINEOPLASTIC ENZYMES		
ERWINAZE INJ	PA	M
ONCASPAR INJ	M-PA	M
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
tretinoin cap (VESANOID equiv)	LMSP	1
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	2
ALFERON-N INJ	LMSP	2
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	2
INTRON-A INJ	MSP	2
MATULANE CAP	-	2
TARGRETIN CAP	LMSP-PA-SF	3
ELZONRIS SOLN	M-PA	M
PROLEUKIN INJ	-	NC
SYLATRON INJ	-	NC
SYNRIBO INJ	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
MESNEX TAB	LMSP	2
MITOTIC INHIBITORS		
ETOPOSIDE CAP	LMSP	2
ABRAXANE INJ	M-PA	M
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	LMSP-PA	2

ANTIPARKINSON AGENTS

ANTIPARKINSON ADJUVANTS

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
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)	-	2
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
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
pramipexole ER tab (MIRAPEX ER equiv)	-	2
ropinirole ER tab (REQUIP XL equiv)	-	2
NEUPRO PATCH	-	3
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
RYTARY CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	TS	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
ANTIPARKINSON DOPAMINERGICS		
INBRIJA INH POWDER	-	NC
KYNMOBI FILM	-	NC
OSMOLEX ER TAB	-	NC
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium citrate soln	-	1

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier																																				
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.																																						
ANTIPSYCHOTICS - MISC.																																						
ziprasidone cap (GEODON equiv)	-	1																																				
EQUETRO CAP	-	2																																				
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine)	QL-ST-TS	2																																				
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																																				
RISPERIDONE ODT	-	2																																				
risperidone ODT (RISPERDAL M equiv)	-	2																																				
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3																																				
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3																																				
INVEGA INJ	-	NC																																				
paliperidone ER tab (INVEGA equiv)	-	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																																				
CLOZAPINE ODT	-	2																																				
CLOZAPINE ODT 12.5MG	-	2																																				
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	2																																				
CLOZAPINE ODT, FAZACLO ODT	-	2																																				
clozapine tab (CLOZARIL equiv)	-	2																																				
olanzapine ODT (ZYPREXA equiv)	-	2																																				
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3																																				
ADASUVE INHALER	-	NC																																				
SECUADO PATCH	-	NC																																				
VERSACLOZ SUSP	-	NC																																				
DIHYDROINDOLONES																																						
MOLINDONE TAB	-	NC																																				
PHENOTHIAZINES																																						
chlorpromazine tab (THORAZINE equiv)	-	1																																				
FLUPHENAZINE TAB	-	1																																				
fluphenazine tab (PROLIXIN equiv)	-	1																																				
perphenazine tab (TRILAFON equiv)	-	1																																				
prochlorperazine supp (COMPAZINE equiv)	-	1																																				
prochlorperazine tab (COMPAZINE equiv)	-	1																																				
thioridazine tab (MELLARIL equiv)	-	1																																				
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																																						
<table><tr><td>ACA</td><td>NC =Not Covered</td><td>EXC</td><td>generic =small letters</td><td>INF</td><td>BRANDS =CAPITAL LETTERS</td></tr><tr><td>LD</td><td>Affordable Care Act</td><td></td><td>Plan Exclusion</td><td></td><td>Infertility</td></tr><tr><td>MSP</td><td>Limited Distribution</td><td>LMSP</td><td>Lumicera Mandatory Specialty Pharmacy Program</td><td>M</td><td>Medical Benefit</td></tr><tr><td>QL</td><td>Mandatory Specialty Pharmacy Program</td><td>OTC</td><td>Over-the-Counter</td><td>PA</td><td>Prior Authorization</td></tr><tr><td>SMKG</td><td>Quantity Limit</td><td>RS</td><td>Restricted to Specialist</td><td>SF</td><td>Limited to two 15 day fills per month for first 3 months</td></tr><tr><td></td><td>Smoking Cessation</td><td>ST</td><td>Step Therapy</td><td>TS</td><td>Tablet Splitting</td></tr></table>			ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS	LD	Affordable Care Act		Plan Exclusion		Infertility	MSP	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization	SMKG	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months		Smoking Cessation	ST	Step Therapy	TS	Tablet Splitting
ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS																																	
LD	Affordable Care Act		Plan Exclusion		Infertility																																	
MSP	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit																																	
QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization																																	
SMKG	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months																																	
	Smoking Cessation	ST	Step Therapy	TS	Tablet Splitting																																	

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
trifluoperazine tab (STELAZINE equiv)	-	1
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	1
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	2
aripiprazole soln (ABILIFY equiv)	PA	2
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3
ABILIFY SOLN	PA	3
ABILIFY MYCITE TAB	-	NC
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
CHLORINE ANTISEPTICS		
PHISOHEX LIQUID	-	3
IODINE ANTISEPTICS		
IODOFLEX PAD	-	2
ANTIVIRALS		
ANTIRETROVIRALS		
nevirapine tab (VIRAMUNE equiv)	MSP	1
abacavir soln (ZIAGEN equiv)	MSP	2
abacavir tab (ZIAGEN equiv)	MSP	2
abacavir/lamivudine tab (EPZICOM equiv)	MSP	2
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	MSP	2
APTIVUS CAP	MSP	2
APTIVUS SOLN	MSP	2
atazanavir cap (REYATAZ equiv)	MSP	2
ATRIPLA TAB	MSP	2
BIKTARVY TAB	MSP	2
CIMDUO TAB	MSP	2
COMPLERA TAB	MSP	2
CRIVAN CAP	MSP	2
DELSTRIGO TAB	MSP	2
DESCOVY TAB	MSP-PA	2
didanosine DR cap (VIDEX EC equiv)	MSP	2
DIDANOSINE DR CAP, VIDEX EC CAP	MSP	2
DOVATO TAB	-	2
EDURANT TAB	MSP	2
efavirenz cap (SUSTIVA equiv)	MSP	2
efavirenz tab (SUSTIVA equiv)	MSP	2
EMTRIVA CAP	MSP	2
EMTRIVA SOLN	MSP	2
EVOTAZ TAB	MSP	2
fosamprenavir tab (LEXIVA equiv)	MSP	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
FUZEON INJ	LMSP	2
GENVOYA TAB	MSP	2
INTELENCE TAB	MSP	2
INVIRASE CAP	MSP	2
INVIRASE TAB	MSP	2
ISENTRESS (HD) TAB	MSP	2
ISENTRESS CHEW TAB	MSP	2
ISENTRESS POWDER PACK	MSP	2
JULUCA TAB	MSP	2
KALETRA TAB	MSP	2
lamivudine soln (EPIVIR equiv)	MSP	2
lamivudine tab (EPIVIR equiv)	MSP	2
lamivudine/zidovudine tab (COMBIVIR equiv)	MSP	2
LEXIVA SUSP	MSP	2
lopinavir/ritonavir soln (KALETRA equiv)	MSP	2
NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine)	MSP-ST	2
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	MSP-ST	2
NEVIRAPINE SUSP (VIRAMUNE equiv)	MSP	2
NORVIR CAP	MSP	2
NORVIR POWDER PACK	MSP	2
NORVIR SOLN	MSP	2
ODEFSEY TAB	MSP	2
PIFELTRO TAB	MSP	2
PREZCOBIX TAB	MSP	2
PREZISTA SUSP	MSP	2
PREZISTA TAB	MSP	2
RESCRIPTOR TAB	MSP	2
REYATAZ POWDER PACK	MSP	2
ritonavir tab (NORVIR equiv)	MSP	2
SELZENTRY SOLN	MSP	2
SELZENTRY TAB	MSP	2
stavudine cap (ZERIT equiv)	MSP	2
stavudine soln (ZERIT equiv)	MSP	2
STRIBILD TAB	MSP	2
SYMFI (LO) TAB	MSP	2
SYMTUZA TAB	-	2
tenofovir disoproxil fumarate tab (VIREAD equiv)	MSP	2
TIVICAY TAB (QL= 2 tabs/day)	MSP-QL	2
TRIUMEQ TAB	MSP	2
TRUVADA TAB	-	2
VIDEX SOLN	MSP	2
VIRACEPT POWDER	MSP	2
VIRACEPT TAB	MSP	2
VIREAD TAB	MSP	2
VITEKTA TAB	MSP	2
zidovudine cap (RETROVIR equiv)	MSP	2
zidovudine syrup (RETROVIR equiv)	MSP	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
zidovudine tab (RETROVIR equiv)	MSP	2
COMBIVIR TAB	MSP	3
EPIVIR TAB	MSP	3
RETROVIR CAP	MSP	3
RETROVIR SYRUP	MSP	3
SUSTIVA TAB	MSP	3
ZERIT SOLN	MSP	3
TIVICAY PD TAB	-	NC
TYBOST TAB	-	NC
CMV AGENTS		
GANCICLOVIR CAP (Restricted to Infectious Disease, Optometry or Ophthalmology Specialist)	RS	2
valganciclovir soln (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	2
valganciclovir tab (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	2
VALCYTE TAB (Restricted to Infectious Disease or Transplant Specialist)	RS	3
PREVYMIS TAB	-	NC
HEPATITIS AGENTS		
ribavirin cap (REBETOL equiv)	LMSP	1
ribavirin tab (COPEGUS equiv)	LMSP	1
adefovir dipivoxil tab (HEPSERA equiv)	-	2
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	MSP-QL	2
EPIVIR HBV SOLN	MSP	2
lamivudine tab 100mg (EPIVIR HBV equiv)	MSP	2
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day)	LMSP-PA-QL	2
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	2
PEGASYS INJ	LMSP	2
PEG-INTRON INJ	LMSP	2
REBETOL SOLN	LMSP	2
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day)	LMSP-PA-QL	2
VEMLIDY TAB	-	2
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	2
BARACLUDE SOLN	-	NC
DAKLINZA TAB	-	NC
EPCLUSA TAB	-	NC
HARVONI PELLET PAK	-	NC
HARVONI TAB	-	NC
INCIVEK TAB	-	NC
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
RIBAVIRIN TAB 400MG	-	NC
SOVALDI PELLET PAK	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
TYZEKA TAB	-	NC
VICTRELIS CAP	-	NC
VIEKIRA XR TAB	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
ZEPATIER TAB	-	NC
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
RIMANTADINE TAB	-	1
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
XOFLUZA TAB (QL= 2 tabs/fill)	QL	3
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	2
IMMUNOMODULATORS		
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	MSP-QL-RS	2
THALOMID CAP	MSP-PA	2
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
ZORTRESS TAB 1MG	PA	2
NULOJIX INJ	M-PA	M
AZASAN TAB	-	NC
ENVARUSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER	-	NC
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA IV	M-PA	M

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier																																				
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																																				
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																																				
BYSTOLIC TAB	TS	2																																				
FIRST ATENOLOL SOLN	-	3																																				
FIRST METOPROLOL ORAL SOLN	-	3																																				
KAPSPARGO CAP	-	NC																																				
metoprolol tab 37.5mg, 75mg (LOPRESSOR equiv)	-	NC																																				
BETA BLOCKERS NON-SELECTIVE																																						
pindolol tab (VISKEN equiv)	-	1																																				
propranolol ER cap (INDERAL LA equiv)	-	1																																				
PROPRANOLOL SOLN	-	1																																				
propranolol tab (INDERAL equiv)	-	1																																				
sotalol AF tab (BETAPACE AF equiv)	-	1																																				
sotalol tab (BETAPACE equiv)	-	1																																				
timolol maleate tab (BLOCADREN equiv)	-	1																																				
LEVATOL TAB	-	2																																				
nadolol tab (CORGARD equiv)	-	2																																				
HEMANGEOL SOLN	-	NC																																				
INDERAL XL CAP, INNOPRAN XL CAP	-	NC																																				
SOTYLIZE SOLN	-	NC																																				
BIOLOGICALS MISC																																						
ALLERGENIC EXTRACTS																																						
GRASTEK SL TAB (QL= 1 tab/day)	PA-QL	2																																				
ORALAIR SL TAB (QL= 1 tab/day)	PA-QL	2																																				
RAGWITEK SL TAB (QL= 1 tab/day)	PA-QL	2																																				
CALCIUM CHANNEL BLOCKERS																																						
CALCIUM CHANNEL BLOCKER COMBINATIONS																																						
CONSENSI TAB	-	NC																																				
CALCIUM CHANNEL BLOCKERS																																						
amlodipine tab (NORVASC equiv)	-	1																																				
DILTIAZEM CAP	-	1																																				
diltiazem ER cap (CARDIZEM CD equiv)	-	1																																				
diltiazem ER cap (CARDIZEM SR equiv)	-	1																																				
diltiazem ER cap (DILACOR XR equiv)	-	1																																				
diltiazem ER cap (TIAZAC equiv)	-	1																																				
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																																						
<table><tr><td>ACA</td><td>NC =Not Covered</td><td>EXC</td><td>generic =small letters</td><td>INF</td><td>BRANDS =CAPITAL LETTERS</td></tr><tr><td>LD</td><td>Affordable Care Act</td><td></td><td>Plan Exclusion</td><td></td><td>Infertility</td></tr><tr><td>MSP</td><td>Limited Distribution</td><td>LMSP</td><td>Lumicera Mandatory Specialty Pharmacy Program</td><td>M</td><td>Medical Benefit</td></tr><tr><td>QL</td><td>Mandatory Specialty Pharmacy Program</td><td>OTC</td><td>Over-the-Counter</td><td>PA</td><td>Prior Authorization</td></tr><tr><td>SMKG</td><td>Quantity Limit</td><td>RS</td><td>Restricted to Specialist</td><td>SF</td><td>Limited to two 15 day fills per month for first 3 months</td></tr><tr><td></td><td>Smoking Cessation</td><td>ST</td><td>Step Therapy</td><td>TS</td><td>Tablet Splitting</td></tr></table>			ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS	LD	Affordable Care Act		Plan Exclusion		Infertility	MSP	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization	SMKG	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months		Smoking Cessation	ST	Step Therapy	TS	Tablet Splitting
ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS																																	
LD	Affordable Care Act		Plan Exclusion		Infertility																																	
MSP	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit																																	
QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization																																	
SMKG	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months																																	
	Smoking Cessation	ST	Step Therapy	TS	Tablet Splitting																																	

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

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
VERAPAMIL CAP 100MG	-	1
VERAPAMIL ER CAP 200MG	-	1
VERAPAMIL ER CAP 300MG	-	1
verapamil SR cap (VERELAN equiv)	-	1
VERAPAMIL SR CAP 360mg	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	2
nicardipine cap (CARDENE equiv)	-	2
nimodipine cap (NIMOTOP equiv)	-	2
nisoldipine ER tab (SULAR equiv)	-	2
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	2
CARDENE SR CAP	-	3
COVERA-HS TAB	-	3
DYNACIRC CR TAB	-	3
VERELAN PM ER CAP 100MG, 300MG	-	3
VERELAN SR CAP 360mg	-	3
KATERZIA SUSP	-	NC
NYMALIZE SOLN	-	NC

CARDIOTONICS

CARDIAC GLYCOSIDES

DIGOXIN SOLN	-	1
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
LANOXIN INJ	-	NC
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine/atorvastatin tab (CADUET equiv)	-	2
ENTRESTO TAB (QL= 2 tabs/day)	QL	2

PERIPHERAL VASODILATORS

isoxsuprine tab	-	2
-----------------	---	---

PROSTAGLANDIN VASODILATORS

TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
epoprostenol inj (FLOLAN equiv)	M-PA	M
FLOLAN INJ	M-PA	M
treprostinil inj 10mg/ml (REMODULIN equiv)	M-PA	M
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	M-PA	M
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	M-PA	M
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	M-PA	M

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
ORENITRAM TAB	-	NC
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	2
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	2
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	1
tadalafil tab (PAH) (ADCIRCA equiv)	PA	1
ADCIRCA TAB	LMSP-PA	3
REVATIO SUSP	-	NC
sildenafil susp (REVATIO equiv)	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
SINUS NODE INHIBITORS		
CORLANOR SOLN	PA	3
CORLANOR TAB	PA	3
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP (QL= 1 cap/day)	MSP-PA-QL	2
VYNDAQEL CAP (QL= 4 caps/day)	MSP-PA-QL	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
cephalexin cap 750mg (KEFLEX equiv)	-	NC
CEPHALEXIN TAB	-	NC
DAXBIA CAP	-	NC
KEFLEX CAP 750MG	-	NC
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime susp (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
cefaclor cap (CECLOR equiv)	-	2
CEFACTOR ER TAB	-	3
CEFACTOR SUSP	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
cefдинир susp (OMNICEF equiv)	-	1
cefіxіme cap (SUPRAX equiv)	-	2
cefіxіme susp (SUPRAX equiv)	-	2
cefрodoxіme proxetil susp (VANTIN equiv)	-	2
cefрodoxіme proxetil tab (VANTIN equiv)	-	2
CEDAX CAP	-	3
CEDAX SUSP	-	3
CEFDITOREN TAB	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX TAB	-	3
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	ACA	\$0
ashlynа tab, daysee tab (SEASONALE, SEASONIQUE equiv) (3 copays per RX)	ACA	\$0
cryselle tab	ACA	\$0
enpresse tab (TRI-LEVELLEN equiv)	ACA	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	ACA	\$0
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	ACA	\$0
junel FE tab (LOESTRIN FE equiv)	ACA	\$0
junel tab (LOESTRIN equiv)	ACA	\$0
kelnor tab (DEMULEN equiv)	ACA	\$0
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	ACA	\$0
LO LOESTRIN TAB	ACA	\$0
LOESTRIN 24 FE TAB	ACA	\$0
mibelas chew tab (MINASTRIN equiv)	ACA	\$0
NATAZIA TAB	ACA	\$0
NECON 10/11-28	ACA	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	ACA	\$0
nortrel tab (OVCON 35 equiv)	ACA	\$0
OVCON 50 TAB	ACA	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	ACA	\$0
tri-legest tab (ESTROSTEP FE equiv)	ACA	\$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	ACA	\$0
velivet tab (CYCLESSA equiv)	ACA	\$0
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	ACA	\$0
violele tab, kariva tab (MIRCETTE equiv)	ACA	\$0
BALCOLTRA TAB	-	NC
BEYAZ TAB	-	NC
drosріrenone/ethіnyl estradiol/levomefolate tab (BEYAZ equiv)	-	NC
drosріrenone/ethіnyl estradiol/levomefolate tab (SAFYRAL equiv)	-	NC
FALESSA KIT	-	NC
TAYTULLA CAP	-	NC
YAZ TAB	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	ACA	\$0
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	ACA	\$0
ANNOVERA RING	-	NC
eluryng vaginal ring (NUVARING equiv)	-	NC
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	ACA	\$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	ACA	\$0
levonorgestrel tab (PLAN B equiv)	ACA-OTC	\$0
LEVONORGESTREL TAB 0.75MG	ACA	\$0
PLAN B TAB	ACA-OTC	\$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	ACA-QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	ACA-QL	\$0
DEPO-PROVERA INJ	-	NC
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	ACA	\$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	ACA	\$0
SLYND TAB	-	3
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
DEXAMETHASONE SOLN	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
PREDNISOLONE SYRUP	-	1
prednisolone syrup (PRELONE equiv)	-	1
PREDNISONE SOLN	-	1
prednisone tab (DELTASONE equiv)	-	1
budesonide SR cap (ENTOCORT EC equiv)	-	2
CORTISONE ACETATE TAB	-	2
prednisolone ODT (ORAPRED equiv)	-	2
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	3
MILLIPRED TAB	-	3
PREDNISOLONE SOLN	-	3
dexamethasone pak (DEXPAK equiv)	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
FLO-PRED SUSP	-	NC
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
prednisone pack	-	NC
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC
COUGH/COLD/ALLERGY COMBINATIONS		
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
promethazine DM syrup	-	1
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	2
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 4 oz/fill, 2 fills/month)	QL	2
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	3
NEOTUSS PLUS LIQUID	-	3
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3
CLARINEX-D TAB	-	EXC
DECON-A LIQUID	OTC	EXC
SEMPREX-D CAP	-	EXC
DURAVENT PE TAB	-	NC
HDC DM SYRUP	-	NC
HYCOFENIX SOLN	-	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUSSI-PRES LIQUID	-	NC
TUSSLIN LIQUID	OTC	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
EXPECTORANTS		
SSKI SOLN	-	2
GUAIFENESEN SYRUP	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	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
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	1
ERY PAD	-	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACUTANE equiv)	-	2
AVAR GEL	-	2
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	2
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2
PRASCION RA CREAM	-	2
sodium sulfacetamide lotion (KLARON equiv)	-	2
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	2
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
EPIDUO GEL 0.1-2.5%	PA	3
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ADAPALENE LOTION (DIFFERIN equiv)	-	NC
AKLIEF CREAM	-	NC
ALTRENO LOTION	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
AMZEEQ FOAM	-	NC
ARAZLO LOTION	-	NC
AVAR AEROSOL FOAM	-	NC
AVAR PAD	-	NC
AZELEX CREAM	-	NC
BENZAC WASH	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLINDACIN KIT	-	NC
CLINDAGEL	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin/tretinoin gel (ZIANA equiv)	-	NC
dapsone gel (ACZONE equiv)	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC
ONEXTON GEL	-	NC
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
ROSULA WASH	-	NC
SODIUM SULFACETAMIDE/SULFUR LOTION	-	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/sunscreen kit (SUMADEN XLT equiv)	-	NC
SUMADAN KIT	-	NC
SUMADEN XLT KIT	-	NC
TRETIN-X CREAM	-	NC
VELTIN GEL	-	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
mupirocin oint (BACTROBAN OINT equiv)	-	1
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
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
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	2
naftifine cream (NAFTIN equiv)	-	2
naftifine gel (NAFTIN equiv)	-	2
nystatin/triamcinolone cream	-	2
nystatin/triamcinolone oint	-	2
oxiconazole nitrate cream (OXISTAT equiv)	-	2
EXELDERM CREAM, SULCONAZOLE CREAM	-	3
EXELDERM SOLN	-	3
EXELDERM SOLN, SULCONAZOLE SOLN	-	3
MENTAX CREAM	-	3
NAFTIFINE CREAM	-	3
NAFTIN GEL	-	3
OXISTAT LOTION	-	3
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
ALOQUIN GEL	-	NC
CICLODAN KIT	-	NC
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC
ECONASIL KIT	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
NAFTIN GEL 2%	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
nizoral a-d shampoo (NIZORAL equiv)	OTC	NC
ONYCHO-MED KIT	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	2
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3
DST PLUS PAK KIT	-	NC
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
LICART PATCH	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
REXAPHENAC CREAM	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX CREAM equiv)	-	1
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2
FLUOROPLEX CREAM	-	2
FLUOROURACIL CREAM 0.5%	-	2
FLUOROURACIL SOLN	-	2
TARGRETIN GEL	LMSP-PA	2
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779)	LD-PA-QL	2
PICATO GEL (QL= 1 box/fill)	QL	3
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
SOLARAVIX PAK	-	NC
ANTIPRURITICS - TOPICAL		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3
ANTIPSORIATICS		
8-MOP CAP	-	2
acitretin cap (SORIATANE equiv)	-	2
calcipotriene cream (DOVONEX CREAM equiv)	-	2
calcipotriene oint	-	2
calcipotriene soln (DOVONEX SOLN equiv)	-	2
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	LMSP-PA-QL	2
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	LMSP-PA-QL	2
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2
SKYRIZI INJ (QL= 2 inj/84 days)	LMSP-PA-QL	2
SORIATANE CK KIT	-	2
STELARA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	2
tazarotene cream 0.1% (TAZORAC equiv)	-	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CALCITRIOL OINT	-	3
SORILUX FOAM	-	3
TAZORAC CREAM 0.05%	-	3
CALCIPOTRIENE FOAM	-	NC
SILIQ INJ	-	NC
TALTZ INJ	-	NC
TAZORAC GEL	-	NC
TREMFYA INJ	-	NC
VECTICAL OINT	-	NC
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	1
seb-prev cream (OVACE CREAM equiv)	-	2
selenium sulfide shampoo (SELSEB equiv)	-	2
sodium sulfacetamide gel (OVACE PLUS equiv)	-	2
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
sodium sulfacetamide/urea pad (ROSULA equiv)	-	2
sulfacetamide sodium shampoo (OVACE equiv)	-	2
OVACE PLUS CREAM	-	3
ESKATA SOLN	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS FOAM	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
ANTIVIRALS - TOPICAL		
acyclovir cream (ZOVIRAX equiv)	-	2
acyclovir oint (ZOVIRAX OINT equiv)	-	2
DENAVIR CREAM	-	NC
XERESE CREAM	-	NC
ZOVIRAX OINT	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	1
alclometasone oint (ACLOVATE equiv)	-	1
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel	-	1
betamethasone augmented lotion (DIPROLENE LOTION 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
betamethasone valerate oint	-	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate oint (TEMOVATE equiv)	-	1
clobetasol propionate soln (TEMOVATE equiv)	-	1

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
fluocinolone acetonide cream	-	1
fluocinolone acetonide oil (DERMA SMOOTH/FS equiv)	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	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 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
clobetasol lotion (CLOBEX equiv)	-	2
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2
clobetasol shampoo (CLOBEX SHAMPOO equiv)	-	2
clobetasol spray (CLOBEX SPRAY equiv)	-	2
desonide cream (DESOWEN equiv)	-	2
desonide oint (DESOWEN equiv)	-	2
desoximetasone cream (TOPICORT CREAM equiv)	-	2
EPIFOAM AEROSOL	-	2
halobetasol propionate cream (ULTRAVATE equiv)	-	2
halobetasol propionate oint (ULTRAVATE equiv)	-	2
PRAMOSONE E CREAM	-	2
PREDNICARBATE CREAM	-	2
prednicarbate cream (DERMATOP equiv)	-	2
PREDNICARBATE OIN	-	2
triamcinolone spray (KENALOG equiv)	-	2
U-CORT CREAM	-	2
CAPEX SHAMPOO	-	3
clobetasol foam (OLUX equiv)	-	3
CLOCORTOLONE CREAM	-	3
CLODERM CREAM	-	3
CORDRAN TAPE	-	3
PANDEL CREAM	-	3
PRAMOSONE LOTION	-	3
ALA SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
BESER KIT 0.05%	-	NC
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	NC
betamethasone valerate foam (LUXIQ equiv)	-	NC
BRYHALI LOTION	-	NC
calcipotriene/betamethasone dipropionate susp	-	NC
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC
CALCIPOTRIENE/BETAMETHASONE SUSP	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CORDRAN CREAM 0.025%	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DERMATOP CREAM	-	NC
DERMATOP OINT	-	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 gel (TOPICORT equiv)	-	NC
desoximetasone oint (TOPICORT equiv)	-	NC
DIFLORASONE CREAM	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
fluocinonide cream 0.05% (LIDEX equiv)	-	NC
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC
fluocinonide oint	-	NC
FLUOPAR KIT	-	NC
FLUOVIX PAK	-	NC
flurandrenolide cream (CORDRAN equiv)	-	NC
flurandrenolide lotion (CORDRAN equiv)	-	NC
flurandrenolide oint (CORDRAN equiv)	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halcinonide cream (HALOG equiv)	-	NC
HALOG CREAM	-	NC
HALOG OINT	-	NC
HALOG SOLN	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC

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

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

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

Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	NC
hydrocortisone valerate cream (WESTCORT equiv)	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
IMPOYZ CREAM	-	NC
LEXETTE FOAM	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 1-1%	-	NC
PRAMOSONE CREAM 1-2.5%	-	NC
PRAMOSONE OINT	-	NC
QUINIXIL PAK	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TOPICORT CREAM	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT	-	NC
TOVET KIT	-	NC
triamcinolone acetone oint (TRIANEX equiv)	-	NC
TRIANEX OINT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC

ECZEMA AGENTS

DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	2
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2

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
urea cream	-	NC
urea emulsion	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
urea gel (URAMAXIN equiv)	-	NC
UREA LOTION	-	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)	-	1
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1
LAC-HYDRIN CREAM	-	2
HYLINATE LOTION	-	NC
ENZYMES - TOPICAL		
vasolex oint (XENADERM equiv)	-	1
SANTYL OINT (QL= 90gm/30 days)	QL	2
XENADERM OINT	-	3
HAIR GROWTH AGENTS		
finasteride tab (PROPECIA equiv)	-	EXC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	2
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2
tacrolimus oint (PROTOPIC OINT equiv)	-	2
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
salicylic acid soln	-	NC
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
LIDOCAINE GEL	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	2
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	2
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
GEN7T LOTION	-	NC
GEN7T PLUS LOTION	-	NC
GEN7T PLUS PAD	-	NC
L.E.T. GEL	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC
lidocaine lotion	-	NC
LIDOCIN GEL	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC
LIDOTREX GEL	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MICROVIX LP PAK	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
NEOSALUS FOAM	-	NC
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	1
DRYSOL SOLN	-	1
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
PROTECTIVES AGAINST UV RADIATION		
SCENESSE IMPLANT	M-PA	M
ROSACEA AGENTS		
metronidazole lotion (METROLOTION equiv)	-	1
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
FINACEA PLUS KIT	-	2
metronidazole cream (METROCREAM equiv)	-	2
metronidazole gel (METROGEL equiv)	-	2
DOXYCYCLINE CAP, ORACEA CAP	-	NC
IVERMECTIN CREAM	-	NC
ivermectin cream (SOOLANTRA equiv)	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
MIRVASO GEL	-	NC
NORITATE CREAM	-	NC
RHOFADE CREAM	-	NC
ROSADAN KIT	-	NC
SOOLANTRA CREAM	-	NC
ZILXI FOAM	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	1
ELIMITE CREAM	-	2
EURAX CREAM	-	2
lindane lotion	-	2
LINDANE SHAMPOO	-	2
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
CROTAN LOTION	-	3
LINDANE LOTION	-	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3
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
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2
ACCU-CHEK GUIDE TEST STRIP	OTC	2
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2
ACCU-CHEK TEST STRIP	OTC	2
FREESTYLE INSULINX TEST STRIP	OTC	NC
FREESTYLE LITE TEST STRIP	OTC	NC
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC
FREESTYLE TEST STRIP	OTC	NC

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

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

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

Select 3-Tier Formulary

Category/Class

Last Updated* 7/1/2020

DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
PRECISION XTRA KETONE TEST STRIP	OTC	NC
PRECISION XTRA TEST STRIP	OTC	NC
TEST STRIP (all other test strips)	OTC	NC
RADIOGRAPHIC CONTRAST MEDIA		
OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ASTAMED MYO CAP	-	NC
DEPLIN CAP	-	NC
ELIGEN B12 TAB	-	NC
FALESSA TAB	-	NC
GLYGEST PAK	-	NC
L-METHYLFOLATE TAB	-	NC
LUVIRA CAP	-	NC
METANX CAP	-	NC
OLLIZAC POWDER	-	NC
PODIAPN CAP	-	NC
XAQUIL XR TAB	-	NC
XYZBAC TAB	-	NC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC
PANCRELIPASE CAP	-	NC
SUCRAID SOLN	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
acetazolamide tab	-	2
methazolamide tab (NEPTAZANE equiv)	-	2
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2
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

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier																																				
DIURETICS Cont.																																						
POTASSIUM SPARING DIURETICS																																						
amiloride tab (MIDAMOR equiv)	-	1																																				
spironolactone tab (ALDACTONE equiv)	-	1																																				
triamterene cap (DYRENIUM equiv)	-	2																																				
DYRENIUM CAP	-	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																																				
METHYCLOTHIAZIDE TAB	-	1																																				
metolazone tab (ZAROXOLYN equiv)	-	1																																				
DIURIL SUSP	-	2																																				
ENDOCRINE AND METABOLIC AGENTS - MISC.																																						
ADRENAL STEROID INHIBITORS																																						
ISTURISA TAB	-	NC																																				
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																																				
FORTEO INJ	LMSP	2																																				
FORTICAL NASAL SPRAY	-	2																																				
MIACALCIN INJ	LMSP	2																																				
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	2																																				
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	2																																				
risedronate tab (ACTONEL equiv)	-	2																																				
TYMLOS INJ	LMSP	2																																				
ALENDRONATE SOLN	-	3																																				
FOSAMAX+D TAB	-	3																																				
SKELID TAB	-	3																																				
EVENITY INJ	M-PA	M																																				
PROLIA INJ	M-PA	M																																				
XGEVA INJ	M-PA	M																																				
BINOSTO TAB	-	NC																																				
TERIPARATIDE INJ	-	NC																																				
FERTILITY REGULATORS																																						
BRAVELLE INJ	INF	NC																																				
CLOMIPHENE CITRATE POWDER	INF	NC																																				
CLOMIPHENE CITRATE TAB	INF	NC																																				
clomiphene citrate tab (CLOMID equiv)	INF	NC																																				
FOLLISTIM AQ INJ	INF	NC																																				
GONAL-F RFF INJ	INF	NC																																				
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																																						
<table><tr><td>ACA</td><td>NC =Not Covered</td><td>EXC</td><td>generic =small letters</td><td>INF</td><td>BRANDS =CAPITAL LETTERS</td></tr><tr><td>LD</td><td>Affordable Care Act</td><td></td><td>Plan Exclusion</td><td></td><td>Infertility</td></tr><tr><td>MSP</td><td>Limited Distribution</td><td>LMSP</td><td>Lumicera Mandatory Specialty Pharmacy Program</td><td>M</td><td>Medical Benefit</td></tr><tr><td>QL</td><td>Mandatory Specialty Pharmacy Program</td><td>OTC</td><td>Over-the-Counter</td><td>PA</td><td>Prior Authorization</td></tr><tr><td>SMKG</td><td>Quantity Limit</td><td>RS</td><td>Restricted to Specialist</td><td>SF</td><td>Limited to two 15 day fills per month for first 3 months</td></tr><tr><td></td><td>Smoking Cessation</td><td>ST</td><td>Step Therapy</td><td>TS</td><td>Tablet Splitting</td></tr></table>			ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS	LD	Affordable Care Act		Plan Exclusion		Infertility	MSP	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization	SMKG	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months		Smoking Cessation	ST	Step Therapy	TS	Tablet Splitting
ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS																																	
LD	Affordable Care Act		Plan Exclusion		Infertility																																	
MSP	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit																																	
QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization																																	
SMKG	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months																																	
	Smoking Cessation	ST	Step Therapy	TS	Tablet Splitting																																	

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
MENOPUR INJ	INF	NC
OVIDREL INJ	INF	NC
PREGNYL INJ	INF	NC
GNRH/LHRH ANTAGONISTS		
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2
CETROTIDE INJ	INF	NC
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	2
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	EXC
GROWTH HORMONES		
GENOTROPIN INJ	LMSP-PA	2
HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	ACA	\$0
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	MSP	2
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	2
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
cinacalcet tab (SENSIPAR equiv) (Restricted to Endocrinology or Nephrology Specialist)	RS	2
doxercalciferol cap (HECTOROL equiv)	-	2
GALAFOLD CAP (QL= 15 caps/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	2
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	2
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
paricalcitol cap (ZEMPLAR equiv)	-	2
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	2
ALDURAZYME INJ	M-PA	M
CRYSVITA INJ	M-PA	M
FABRAZYME INJ	M-PA	M
CALCITRIOL INJ	-	NC
CARBAGLU TAB	-	NC
MYALEPT INJ	-	NC
nitisinone cap (ORFADIN equiv)	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
NITYR TAB	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
SENSIPAR TAB	-	NC
XURIDEN POWDER	-	NC
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2
desmopressin nasal soln (DDAVP equiv)	-	2
STIMATE NASAL SOLN	-	2
DDAVP NASAL SOLN	-	3
NOC DURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	LMSP	1
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
BYNFEZIA PEN INJ	-	NC
SANDOSTATIN LAR INJ KIT	-	NC
SIGNIFOR LAR INJ	-	NC
SOMATULINE INJ	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
SAMSCA TAB	-	NC
tolvaptan tab (SAMSCA equiv)	-	NC
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1
estradiol/norethindrone tab (ACTIVELLA equiv)	-	2
jinteli tab (FEMHRT equiv)	-	2
PREMPHASE TAB, PREMPRO TAB	-	2
PREFEST TAB	-	3
ANGELIQ TAB	-	NC
BIJUVA CAP	-	NC
CLIMARA PRO PATCH	-	NC
COMBIPATCH	-	NC
ORIAHNN CAP	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ESTROGENS Cont.		
ESTROPIRATE TAB	-	1
estropirate tab (OGEN equiv)	-	1
PREMARIN TAB	-	2
ALORA PATCH	-	3
CENESTIN TAB	-	3
MENEST TAB	-	3
DIVIGEL GEL, ELESTRIN GEL	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
VIVELLE-DOT PATCH	-	NC

FLUOROQUINOLONES

FLUOROQUINOLONES

ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	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 5%	-	3
CIPROFLOXACIN 100MG TAB	-	3
CIPROFLOXACIN ER TAB	-	3
NOROXIN TAB	-	3
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

MOTTEGRITY TAB	PA	3
----------------	----	---

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB	PA	2
--------------	----	---

BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	2
--	-------	---

FARNESOID X RECEPTOR (FXR) AGONISTS

OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF-TS	2
--	----------------	---

GALLSTONE SOLUBILIZING AGENTS

ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1

GASTROINTESTINAL ANTIALLERGY AGENTS

cromolyn conc (GASTROCROM equiv)	-	2
----------------------------------	---	---

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

AMITIZA CAP	-	NC
-------------	---	----

GASTROINTESTINAL STIMULANTS

metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
METZOLV ODT	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	2
DIPENTUM CAP	-	2
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
mesalamine tab (ASACOL equiv)	-	2
ENTYVIO INJ	M-PA	M
RENFLEXIS INJ (Restricted to Gastroenterology or Rheumatology Specialist)	M-PA-RS	M
STELARA IV	M-PA	M
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
PENTASA CAP	-	NC
ROWASA KIT	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTROXEX equiv)	-	2
LINZESS CAP	-	NC
VIBERZI TAB	-	NC
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB	PA	2
SYMPROIC TAB	PA	2
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
FOSRENOL POWDER PACK	-	2
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2
PHOSLYRA SOLN	-	2
sevelamer powder pak (RENVELA equiv)	-	2
sevelamer tab (RENVELA TAB equiv)	-	2
AURYXIA TAB	-	3
FOSRENOL CHEW TAB	-	3
RENVELA TAB	-	3
RENAGEL TAB	-	NC
RENAGEL TAB 800MG	-	NC

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

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

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

Select 3-Tier Formulary

Category/Class

Last Updated* 7/1/2020

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
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-3 SYRUP	-	1
ORACIT SOLN	-	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
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	2
PROCYSBI CAP	-	NC
PROCYSBI GRANULES PACKET	-	NC
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PENTOSAN CAP	-	NC
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
dutasteride/tamsulosin cap (JALYN equiv)	-	2
silodosin cap (RAPAFLO equiv)	-	2
CARDURA XL TAB	-	NC
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	1
URINARY STONE AGENTS		
LITHOSTAT TAB	-	3
THIOLA EC TAB	-	NC
THIOLA TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
GOUT AGENTS		

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
GOUT AGENTS Cont.		
allopurinol tab (ZYLOPRIM equiv)	-	1
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-TS	2
MITIGARE CAP	-	2
COLCHICINE CAP	-	NC
colchicine tab (COLCRYS equiv)	-	NC
COLCRYS TAB	-	NC
GLOPERBA SOLN	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI INJ	M-PA	M
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ	LMSP-PA	2
AFSTYLA KIT	-	NC
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (FIRAZYR equiv)	LMSP-PA	2
FIRAZYR INJ	-	NC
COMPLEMENT INHIBITORS		
BERINERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	2
CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2
HAEGARDA INJ	MSP-PA	2
RUCONEST INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	2
SOLIRIS INJ	M-PA	M
ULTOMIRIS INJ	M-PA	M
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2
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
ticlopidine tab (TICLID equiv)	-	1
aspirin/dipyridamole cap (AGGRENOX equiv)	-	2
BRILINTA TAB	-	3
ASPIRIN/OMEPRazole ER TAB	-	NC
CABLIVI INJ KIT	-	NC
CLOPIDOGREL THERAPY PACK	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
ZONTIVITY TAB	-	NC
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376)	LD-PA	2
CERDELGA CAP	-	NC
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
SIKLOS TAB	-	NC
AGENTS FOR SICKLE CELL DISEASE		
ENDARI POWDER PACK (QL= 6 packets/day)	LMSP-PA-QL	2
OXBRYTA TAB	-	NC
COBALAMINS		
cyanocobalamin inj	-	1
NASCOBAL NASAL SPRAY	-	3
CALOMIST NASAL SPRAY	-	NC
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	ACA	\$0
folic acid tab 400mcg (Covered for females only)	ACA-OTC	\$0
folic acid tab 800mcg (Covered for females only)	ACA-OTC	\$0
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2
FULPHILA INJ	LMSP	2
NEUMEGA INJ	LMSP	2
NIVESTYM INJ	LMSP	2
PROMACTA POWDER	LMSP-PA	2
PROMACTA TAB	LMSP-PA	2
RETACRIT INJ	MSP-PA	2
UDENYCA INJ	MSP	2
ZARXIO INJ	LMSP	2
ARANESP INJ	PA	M
EPOGEN INJ	-	NC
GRANIX INJ	-	NC
LEUKINE INJ	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
PROCRIT INJ	-	NC
ZIEXTENZO INJ	-	NC
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1
folbee tab	-	1

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
MULTIGEN FOLIC TAB	-	1
MULTIGEN PLUS TAB	-	1
MULTIGEN TAB	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
FOLITE TAB	-	NC
folvite-d tab (GENICIN VITA-D equiv)	-	NC
FOLVITE-FE TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC
IRON		
ferrous sulfate elixir (Covered for members 1 year or younger)	ACA-OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	ACA-OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger)	ACA-OTC	\$0
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	ACA-OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	ACA-OTC	\$0
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid syrup (AMICAR equiv)	-	1
aminocaproic acid soln (AMICAR equiv)	-	2
aminocaproic acid tab (AMICAR equiv)	-	2
tranexamic acid tab (LYSTEDA equiv)	-	2
AMICAR SYRUP	-	3
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		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
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

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
FLURAZEPAM CAP	-	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv)	-	1
midazolam syrup	-	2
temazepam cap 22.5mg (RESTORIL equiv)	-	2
temazepam cap 7.5mg (RESTORIL equiv)	-	2
SOMNOTE CAP	-	3
AMBIEN CR TAB	-	NC
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
zolpidem ER tab (AMBIEN CR equiv)	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
OREXIN RECEPTOR ANTAGONISTS		
DAYVIGO TAB	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP	-	NC
ramelteon tab (ROZEREM equiv)	-	NC
ROZEREM TAB	-	NC
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	\$0
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	\$0
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	ACA-QL	\$0
CLENPIQ SOLN	-	2
gavilyte-h kit	-	NC
GOLYTELY SOLN	-	NC
HALFLYTELY BOWEL PREP KIT	-	NC
MOVIPREP SOLN	-	NC
NULYTELY SOLN	-	NC
PLENVU SOLN	-	NC
SUCLEAR KIT	-	NC
SUPREP SOLN	-	NC
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	1
KRISTALOSE PACK	-	3
KRISTALOSE PACKET	-	3
GIALAX KIT	-	NC
LACTULOSE PACK	-	NC
MIRALAX PACKET	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
LAXATIVES Cont.		
MIRALAX POWDER	-	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC
SALINE LAXATIVES		
VISICOL TAB	-	3
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
ZMAX SUSP	-	3
CLARITHROMYCIN		
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYC SUSP	-	2
clarithromycin ER tab (BIAXIN XL equiv)	-	2
ERYTHROMYCINS		
erythromycin DR cap (ERYC equiv)	-	2
ERYTHROMYCIN EC CAP	-	2
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2
erythromycin stearate tab	-	2
erythromycin tab (ERY-TAB equiv)	-	2
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2
PCE TAB	-	2
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3
FIDAXOMICIN		
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN)	QL-ST	2
MEDICAL DEVICES		
DIABETIC SUPPLIES		
DIABETIC METER (all other diabetic meters)	OTC	NC
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	ACA	\$0
DIAPHRAGM	ACA	\$0
FEMALE CONDOMS	ACA-OTC	\$0
DIABETIC SUPPLIES		
ACCU-CHEK GUIDE CARE METER	OTC	\$0
ACCU-CHEK GUIDE ME KIT	OTC	\$0
CALIBRATION LIQUID	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	3
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	3
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	3
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	3
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	3
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	3
ACCU-CHEK AVIVA PLUS METER	OTC	NC
ACCU-CHEK NANO METER	OTC	NC
DIABETIC METER (all other diabetic meters)	OTC	NC
FREESTYLE FREEDOM LITE METER	OTC	NC
FREESTYLE INSULINX METER	OTC	NC
FREESTYLE LITE METER	OTC	NC
FREESTYLE METER	OTC	NC
FREESTYLE PRECISION NEO METER	OTC	NC
OMNIPOD 5 PACK PODS	-	NC
OMNIPOD DASH PODS	-	NC
OMNIPOD STARTER KIT	-	NC
PRECISION XTRA METER	OTC	NC
V-GO INJ KIT	-	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	1
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	OTC	2
PEAK FLOW METER	-	NC
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AJOVY INJ	-	NC
MIGRAINE COMBINATIONS		
ergotamine/cafeine tab (CAFERGOT equiv)	-	2
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2
isometheptene/cafeine/acetaminophen tab (PRODRIN equiv)	-	2
MIGERGOT SUPP	-	2
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
PRODRIN TAB	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC
MIGRANAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG 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
AJOVY INJ	-	NC
NURTEC ODT	-	NC
UBRELVY TAB	-	NC
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	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 nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
eletriptan tab (RELPAQ equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
naratriptan tab (AMERGE equiv) (QL= 9 tabs/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 vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2
ZOMIG NASAL 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
REYVOW TAB	-	NC
SUMAVEL DOSEPRO INJ	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC
zolmitriptan 5mg tab (ZOMIG equiv)	-	NC
zolmitriptan ODT (ZOMIG equiv)	-	NC
ZOMIG TAB	-	NC
ZOMIG ZMT	-	NC

MINERALS & ELECTROLYTES

FLUORIDE

FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	ACA	\$0
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	ACA	\$0

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	ACA	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	ACA	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	ACA	\$0
FLUOR-A-DAY CHEW TAB	-	1
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	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
KLOR-CON M15 TAB	-	2
potassium chloride powder packet (KLOR-CON equiv)	-	2
potassium chloride soln	-	2
KLOR-CON POWDER PACKET 25MEQ	-	3
ZINC		
zinc sulfate cap	-	1
GALZIN CAP	-	2
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab (DEPEN TITRATAB equiv)	-	2
trientine cap (SYPRINE equiv)	MSP-PA	2
penicillamine cap (CUPRIMINE equiv)	-	NC
ENZYMES		
XIAFLEX INJ	M-PA	M
IMMUNOSUPPRESSIVE AGENTS		
everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv)	PA	2
sirolimus soln (RAPAMUNE equiv)	-	2
ASTAGRAF XL CAP	-	NC
PROGRAF PACKET	-	NC
POTASSIUM REMOVING AGENTS		
LOKELMA PAK	PA	2
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	2
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	2
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln	-	1
LIDOCAINE ORAL SOLN 4%	-	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
FIRST MOUTHWASH BLM	-	3
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
ORAVIG TAB	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	ACA	\$0
sodium fluoride cream (PREVIDENT 5000 PLUS equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	ACA	\$0
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1
PREVIDENT PASTE	-	2
PREVIDENT RINSE	-	2
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	-	2
SALAGEN TAB	-	2
PROTHELIAL PASTE	-	NC
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	1
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1
renaphro cap (NEPHROCAP equiv)	-	1
FIBRIK CAP	-	NC
MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	1
REMEDIENT CAP	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	1

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

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

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

Select 3-Tier Formulary

Category/Class

Last Updated* 7/1/2020

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride chew tab	-	1
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	2
QUFLORA PEDIATRIC CHEW TAB	-	3
POLY-VI-FLOR SUSP	-	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
PRENATAL 19 TAB	-	1
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
VP-PNV-DHA CAP	-	1
MYNATAL-Z TAB	-	3
PRENATAL VITAMINS (NON-PREFERRED)	-	3
VITAFOL STRIPS	-	3
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
PREGENNA TAB	-	NC
PRENARA CAP	-	NC

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tab 10mg, 20mg	-	1
carisoprodol tab (SOMA equiv)	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
chlorzoxazone tab 500mg	-	2
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	2
BACLOFEN TAB 5MG	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
chlorzoxazone tab	-	NC
CHLORZOXAZONE TAB 250MG	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
FIRST BACLOFEN SUSP KIT	-	NC
metaxalone tab (SKELAXIN equiv)	-	NC
METAXALONE TAB 400MG	-	NC
OZOBAX SOLN	-	NC
SKELAXIN TAB	-	NC
SOMA TAB 250MG	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
tizanidine cap (ZANAFLEX equiv)	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	2
MUSCLE RELAXANT COMBINATIONS		
orphenadrine/aspirin/caffeine tab (NORGESIC (FORTE) equiv)	-	2
NORGESIC FORTE TAB	-	3
NORGESIC TAB FORTE	-	3
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
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
NASAL AGENTS - MISC.		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		
GOPRELTO SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill)	QL	1
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill)	QL	2
olopatadine nasal spray (PATANASE equiv)	-	NC
PATANASE NASAL SPRAY	-	NC
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	3
NASAL STEROIDS		
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)	OTC-QL	1
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1
triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	1
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	3
SINUVA IMPLANT	M-PA	M
BECONASE AQ NASAL SPRAY	-	NC
mometasone nasal spray (NASONEX equiv)	-	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
SINUVA NASAL IMPLANT	-	NC

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

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

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

Select 3-Tier Formulary

Category/Class

Last Updated* 7/1/2020

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
VERAMYST NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
ZETONNA NASAL SPRAY	-	NC

NEUROMUSCULAR AGENTS

ALS AGENTS

riluzole tab (RILUTEK equiv)	-	2
RADICAVA INJ	M-PA	M
TIGLUTIK SUSP	-	NC

NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS

BOTOX INJ	M-PA	M
DYSPOIN INJ	M-PA	M
MYOBLOC INJ	M-PA	M
XEOMIN INJ	M-PA	M

SPINAL MUSCULAR ATROPHY AGENTS (SMA)

SPINRAZA INJ	M-PA	M
ZOLGENSMA INJ	M-PA	M

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

LACRISERT OPHTH INSERT	-	NC
------------------------	---	----

BETA-BLOCKERS - OPHTHALMIC

betaxolol ophth soln (BETOPTIC-S equiv) (QL= 2 bottles/fill)	QL	1
CARTEOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	1
carteolol ophth soln (OCUPRESS equiv) (QL= 2 bottles/fill)	QL	1
dorzolamide/timolol (pf) ophth soln (COSOPT equiv) (QL= 60 units/30 days)	QL	1
LEVOBUNOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	1
levobunolol ophth soln (BETAGAN equiv) (QL= 2 bottles/fill)	QL	1
timolol maleate ophth soln (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	1
BETIMOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
BETOPTIC-S OPHTH SOLN (QL= 2 bottles/fill)	QL	2
COMBIGAN OPHTH SOLN (QL= 2 bottles/fill)	QL	2
DORZOLAMIDE/TIMOLOL OPHTH SOLN (QL= 60 units/30 days)	QL	2
ISTALOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
METIPRANOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL= 2 bottles/fill)	QL	2
timolol maleate ophth soln 0.5% (ISTALOL equiv) (QL= 2 bottles/fill)	QL	2
TIMOLOL OPHTH GEL SOLN (QL= 2 bottles/fill)	QL	2
TIMOPTIC OCUDOSE OPHTH SOLN (QL= 2 bottles/fill)	QL	3

CYCLOPLEGIC MYDRIATICS

atropine ophth oint (QL= 2 bottles/fill)	QL	1
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 2 bottles/fill)	QL	1
cyclopentolate ophth soln (CYCLOGYL equiv) (QL= 2 bottles/fill)	QL	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv) (QL= 2 bottles/fill)	QL	1
phenylephrine ophth soln (MYDRIN equiv) (QL= 2 bottles/fill)	QL	1
tropicamide ophth soln (MYDRIACYL equiv) (QL= 2 bottles/fill)	QL	1
CYCLOMYDRIL OPHTH SOLN (QL= 2 bottles/fill)	QL	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
HOMATROPINE OPTH SOLN (QL= 2 bottles/fill)	QL	2
ISOPTO HYOSCINE OPTH SOLN (QL= 2 bottles/fill)	QL	2
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv) (QL= 2 bottles/fill)	QL	1
ISOPTO CARBACHOL OPTH SOLN (QL= 2 bottles/fill)	QL	2
PHOSPHOLINE OPTH SOLN (QL= 2 bottles/fill)	QL	2
PILOPINE HS OPTH GEL (QL= 2 bottles/fill)	QL	3
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2% (QL= 2 bottles/fill)	QL	1
ALPHAGAN P OPTH SOLN 0.1% (QL= 2 bottles/fill)	QL	2
apraclonidine ophth soln (IOPIDINE equiv) (QL= 2 bottles/fill)	QL	2
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (QL= 2 bottles/fill)	QL	2
IOPIDINE OPTH SOLN 1% (QL= 2 bottles/fill)	QL	2
SIMBRINZA OPTH SUSP (QL= 2 bottles/fill)	QL	2
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) (QL= 2 bottles/fill)	QL	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) (QL= 2 bottles/fill)	QL	1
ciprofloxacin ophth soln (CILOXAN equiv) (QL= 2 bottles/fill)	QL	1
erythromycin ophth oint (QL= 2 bottles/fill)	QL	1
GENTAK OPTH OINT (QL= 2 tubes/fill)	QL	1
gentamicin ophth oint (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	1
gentamicin ophth soln (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	1
levofloxacin ophth soln (QUIXIN equiv) (QL= 2 bottles/fill)	QL	1
moxifloxacin ophth soln (VIGAMOX OPTH SOLN equiv) (QL= 2 bottles/fill)	QL	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPTH SOLN (QL= 2 bottles/fill)	QL	1
ofloxacin ophth soln (OCUFLOX equiv) (QL= 2 bottles/fill)	QL	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) (QL= 2 bottles/fill)	QL	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv) (QL= 2 bottles/fill)	QL	1
tobramycin ophth soln (TOBREX equiv) (QL= 2 bottles/fill)	QL	1
AZASITE SOLN (QL= 2 bottles/fill)	QL	2
BACITRACIN OPTH OINT (QL= 2 bottles/fill)	QL	2
gatifloxacin ophth soln (ZYMADID equiv) (QL= 2 bottles/fill)	QL	2
trifluridine ophth soln (QL= 2 bottles/fill)	QL	2
ZIRGAN OPTH GEL (QL= 2 bottles/fill)	QL	2
CILOXAN OPTH OINT (QL= 2 bottles/fill)	QL	3
TOBREX OPTH OINT (QL= 2 bottles/fill)	QL	3
BESIVANCE OPTH SUSP	-	NC
MOXEZA OPTH SOLN	-	NC
MOXIFLOXACIN SOLN	-	NC
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPTH EMULSION (QL= 60 unit dose vials/fill; Restricted to Optometry or Ophthalmology Specialist)	QL-RS	2
CEQUA (PF) OPTH SOLN	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPTH SOLN	-	NC
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPTH SOLN	PA	3

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
ROCKLATAN OPTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv) (QL= 2 bottles/fill)	QL	1
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPTH SOLN	-	NC
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1
dexamethasone ophth soln (QL= 2 bottles/fill)	QL	1
fluorometholone ophth soln (FML LIQUIFILM equiv) (QL= 2 bottles/fill)	QL	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTH SOLN (QL= 2 bottles/fill)	QL	1
PREDNISOLONE OPTH SUSP (QL= 2 bottles/fill)	QL	1
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN (QL= 2 bottle/ fill)	QL	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) (QL= 2 bottles/fill)	QL	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv) (QL= 2 bottles/fill)	QL	1
ALREX OPTH SUSP (QL= 2 bottles/fill)	QL	2
BLEPHAMIDE OPTH SOLN (QL= 2 bottles/fill)	QL	2
DUREZOL OPTH EMULSION (QL= 2 bottles/fill)	QL	2
LOTEMAX OPTH GEL (QL= 2 bottles/fill)	QL	2
LOTEMAX OPTH OINT (QL= 2 tubes/fill)	QL	2
loteprednol ophth susp (LOTEMAX equiv) (QL= 2 bottles/fill)	QL	2
MAXIDEX OPTH SOLN (QL= 2 bottles/fill)	QL	2
PRED MILD OPTH SOLN (QL= 2 bottles/fill)	QL	2
PRED-G OPTH SOLN (QL= 2 bottles/fill)	QL	2
TOBRADEX OPTH OINT (QL= 2 bottles/fill)	QL	2
VEXOL OPTH SUSP (QL= 2 bottles/fill)	QL	2
ZYLET OPTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
BLEPHAMIDE S.O.P. OPTH OINT (QL= 2 bottles/fill)	QL	3
FLAREX OPTH SUSP (QL= 2 bottles/fill)	QL	3
FML FORTE OPTH SUSP (QL= 2 bottles/fill)	QL	3
FML S.O.P. OPTH OINT (QL= 2 bottles/fill)	QL	3
PRED FORTE OPTH SUSP (QL= 2 bottles/fill)	QL	3
TOBRADEX ST OPTH SUSP (QL= 2 bottles/fill)	QL	3
ILUVIEN INJ	M-PA	M
OZURDEX IMPLANT	M-PA	M
DEXTENZA OPTH INSERT	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
PREDNISOLONE/MOXIFLOXACIN OPTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPTH SUSP	-	NC

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

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

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

Select 3-Tier Formulary

Category/Class

Last Updated* 7/1/2020

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv) (QL= 2 bottles/fill)	QL	1
cromolyn ophth soln (CROLOM equiv) (QL= 2 bottles/fill)	QL	1
diclofenac sodium ophth soln (VOLTAREN equiv) (QL= 2 bottles/fill)	QL	1
dorzolamide ophth soln (TRUSOPT equiv) (QL= 2 bottles/fill)	QL	1
epinastine ophth soln (ELESTAT equiv)	QL	1
FLURBIPROFEN OPHTH SOLN (QL= 2 bottles/fill)	QL	1
flurbiprofen ophth soln (OCUFEN equiv) (QL= 2 bottles/fill)	QL	1
ketorolac ophth soln (ACULAR (LS) equiv) (QL= 10ml/fill)	QL	1
ketotifen ophth soln (ZADITOR equiv) (QL= 2 bottles/fill)	QL	1
olopatadine ophth soln 0.1% (PATANOL equiv) (QL= 2 bottles/fill)	QL	1
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	1
AZOPT OPHTH SUSP (QL= 2 bottles/fill)	QL	2
BEPREVE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	2
bromfenac ophth soln (BROMDAY equiv) (QL= 2 bottles/fill)	QL	2
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
NEVANAC OPHTH SUSP (QL= 2 bottles/fill)	QL	2
PROLENSA OPHTH SOLN	-	2
ACUVAIL OPHTH SOLN (QL= 2 bottles/fill)	QL	3
ALAMAST OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
ALOCRILOPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
ALOMIDE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
EMADINE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
LASTACRAFT OPHTH SOLN (QL= 3ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
BROMSITE OPHTH SOLN	-	NC
PATADAY OPHTH SOLN	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
ZERVIAE 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
VYZULTA SOLN (QL= 2.5ml/30 days)	PA-QL	3
XELPROS OPHTH EMULSION	-	NC
ZIOPTAN OPHTH SOLN	-	NC

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

acetic acid otic soln (VOSOL equiv) (QL= 2 bottles/fill)	QL	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN (QL= 2 bottles/fill)	QL	1

OTIC ANTI-INFECTIVES

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
OTIC AGENTS Cont.		
CIPROFLOXACIN OTIC SOLN	-	2
ofloxacin otic soln (FLOXIN equiv) (QL= 2 bottles/fill)	QL	2
OTIC COMBINATIONS		
antipyrine/ benzocaine/ polycosanol otic soln (TREAGAN OTIC equiv) (QL= 2 bottles/fill)	QL	1
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1
neomycin/polymixin/hydrocortisone otic susp (QL= 2 bottles/fill)	QL	1
CIPRODEX OTIC SUSP (QL= 2 bottles/fill)	QL	2
COLY-MYCIN S OTIC SUSP (QL= 2 bottles/fill)	QL	2
CIPRO HC OTIC SUSP (QL= 2 bottles/fill)	QL	3
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CORTANE-B AQUEOUS OTIC SOLN	-	NC
CORTANE-B OTIC SOLN	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
OTOZIN OTIC DROPS	-	NC
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv) (QL= 2 bottles/fill)	QL	1
fluocinolone otic oil (DERMOTIC equiv) (QL= 2 bottles/fill)	QL	2
ACETASOL HC OTIC SOLN	-	3
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	MSP-PA	2
GAMUNEX/ OCTAGAM/ PRIVIGEN/ FLEBOGAMMA/ BIVIGAM INJ	M-PA	M
CUVITRU INJ	-	NC
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	M-PA	M
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	MSP-PA	2
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	MSP-PA	2
XEMBIFY INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	2
GAMMAGARD INJ, GAMUNEX-C INJ	M-PA	M
CUTAQUIG INJ	-	NC
MONOCLONAL ANTIBODIES		
ZINPLAVA IV	M-PA	M
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
PENICILLINS Cont.		
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp (PRINCIPEN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	2
AMOXICILLIN/CLAVULANATE ER TAB	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone oil inj	-	1
megestrol ES susp (MEGACE ES equiv)	-	2
progesterone cap (PROMETRIUM equiv)	-	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
LUCEMYRA TAB (QL= 84 tabs/7 days)	PA-QL	3
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	2
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1
galantamine tab (RAZADYNE equiv)	TS	1
memantine tab (NAMENDA equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
GALANTAMINE SOLN	-	2
memantine ER cap (NAMENDA XR equiv)	-	2
memantine soln (NAMENDA equiv)	-	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
NAMENDA XR TITRATION PACK	-	2
rivastigmine patch (EXELON equiv)	-	2
NAMENDA XR CAP	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	NC
VYLEESI INJ	-	NC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	1
AUSTEDO TAB (QL= 4 tabs/day)	LMSP-PA-QL	2
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2
INGREZZA PACK 40-80MG	-	NC
XENAZINE TAB	-	NC
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	LMSP-QL-RS	1
glatiramer inj (COPAXONE equiv)	LMSP	1
AUBAGIO TAB	LMSP	2
AVONEX INJ	LMSP	2
EXTAVIA INJ	LMSP	2
GILENYA CAP	LMSP	2
MAYZENT TAB	LMSP	2
MAYZENT TAB STARTER PACK	LMSP	2
PLEGRIDY INJ	LMSP	2
PLEGRIDY PEN INJ	LMSP	2
REBIF INJ	LMSP	2
TECFIDERA CAP	LMSP	2
TECFIDERA STARTER PACK	LMSP	2
LEMTRADA INJ	M-PA	M
OCREVUS INJ	M-PA	M
TYSABRI INJ	M-PA	M
BETASERON INJ	-	NC
MAVENCLAD PAK	-	NC
VUMERITY CAP	-	NC
ZEPOSIA CAP	-	NC
ZEPOSIA STARTER PACK	-	NC
ZINBRYTA INJ	-	NC
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
LYRICA CR TAB	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC
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
ergoloid mesylates tab (HYDERGINE equiv)	-	NC
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	2
ONPATTRO INJ	M-PA	M
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2
KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2
ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2
PULMOZYME INH SOLN	LMSP	2
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	2
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	2
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	2
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	2

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	2
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB	-	1
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB	-	NC
TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1
doxycycline monohydrate tab (ADOXA equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
demeclocycline tab (DECLOMYCIN equiv)	-	2
doxycycline hyclate DR tab (DORYX equiv)	-	2
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	2
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	2
doxycycline susp (VIBRAMYCIN equiv)	-	2
minocycline tab (DYNACIN equiv)	-	2
tetracycline cap	-	2
ORAXYL CAP	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
ADOXA PAK	-	NC
DORYX MPC TAB	-	NC
DORYX TAB 200MG	-	NC
doxycycline hyclate tab 75mg, 150mg	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
MINOCYCLINE ER CAP	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
SEYSARA TAB	-	NC
TARGADOX TAB	-	NC
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	1
liothyronine tab (CYTOMEL equiv)	-	1
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1
SYNTHROID TAB	-	1
THYROLAR TAB	-	2
levothyroxine tab (SYNTHROID equiv)	-	NC

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
THYROID AGENTS Cont.		
TIROSINT CAP	-	NC
TIROSINT-SOL	-	NC
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	\$0
TETANUS/DIPHTHERIA TOXOID 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 sulfate SR cap (LEVSINEX 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
methscopolamine tab (PAMINE equiv)	-	2
pb-belladonna elixir (DONNATAL equiv)	-	2
PROPANTHELINE TAB	-	2
CANTIL TAB	-	3
CUVPOSA SOLN	-	3
DONNATAL ELIXIR	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC
H-2 ANTAGONISTS		
famotidine tab (PEPCID equiv)	-	1
nizatidine cap (AXID equiv)	-	1
famotidine susp (PEPCID equiv)	-	2
CIMETIDINE SOLN	-	NC
cimetidine tab (TAGAMET equiv)	-	NC
ranitidine cap (ZANTAC equiv)	-	NC
ranitidine syrup (ZANTAC equiv)	-	NC
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC
TAGAMET TAB	-	NC
ZANTAC EFFER TAB	-	NC
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	1
PROTON PUMP INHIBITORS		

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
FIRST OMEPRAZOLE SUSP	-	2
LANSOPRAZOLE SUSP	-	2
esomeprazole cap (NEXIUM equiv)	-	3
ACIPHEX SPRINKLE CAP	-	NC
DEXILANT CAP	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
lansoprazole cap (PREVACID equiv)	OTC	NC
NEXIUM 24HR TAB	-	NC
NEXIUM CAP	-	NC
NEXIUM GRANULE PACK	-	NC
PREVACID OTC CAP	OTC	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	OTC	NC
PROTONIX PAK	-	NC
rabeprazole EC tab (ACIPHEX equiv)	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
ULCER THERAPY COMBINATIONS		
ZEGERID CAP OTC	OTC	1
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	2
PYLERA CAP	-	3
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
ZEGERID POWDER PACK	-	NC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
GLYCATO TAB, GLYCOPYRROLATE TAB	-	NC
hyoscyamine inj (LEVSIN equiv)	-	NC
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	1
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	2
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC
esomeprazole DR granule pack (NEXIUM equiv)	-	NC
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	NC
omeprazole tab	OTC	NC
ULCER THERAPY COMBINATIONS		
HELIDAC PACK	-	NC
TALICIA CAP	-	NC

URINARY ANTI-INFECTIVES

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
URINARY ANTI-INFECTIVES Cont.		
URINARY ANTI-INFECTIVE COMBINATIONS		
HYOPHEN TAB	-	3
URITACT DS TAB	-	3
URITACT EC TAB	-	3
UROQID #2 TAB	-	3
UTA cap	-	NC
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
MONUROL GRANULE PACK	-	3
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
nitrofurantoin susp (FURADANTIN equiv)	-	NC
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
tropium chloride SR cap (SANCTURA XR equiv)	-	2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
OXYTROL PATCH (OTC)	OTC	1
solifenacin tab (VESICARE equiv)	-	1
darifenacin SR tab (ENABLEX equiv)	-	2
oxybutynin ER tab (DITROPAN XL equiv) (QL= 2 tabs/day)	QL	2
tolterodine SR cap (DETROL LA equiv)	-	2
tolterodine tab (DETROL equiv)	TS	2
tropium tab (SANCTURA equiv)	-	2
GELNIQUE	-	NC
TOVIAZ TAB	-	NC
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	1
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	2
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	NC
VACCINES		
BACTERIAL VACCINES		
BEXSERO INJ	VAC	\$0
MENACTRA INJ	VAC	\$0
MENHIBRIX INJ	VAC	\$0
MENOMUNE INJ	VAC	\$0
MENVEO INJ	VAC	\$0
PNEUMOVAX INJ	VAC	\$0
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
ACA LD MSP QL SMKG	NC =Not Covered Affordable Care Act Limited Distribution Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation	EXC LMSP OTC RS ST generic =small letters Plan Exclusion Lumicera Mandatory Specialty Pharmacy Program Over-the-Counter Restricted to Specialist Step Therapy
INF M PA SF TS	BRANDS =CAPITAL LETTERS Infertility Medical Benefit Prior Authorization Limited to two 15 day fills per month for first 3 months Tablet Splitting	

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier																																				
VACCINES Cont.																																						
PREVNAR 13 INJ	VAC	\$0																																				
TRUMENBA INJ	VAC	\$0																																				
VAXCHORA SUSP	VAC	\$0																																				
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	\$0																																				
VIRAL VACCINES																																						
AFLURIA INJ	VAC	\$0																																				
AFLURIA INJ, FLUZONE INJ	VAC	\$0																																				
CERVARIX INJ	VAC	\$0																																				
ENGRIX-B INJ	VAC	\$0																																				
ENGRIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0																																				
FLUAD INJ	VAC	\$0																																				
FLUAD QUAD INJ	VAC	\$0																																				
FLUBLOK INJ	VAC	\$0																																				
FLUBLOK QUAD PF INJ	VAC	\$0																																				
FLUCELVAX INJ	VAC	\$0																																				
FLUCELVAX QUAD INJ	VAC	\$0																																				
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0																																				
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0																																				
FLUVIRIN INJ	VAC	\$0																																				
FLUVIRIN PF INJ	VAC	\$0																																				
FLUZONE HD PF INJ	VAC	\$0																																				
FLUZONE HIGH DOSE PF INJ	VAC	\$0																																				
FLUZONE INTRADERMAL INJ	VAC	\$0																																				
FLUZONE QUADRIVALENT INJ	VAC	\$0																																				
FLUZONE/FLUARIX QUAD INJ	VAC	\$0																																				
GARDASIL 9 INJ	VAC	\$0																																				
GARDASIL INJ	VAC	\$0																																				
HAVRIX INJ, VAQTA INJ	VAC	\$0																																				
HEPLISAV-B INJ	VAC	\$0																																				
M-M-R II INJ	VAC	\$0																																				
SHINGRIX INJ (Prior Authorization required for members under age 50)	PA-VAC	\$0																																				
TWINRIX INJ	VAC	\$0																																				
VARIVAX INJ	VAC	\$0																																				
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	\$0																																				
STAMARIL INJ	-	NC																																				
VAGINAL AND RELATED PRODUCTS																																						
VAGINAL CONTRACEPTIVE - PH MODULATORS																																						
PHEXXI GEL	-	NC																																				
VAGINAL PRODUCTS																																						
MISCELLANEOUS VAGINAL PRODUCTS																																						
ACIDIC VAGINAL JELLY	-	2																																				
FEM PH GEL	-	3																																				
INTRAROSA SUPP	-	NC																																				
SPERMICIDES																																						
CONTRACEPTIVE FILM	ACA-OTC	\$0																																				
CONTRACEPTIVE FOAM	ACA-OTC	\$0																																				
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																																						
<table><tr><td>ACA</td><td>NC =Not Covered</td><td>EXC</td><td>generic =small letters</td><td>INF</td><td>BRANDS =CAPITAL LETTERS</td></tr><tr><td>LD</td><td>Affordable Care Act</td><td></td><td>Plan Exclusion</td><td></td><td>Infertility</td></tr><tr><td>MSP</td><td>Limited Distribution</td><td>LMSP</td><td>Lumicera Mandatory Specialty Pharmacy Program</td><td>M</td><td>Medical Benefit</td></tr><tr><td>QL</td><td>Mandatory Specialty Pharmacy Program</td><td>OTC</td><td>Over-the-Counter</td><td>PA</td><td>Prior Authorization</td></tr><tr><td>SMKG</td><td>Quantity Limit</td><td>RS</td><td>Restricted to Specialist</td><td>SF</td><td>Limited to two 15 day fills per month for first 3 months</td></tr><tr><td></td><td>Smoking Cessation</td><td>ST</td><td>Step Therapy</td><td>TS</td><td>Tablet Splitting</td></tr></table>			ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS	LD	Affordable Care Act		Plan Exclusion		Infertility	MSP	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization	SMKG	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months		Smoking Cessation	ST	Step Therapy	TS	Tablet Splitting
ACA	NC =Not Covered	EXC	generic =small letters	INF	BRANDS =CAPITAL LETTERS																																	
LD	Affordable Care Act		Plan Exclusion		Infertility																																	
MSP	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit																																	
QL	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization																																	
SMKG	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months																																	
	Smoking Cessation	ST	Step Therapy	TS	Tablet Splitting																																	

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

Select 3-Tier Formulary

Category/Class

Last Updated* 7/1/2020

DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
CONTRACEPTIVE GEL	ACA-OTC	\$0
CONTRACEPTIVE SUPP	ACA-OTC	\$0
TODAY SPONGE	ACA-OTC	\$0
vcf vaginal gel (CONCEPTROL equiv)	ACA-OTC	\$0
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	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	2
SYMJEPI INJ (QL= 2 inj/fill)	QL	2
ADRENALCLICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
EPIPEN (JR) INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin D cap 1000unit (Covered for members 65 years or older)	ACA-OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older)	ACA-OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	ACA-OTC	\$0
vitamin D cap (RX strength only)	-	1
phytonadione tab (MEPHYTON equiv)	-	2
ERGOCAL CAP	-	NC
WATER SOLUBLE VITAMINS		

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

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

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

**Select 3-Tier Formulary
Category/Class
Last Updated* 7/1/2020**

DrugName	Special Code	Tier
VITAMINS Cont.		
niacin tab	OTC	1
POTABA POWDER PACKET	-	2
POTABA TAB	-	2
niacin cap	OTC	NC
niacin CR tab (SLO-NIACIN equiv)	OTC	NC
NIACIN TR TAB	OTC	NC
niacinamide tab	OTC	NC
SLO-NIACIN TAB	OTC	NC

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

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

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

Select 3-Tier Formulary
Prior Authorization Drug List
Last Updated* 7/1/2020

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)
ABILIFY DISCMLT	3
ABILIFY SOLN	3
ABRAXANE INJ	M
ABSTRAL SL TAB	3
ACTEMRA ACTPEN INJ	2
ACTEMRA IV INJ	M
ACTEMRA SC INJ	2
ACTIMMUNE INJ	2
adapalene cream	2
adapalene gel	2
adapalene/benzoyl peroxide gel 0.1-2.5%	2
ADCETRIS INJ	M
ADCIRCA TAB	3
ADEMPAS TAB	2
AFINITOR DISPERZ	2
AFINITOR TAB 10MG	2
AIMOVIG INJ	2
ALDURAZYME INJ	M
ALECENSA CAP	2
ALIMTA INJ	M
ALINIA SUSP	2
ALINIA TAB	2
ALUNBRIG TAB 30MG	2
ALUNBRIG TAB 90MG, 180MG	2
ANDRODERM PATCH	2
ARANESP INJ	M
ARIKAYCE SUSP	2
aripiprazole ODT	2
aripiprazole soln	2
armodafinil tab	1
AUSTEDO TAB	2
BALVERSA TAB 3MG	2
BALVERSA TAB 4MG	2
BALVERSA TAB 5MG	2
BANZEL SUSP	2
BANZEL TAB	2
BAVENCIO INJ	M
BENDEKA INJ, BELRAPZO SOL	M
BENLYSTA AUTO-INJECTOR	2
BENLYSTA INJ	2
BENLYSTA IV	M
BENZNIDAZOLE TAB	2

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

**Select 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2020**

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)
BERINERT INJ	2
bexarotene cap	2
BOSULIF TAB	2
BOTOX INJ	M
BRAFTOVI CAP 50MG	2
BRAFTOVI CAP 75MG	2
BRUKINSA CAP	2
budesonide ER tab	3
CABOMETYX TAB	2
CALQUENCE CAP	2
CAPRELSA TAB	2
CHOLBAM CAP	2
CIMZIA INJ	2
CIMZIA STARTER INJ KIT	2
CINQAIR INJ	M
CINRYZE INJ	2
COMETRIQ KIT	2
COPIKTRA CAP	2
CORLANOR SOLN	3
CORLANOR TAB	3
COSENTYX INJ (1-PACK)	2
COSENTYX INJ (2-PACK)	2
COSMEGEN INJ	M
COTELLIC TAB	2
CRINONE GEL	2
CRYSVITA INJ	M
CYRAMZA INJ	M
CYSTARAN OPHTH SOLN	2
DARZALEX INJ	M
DESCOVY TAB	2
DEXCOM G6 RECEIVER	3
DEXCOM G6 SENSOR	3
DEXCOM G6 TRANSMITTER	3
DIACOMIT CAP	2
DIACOMIT POWDER PACK	2
diclofenac gel	2
DIFFERIN OTC GEL 0.1%	1
DOPTELET TAB	2
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	3
dronabinol cap	2
DUPIXENT INJ	2
DYSPOIN INJ	M

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

**Select 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2020**

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)
ELZONRIS SOLN	M
EMGALITY INJ	2
EMGALITY INJ 100MG/ML	2
EMPLICITI INJ	M
ENBREL INJ 25MG	2
ENBREL INJ 50MG	2
ENBREL MINI INJ	2
ENBREL SURECLICK INJ 50MG	2
ENDARI POWDER PACK	2
ENDOMETRIN INSERT	2
ENTYVIO INJ	M
EPANED PREMIXED SOLN	3
EPANED SOLN	3
EPIDIOLEX SOLN	2
EPIDUO FORTE GEL	2
EPIDUO GEL 0.1-2.5%	3
epoprostenol inj	M
ERIVEDGE CAP	2
ERLEADA TAB	2
erlotinib tab	2
ERWINAZE INJ	M
ESBRIET CAP	2
ESBRIET TAB 267MG	2
ESBRIET TAB 801MG	2
EVENITY INJ	M
everolimus tab	2
everolimus tab 0.25mg, 0.5mg, 0.75mg	2
FABRAZYME INJ	M
FANAPT TAB	3
FANAPT TITRATION PACK	3
FARYDAK CAP	2
FASENRA INJ	M
FASENRA PEN INJ	2
fentanyl citrate lollipop	2
FENTORA TAB, FENTANYL BUCCAL TAB	3
FERRIPROX SOLN	2
FERRIPROX TAB	2
FLOLAN INJ	M
FORTESTA GEL 2%	3
FREESTYLE LIBRE RECEIVER	3
FREESTYLE LIBRE SENSOR (10-DAY)	3
FREESTYLE LIBRE SENSOR (14-DAY)	3

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

Select 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2020

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)
GALAFOLD CAP	2
GAMMAGARD INJ, GAMUNEX-C INJ	M
GAMUNEX/ OCTAGAM/ PRIVIGEN/ FLEBOGAMMA/ BIVIGAM INJ	M
GAZYVA INJ	M
GENOTROPIN INJ	2
GILOTRIF TAB	2
GIVLAARI INJ	M
GRASSTEK SL TAB	2
HAEGARDA INJ	2
HEMLIBRA INJ	2
HERCEPTIN INJ	M
HERZUMA INJ	M
HIZENTRA INJ	2
HUMIRA INJ 10MG	2
HUMIRA INJ 20MG	2
HUMIRA INJ 40MG	2
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	2
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	2
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	2
HUMIRA PEN INJ 40MG	2
HYCAMTIN CAP	2
HYQVIA INJ	2
IBRANCE CAP	2
IBRANCE TAB	2
icatibant inj	2
ICLUSIG TAB	2
IDHIFA TAB	2
ILUVIEN INJ	M
IMBRUVICA CAP 140MG	2
IMBRUVICA CAP 70MG	2
IMBRUVICA TAB	2
INGREZZA CAP	2
INLYTA TAB	2
IRESSA TAB	2
itraconazole cap	2
itraconazole soln	2
JAKAFI TAB	2
JYNARQUE PAK	2
JYNARQUE TAB	2
KALYDECO PAK	2
KALYDECO TAB	2
KANJINTI INJ	M

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

**Select 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2020**

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)
KEVZARA INJ	2
KEYTRUDA INJ	M
KEYTRUDA IV	M
KINERET INJ	2
KORLYM TAB	2
KUVAN POWDER PACK	2
KUVAN TAB	2
LARTRUVO INJ	M
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	2
LEMTRADA INJ	M
LENVIMA CAP	2
LIBTAYO INJ	M
LOKELMA PAK	2
LONSURF TAB	2
LORBRENA TAB 100MG	2
LORBRENA TAB 25MG	2
LUCEMYRA TAB	3
LUMOXITI INJ	M
LYNPARZA CAP	2
LYNPARZA TAB	2
MAVYRET TAB	2
MEKINIST TAB 0.5MG	2
MEKINIST TAB 2MG	2
MEKTOVI TAB	2
METHITEST TAB	3
METHYLTESTOSTERONE CAP	3
miglustat cap	2
modafinil tab	1
MOTEGRITY TAB	3
MOVANTIK TAB	2
MYOBLOC INJ	M
NATPARA INJ	2
NERLYNX TAB	2
NEXAVAR TAB	2
NINLARO CAP	2
NUBEQA TAB	2
NUCALA INJ	2
NUDEXTA CAP	2
NULOJIX INJ	M
OCALIVA TAB	2
OCREVUS INJ	M

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

**Select 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2020**

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)
ODACTRA SL TAB	2
ODOMZO CAP	2
OFEV CAP	2
OGIVRI INJ	M
OLUMIANT TAB	2
ONCASPAS INJ	M
ONPATTRO INJ	M
ONTRUZANT INJ	M
OPDIVO INJ	M
OPSUMIT TAB	2
ORALAIR SL TAB	2
ORENCIA CLICK INJ	2
ORENCIA INJ	M
ORENCIA SC INJ 125MG/ML	2
ORENCIA SC INJ 50MG/0.4ML	2
ORENCIA SC INJ 87.5MG/0.7ML	2
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2
ORKAMBI GRANULES PACKET	2
ORKAMBI TAB	2
OTEZLA STARTER PACK	2
OTEZLA TAB	2
OZURDEX IMPLANT	M
PALYNZIQ INJ	2
PERJETA INJ	M
PIQRAY TAB	2
POLIVY INJ	M
POMALYST CAP	2
PRALUENT INJ	2
PROGESTERONE SUPP	3
PROLIA INJ	M
PROMACTA POWDER	2
PROMACTA TAB	2
pyrimethamine tab	2
QBRELIS SOLN	3
RADICAVA INJ	M
RAGWITEK SL TAB	2
RENFLEXIS INJ	M
REPATHA INJ	2
REPATHA PUSHTRONEX INJ	2
RETACRIT INJ	2
RHOPRESSA OPHTH SOLN	3

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

Select 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2020

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)
RINVOQ ER TAB	2
RITUXAN HYCELA INJ	M
RITUXAN INJ	M
ROZLYTREK CAP	2
RUBRACA TAB	2
RUCONEST INJ	2
RUZURGI TAB	2
RYDAPT CAP	2
SAPHRIS SL TAB	3
SCENESSE IMPLANT	M
SHINGRIX INJ	\$0
SIGNIFOR INJ	2
sildenafil tab 20mg	1
SIMPONI ARIA INJ	M
SINUVA IMPLANT	M
SKLICE LOTION	3
SKYRIZI INJ	2
SOFOSBUVIR/VELPATASVIR TAB	2
SOLIRIS INJ	M
SOLOSEC GRANULES PACKET	3
SOMAVERT INJ	2
SPINRAZA INJ	M
SPORANOX SOLN	3
SPRAVATO NASAL SOLN	3
SPRYCEL TAB	2
STELARA INJ	2
STELARA IV	M
STIVARGA TAB	2
STRENSIQ INJ	2
SUNOSI TAB	2
SUTENT CAP	2
SYMDEKO TAB	2
SYMPROIC TAB	2
SYNAGIS INJ	M
tadalafil tab (PAH)	1
TAFINLAR CAP	2
TAGRISSE TAB	2
TAKHZYRO INJ	2
TALZENNA CAP 0.25MG	2
TALZENNA CAP 1MG	2
TARGRETIN CAP	3
TARGRETIN GEL	2

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

**Select 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2020**

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)
TASIGNA CAP	2
TAVALISSE TAB	2
TECENTRIQ INJ	M
TEGSEDI INJ	2
testosterone gel 1% 25mg	2
testosterone gel 1% 50mg	2
testosterone gel 1% pump	2
testosterone gel 1.62% 1.25gm	2
testosterone gel 1.62% 2.5gm	2
testosterone gel 2%	2
TESTOSTERONE GEL PUMP	2
testosterone gel pump 1.62%	2
TESTOSTERONE GEL, VOGELXO GEL	3
testosterone soln	2
tetrabenazine tab	1
THALOMID CAP	2
TIBSOVO TAB	2
TOBI PODHALER	3
TRACLEER TAB 32MG	2
TREANDA INJ	M
treprostinil inj 10mg/ml	M
treprostinil inj 1mg/ml	M
treprostinil inj 2.5mg/ml	M
treprostinil inj 5mg/ml	M
tretinoin cream	2
tretinoin gel	2
trientine cap	2
TRIKAFTA TAB	2
TRINTELLIX TAB	3
TRULANCE TAB	2
TRUXIMA INJ	M
TURALIO CAP	2
TYKERB TAB	2
TYSABRI INJ	M
TYVASO INH SOLN	2
UCERIS RECTAL FOAM	3
ULTOMIRIS INJ	M
UPTRAVI TAB	2
VALCHLOR GEL	2
VECTIBIX INJ	M
VELCADE INJ	M
VENCLEXTA STARTER PACK	2

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

**Select 3-Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2020**

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)
VENCLEXTA TAB	2
VENTAVIS INH SOLN	2
VERZENIO TAB	2
vigabatrin powder pack	2
vigabatrin tab	2
VITRAKVI CAP 100MG	2
VITRAKVI CAP 25MG	2
VITRAKVI SOLN	2
VIZIMPRO TAB	2
VOGELXO PUMP	3
VOSEVI TAB	2
VOTRIENT TAB	2
VYNDAMAX CAP	2
VYNDAQEL CAP	2
VYZULTA SOLN	3
XADAGO TAB	3
XALKORI CAP	2
XEMBIFY INJ	2
XEOMIN INJ	M
XGEVA INJ	M
XIAFLEX INJ	M
XIFAXAN TAB 550MG	3
XOLAIR INJ	M
XOSPATA TAB	2
XPOVIO PAK	2
XULTOPHY INJ	2
XYREM SOLN	2
YERVOY INJ	M
ZEJULA CAP	2
ZELBORAF TAB	2
ZINPLAVA IV	M
ZOLGENSMA INJ	M
ZOLINZA CAP	2
ZORTRESS TAB 1MG	2
ZULRESSO INJ	M
ZYDELIG TAB	2
ZYKADIA CAP	2
ZYKADIA TAB	2

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

**Select 3-Tier Formulary
Last Updated* 7/1/2020
Tablet Splitting Program**

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

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

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

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

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

Tablet Splitting Program Medications

aliskiren tab	BYSTOLIC TAB	eplerenone tab	ezetimibe tab
febuxostat tab	galantamine tab	JANUVIA TAB	LATUDA TAB
OICALIVA TAB	rasagiline tab	tolterodine tab	

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

**Select 3-Tier Formulary
Last Updated* 7/1/2020
Over-the-Counter (OTC)**

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

Over-the-Counter (OTC) Medications

ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT	ACCU-CHEK GUIDE TEST STRIP
ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP	AEROCHAMBER	ALCOHOL SWABS
aspirin chew tab 81mg	aspirin EC tab 325mg	aspirin ec tab 81mg	aspirin tab 325mg
aspirin tab 81mg	B-D INSULIN SYRINGE	B-D PEN NEEDLE	budesonide nasal spray
CALIBRATION LIQUID	CLINISTIX TEST STRIP	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM
CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	DIFFERIN OTC GEL 0.1%	FEMALE CONDOMS
ferrous sulfate elixir	FERROUS SULFATE LIQUII	ferrous sulfate soln	FERROUS SULFATE SYRUP
folic acid tab 400mcg	folic acid tab 800mcg	guaifenesin/codeine syrup	IRON SUSP
KETO-DIASTIX TEST STRIF	KETOSTIX	LANCET KIT	LANCETS
levonorgestrel tab	meclizine chew tab	meclizine tab	NASACORT OTC NASAL SPRAY
niacin tab	nicotine gum	NICOTINE KIT	nicotine lozenge
nicotine patch	NOVOFINE PEN NEEDLE	NOVOLIN 70/30 FLEXPEN INJ	NOVOLIN INJ
NOVOLIN N FLEXPEN INJ	NOVOLIN R FLEXPEN INJ	NOVOTWIST PEN NEEDLE	NOVOTWIST/NOVOFINE PEN NEEDLE
OXYTROL PATCH (OTC)	PLAN B TAB	TODAY SPONGE	triamcinolone OTC nasal spray
vcf vaginal gel	vitamin D cap 1000unit	vitamin D cap 400unit	VITAMIN D TAB 400UNIT
ZEGERID CAP OTC			

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

Select 3-Tier Formulary
Last Updated* 7/1/2020
Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

abacavir soln	abacavir tab	abacavir/lamivudine tab	abacavir/lamivudine/zidovudine tab
abiraterone tab 250mg	ACTEMRA ACTPEN INJ	ACTEMRA SC INJ	ACTIMMUNE INJ
ADCIRCA TAB	ADEMPAS TAB	AFINITOR DISPERZ	AFINITOR TAB 10MG
ALECENSA CAP	ALFERON-N INJ	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG
ambrisentan tab	APOKYN INJ	APTIVUS CAP	APTIVUS SOLN
ARIKAYCE SUSP	atazanavir cap	ATRIPLA TAB	AUBAGIO TAB
AUSTEDO TAB	AVONEX INJ	BALVERSA TAB 3MG	BALVERSA TAB 4MG
BALVERSA TAB 5MG	BENLYSTA	BENLYSTA INJ	BERINERT INJ
	AUTO-INJECTOR		
bexarotene cap	BIKTARVY TAB	bosentan tab	BOSULIF TAB
BRAFTOVI CAP 50MG	BRAFTOVI CAP 75MG	BRUKINSA CAP	CABOMETYX TAB
CALQUENCE CAP	capecitabine tab	CAPRELSA TAB	CAYSTON INH SOLN
CHOLBAM CAP	CIMDUO TAB	CIMZIA INJ	CIMZIA STARTER INJ KIT
CINRYZE INJ	COMBIVIR TAB	COMETRIQ KIT	COMPLERA TAB
COPIKTRA CAP	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)	COTELLIC TAB
CRIXIVAN CAP	CYTAGON CAP	CYSTARAN OPHTH SOLN	dalfampridine ER tab
deferasirox tab	deferasirox tab 90mg, 360mg	DELSTRIGO TAB	DESCOVY TAB
DIACOMIT CAP	DIACOMIT POWDER PACK	didanosine DR cap	DIDANOSINE DR CAP, VIDEX EC CAP
DOPTelet TAB	DUPIXENT INJ	EDURANT TAB	efavirenz cap
efavirenz tab	EMTRIVA CAP	EMTRIVA SOLN	ENBREL INJ 25MG
ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	ENDARI POWDER PACK
entecavir tab	EPIDIOLEX SOLN	EPIVIR HBV SOLN	EPIVIR TAB
ERIVEDGE CAP	ERLEADA TAB	erlotinib tab	ESBRIET CAP
ESBRIET TAB 267MG	ESBRIET TAB 801MG	ETOPOSIDE CAP	everolimus tab
EVOTAZ TAB	EXTAVIA INJ	FARYDAK CAP	FASENRA PEN INJ
FERRIPROX SOLN	FERRIPROX TAB	FORTEO INJ	fosamprenavir tab
FULPHILA INJ	FUZEON INJ	GALAFOLD CAP	GENOTROPIN INJ
GENVOYA TAB	GILENYA CAP	GILOTRIF TAB	glatiramer inj
HAEGARDA INJ	HEMLIBRA INJ	HIZENTRA INJ	HUMIRA INJ 10MG
HUMIRA INJ 20MG	HUMIRA INJ 40MG	HUMIRA INJ	HUMIRA INJ PEDIATRIC
		CROHNS/UC/HIDRADENITIS STARTER PACK	CROHNS STARTER PACK

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

HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK IBRANCE CAP IDHIFA TAB IMBRUVICA TAB INTELENCE TAB IRESSA TAB	HUMIRA PEN INJ 40MG IBRANCE TAB imatinib tab INCRELEX INJ INTRON-A INJ ISENTRESS (HD) TAB	HYCANTIN CAP icatibant inj IMBRUVICA CAP 140MG INGREZZA CAP INVIRASE CAP ISENTRESS CHEW TAB	HYQVIA INJ ICLUSIG TAB IMBRUVICA CAP 70MG INLYTA TAB INVIRASE TAB ISENTRESS POWDER PACK JYNARQUE PAK KALYDECO TAB KUVAN POWDER PACK lamivudine tab 100mg LEXIVA SUSP
JADENU SPRINKLE JYNARQUE TAB KEVZARA INJ KUVAN TAB lamivudine/zidovudine tab	JAKAFI TAB KALETRA TAB KINERET INJ lamivudine soln LEDIPASVIR/SOFOSBUVIR TAB lopinavir/ritonavir soln LYNPARZA TAB MAYZENT TAB STARTER PACK MESNEX TAB NATPARA INJ nevirapine susp NINLARO CAP NORVIR SOLN NORVIR SOLN octreotide inj OLUMIANT TAB ORENCIA SC INJ 50MG/0.4ML OTEZLA STARTER PACK PEG-INTRON INJ PLEGRIDY PEN INJ PREZISTA TAB pyrimethamine tab RETACRIT INJ REYATAZ POWDER PACK ritonavir tab RUZURGI TAB SIGNIFOR INJ	JULUCA TAB KALYDECO PAK KORLYM TAB lamivudine tab LENVIMA CAP LORBRENA TAB 100MG LYSODREN TAB MEKINIST TAB 0.5MG MIACALCIN INJ NERLYNX TAB nevirapine tab NIVESTYM INJ NUBEQA TAB ODEFSEY TAB OPSUMIT TAB ORENCIA SC INJ 87.5MG/0.7ML OTEZLA TAB PIFELTRO TAB POMALYST CAP PROMACTA POWDER REBETOL SOLN RETROVIR CAP ribavirin cap ROZLYTREK CAP RYDAPT CAP SKYRIZI INJ	LORBRENA TAB 25MG MAVYRET TAB MEKINIST TAB 2MG miglustat cap NEUMEGA INJ NEXAVAR TAB NORVIR CAP NUCALA INJ ODOMZO CAP ORENCIA CLICK INJ ORKAMBI GRANULES PACKET PALYNZIQ INJ PIQRAY TAB PREZCOBIX TAB PROMACTA TAB REBIF INJ RETROVIR SYRUP ribavirin tab RUBRACA TAB SELZENTRY SOLN SOFOSBUVIR/VELPATASVI R TAB stavudine soln STRIBILD TAB SYMDEKO TAB TAKHZYRO INJ TARGRETIN GEL TECFIDERA STARTER PACK tetrabenazine tab TOBI PODHALER trientine cap TYKERB TAB
LONSURF TAB LYNPARZA CAP MAYZENT TAB MEKTOVI TAB MYLERAN TAB NEVIRAPINE ER TAB nilutamide tab NORVIR POWDER PACK OCALIVA TAB OFEV CAP ORENCIA SC INJ 125MG/ML			
ORKAMBI TAB PEGASYS INJ PLEGRIDY INJ PREZISTA SUSP PULMOZYME INH SOLN RESCRIPTOR TAB REVLIMID CAP RINVOQ ER TAB RUCONEST INJ SELZENTRY TAB			
SOMAVERT INJ STELARA INJ SUBLOCADE INJ SYMFI (LO) TAB TALZENNA CAP 0.25MG TASIGNA CAP			
TEGSEDI INJ	temozolomide cap	tenofovir disoproxil fumarate tab	
THALOMID CAP tobramycin neb soln TRIKAFTA TAB	TIBSOVO TAB TRACLEER TAB 32MG TRIUMEQ TAB	TIVICAY TAB tretinoin cap TURALIO CAP	

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

TYMLOS INJ
VALCHLOR GEL

VERZENIO TAB
VIRACEPT POWDER
VITRAKVI CAP 100MG
VIZIMPRO TAB
VYNDAQEL CAP
XPOVIO PAK
ZELBORAF TAB
zidovudine tab
ZYKADIA TAB

TYVASO INH SOLN
VENCLEXTA STARTER
PACK
VIDEX SOLN
VIRACEPT TAB
VITRAKVI CAP 25MG
VOSEVI TAB
XALKORI CAP
XYREM SOLN
ZERIT SOLN
ZOLINZA CAP

UDENYCA INJ
VENCLEXTA TAB

vigabatrin powder pack
VIREAD TAB
VITRAKVI SOLN
VOTRIENT TAB
XEMBIFY INJ
ZARXIO INJ
zidovudine cap
ZYDELIG TAB

UPTRAVI TAB
VENTAVIS INH SOLN

vigabatrin tab
VITEKTA TAB
VIVITROL INJ
VYNDAMAX CAP
XOSPATA TAB
ZEJULA CAP
zidovudine syrup
ZYKADIA CAP

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

Select 3-Tier Formulary
Last Updated* 7/1/2020
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ALAMAST OPTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ALOCIL OPTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ALOMIDE OPTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ARCAPTA NEOHALER	Step Therapy requires trial of Foradil or Serevent
BEPREVE OPTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
EMADINE OPTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
febuxostat tab	Step Therapy requires trial of allopurinol
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
LASTACFT OPTH SOLN	QL= 3ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
LIVALO TAB	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
LONHALA MAGNAIR SOLN	Step Therapy requires trial of INCRUSE ELLIPTA INHALER
NEVIRAPINE ER TAB	Step Therapy requires trial of nevirapine
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, BREO, DULERA, or FLUTICASONE/SALMETEROL

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

**Select 3-Tier Formulary
Smoking Cessation Agents
Last Updated* 7/1/2020**

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	\$0
CHANTIX PAK(Limited to 180 days/plan year)	\$0
CHANTIX TAB(Limited to 180 days/plan year)	\$0
nicotine gum(Limited to 180 days/plan year)	\$0
NICOTINE KIT	\$0
nicotine lozenge(Limited to 180 days/plan year)	\$0
nicotine patch(Limited to 180 days/plan year)	\$0
NICOTROL INHALER(Limited to 180 days/plan year)	\$0
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	\$0

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

**Select 3-Tier Formulary
Infertility Drug List
Last Updated* 7/1/2020**

Drug Name	Tier # for Drug Copay
BRAVELLE INJ	NC
CETROTIDE INJ	NC
CLOMIPHENE CITRATE POWDER	NC
CLOMIPHENE CITRATE TAB	NC
FOLLISTIM AQ INJ	NC
GONAL-F RFF INJ	NC
leuprolide inj	NC
LUPRON DEPOT INJ	NC
MENOPUR INJ	NC
OVIDREL INJ	NC
PREGNYL INJ	NC
TRELSTAR INJ	NC

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

Select 3-Tier Formulary
Last Updated* 7/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ABILIFY DISCMELT	QL= 2 tabs/day
abiraterone tab 250mg	QL= 4 tabs/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
acetic acid otic soln	QL= 2 bottles/fill
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	QL= 2 bottles/fill
acetic acid/hydrocortisone otic soln	QL= 2 bottles/fill
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACUVAIL OPTH SOLN	QL= 2 bottles/fill
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 888-773-7376
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB 10MG	QL= 1 tab/day
AIMOVIG INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALAMAST OPTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/3 days
ALINIA TAB	QL= 6 tabs/3 days
ALOCRIAL OPTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ALOMIDE OPTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ALPHAGAN P OPTH SOLN 0.1%	QL= 2 bottles/fill
ALREX OPTH SUSP	QL= 2 bottles/fill
ALUNBRIG TAB 30MG	QL= 4 tabs/day
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day
ambrisentan tab	QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416
ANDRODERM PATCH	QL= 1 patch/day
antipyrine/ benzocaine/ polycosanot otic soln	QL= 2 bottles/fill
ANZEMET TAB	QL= 9 tabs/fill
apraclonidine ophth soln	QL= 2 bottles/fill
aprepitant cap	QL= 3 caps/fill
aprepitant pak	QL= 3 caps/fill
ARIKAYCE SUSP	QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046
aripiprazole ODT	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/day
ASMANEX HFA INHALER	QL= 2 inhalers/fill
ASMANEX INHALER	QL= 2 inhalers/fill
atomoxetine cap	QL= 2 caps/day

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

Select 3-Tier Formulary Cont.
Last Updated* 7/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
atropine ophth oint	QL= 2 bottles/fill
atropine ophth soln	QL= 2 bottles/fill
ATROVENT HFA INHALER	QL= 2 inhalers/fill
AUSTEDO TAB	QL= 4 tabs/day
AZASITE SOLN	QL= 2 bottles/fill
azelastine nasal spray 0.1%	QL= 2 bottles/fill
azelastine nasal spray 0.15%	QL= 2 bottles/fill
azelastine ophth soln	QL= 2 bottles/fill
AZOPT OPTH SUSP	QL= 2 bottles/fill
BACITRACIN OPTH OINT	QL= 2 bottles/fill
bacitracin/neomycin/polymyxin b ophth oint	QL= 2 bottles/fill
bacitracin/polymyxin b ophth oint	QL= 2 bottles/fill
bacitracin/polymyxin/neomycin/hydrocortiso ne ophth oint	QL= 2 bottles/fill
BALVERSA TAB 3MG	QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG	QL= 2 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 5MG	QL= 1 tab/day; Only available through US Bioservices 888-518-7246
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 day
BENLYSTA INJ	QL= 4 inj/28 day
BEPREVE OPTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
betaxolol ophth soln	QL= 2 bottles/fill
BETIMOL OPTH SOLN	QL= 2 bottles/fill
BETOPTIC-S OPTH SOLN	QL= 2 bottles/fill
bimatoprost ophth soln	QL= 2.5ml/30 days
BLEPHAMIDE OPTH SOLN	QL= 2 bottles/fill
BLEPHAMIDE S.O.P. OPTH OINT	QL= 2 bottles/fill
bosentan tab	QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416
BRAFTOVI CAP 50MG	QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
brimonidine ophth soln 0.15%	QL= 2 bottles/fill
brimonidine ophth soln 0.2%	QL= 2 bottles/fill
bromfenac ophth soln	QL= 2 bottles/fill
BRUKINSA CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
budesonide ER tab	QL=1 tab/day
budesonide nasal spray	QL= 2 bottles/fill
buprenorphine patch	QL= 4 patches/28 days
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days

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

Select 3-Tier Formulary Cont.
Last Updated* 7/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
BYETTA INJ	QL= 1 pen/30 days
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE CAP	QL= 2 caps/day
CARTEOLOL OPHTH SOLN	QL= 2 bottles/fill
celecoxib cap	QL= 2 caps/day
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
CILOXAN OPHTH OINT	QL= 2 bottles/fill
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
CINRYZE INJ	QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767
CIPRO HC OTIC SUSP	QL= 2 bottles/fill
CIPRODEX OTIC SUSP	QL= 2 bottles/fill
ciprofloxacin ophth soln	QL= 2 bottles/fill
COLY-MYCIN S OTIC SUSP	QL= 2 bottles/fill
COMBIGAN OPHTH SOLN	QL= 2 bottles/fill
COMBIVENT INHALER	QL= 2 inhalers/fill
COMBIVENT RESPIMAT INHALER	QL= 2 inhalers/fill
COPIKTRA CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/28 days
COTELLIC TAB	QL= 3 tabs/day
cromolyn ophth soln	QL= 2 bottles/fill
CYCLOMYDRIL OPHTH SOLN	QL= 2 bottles/fill
cyclopentolate ophth soln	QL= 2 bottles/fill
CYSTARAN OPHTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day; Restricted to Neurology Specialist
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
dexamethasone ophth soln	QL= 2 bottles/fill
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH	QL= 30 patches/fill
diclofenac sodium ophth soln	QL= 2 bottles/fill
diclofenac soln 1.5%	QL= 3 bottles/fill
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day

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

Select 3-Tier Formulary Cont.
Last Updated* 7/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
DOPTelet TAB	QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
dorzolamide ophth soln	QL= 2 bottles/fill
dorzolamide/timolol (pf) ophth soln	QL= 60 units/30 days
DORZOLAMIDE/TIMOLOL OPHTH SOLN	QL= 60 units/30 days
DUPIXENT INJ	QL= 2 inj/28 days
DUREZOL OPHTH EMULSION	QL= 2 bottles/fill
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
EMADINE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
ENBREL INJ 25MG	QL= 8 inj/28 days; Restricted to Dermatology or Rheumatology Specialist
ENBREL INJ 50MG	QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist
ENDARI POWDER PACK	QL= 6 packets/day
enoxaparin inj	QL= 17 days supply
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
epinastine ophth soln	
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
ERLEADA TAB	QL= 4 tabs/day
erythromycin ophth oint	QL= 2 bottles/fill
ESBRIET CAP	QL= 9 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days, 18 tabs on first fill
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days
FASENRA PEN INJ	QL= 1 inj/56 days
fentanyl citrate lollipop	QL= 120 lozenges/30 days
FENTORA TAB, FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
FLAREX OPHTH SUSP	QL= 2 bottles/fill
FLOVENT DISKUS INHALER	QL= 1 inhaler/fill
FLOVENT HFA INHALER	QL= 2 inhalers/fill
FLUNISOLIDE NASAL SPRAY	QL= 2 bottles/fill
fluocinolone otic oil	QL= 2 bottles/fill

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

Select 3-Tier Formulary Cont.
Last Updated* 7/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
fluorometholone ophth soln	QL= 2 bottles/fill
FLURBIPROFEN OPHTH SOLN	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
FML FORTE OPHTH SUSP	QL= 2 bottles/fill
FML S.O.P. OPHTH OINT	QL= 2 bottles/fill
FORTESTA GEL 2%	QL= 2 bottles/30 days
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY)	QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days
GALAFOLD CAP	QL= 15 caps/30 days; Only available through Walgreens 888-347-3416
gatifloxacin ophth soln	QL= 2 bottles/fill
GAVILYTE-C SOLN	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GENTAK OPHTH OINT	QL= 2 tubes/fill
gentamicin ophth oint	QL= 2 bottles/fill
gentamicin ophth soln	QL= 2 bottles/fill
GILOTRIF TAB	QL= 1 tab/day
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
GRASTEK SL TAB	QL= 1 tab/day
GUAIFENESIN/CODEINE SYRUP	QL= 240ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill
HOMATROPINE OPHTH SOLN	QL= 2 bottles/fill
HUMIRA INJ 10MG	QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
HUMIRA INJ 20MG	QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
HUMIRA INJ 40MG	QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days

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

Select 3-Tier Formulary Cont.
Last Updated* 7/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HYDROCODONE/CHLORPHENIRAMINE/ SEUDOEPHEDRINE LIQUID	QL= 120ml/fill, 2 fills/month
HYSINGLA ER TAB	QL= 1 tab/day
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days
IBRANCE TAB	QL= 1 tabs/day
IDHIFA TAB	QL= 1 tab/day
IMBRUVICA CAP 140MG	QL= 3 caps/day
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INLYTA TAB	QL= 8 tabs/day
IOPIDINE OPTH SOLN 1%	QL= 2 bottles/fill
ISOPTO CARBACHOL OPTH SOLN	QL= 2 bottles/fill
ISOPTO HYOSCINE OPTH SOLN	QL= 2 bottles/fill
ISTALOL OPTH SOLN	QL= 2 bottles/fill
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
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KALYDECO PAK	QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
ketorolac ophth soln	QL= 10ml/fill
ketorolac tab	QL= 20 tabs/5 days
ketotifen ophth soln	QL= 2 bottles/fill
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
LASTACAFT OPTH SOLN	QL= 3ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
latanoprost ophth soln	QL= 2.5ml/30 days
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/ day
LENVIMA CAP	QL= 3 caps/day
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
levobunolol ophth soln	QL= 2 bottles/fill
levofloxacin ophth soln	QL= 2 bottles/fill

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

Select 3-Tier Formulary Cont.
Last Updated* 7/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
LORBRENA TAB 100MG	QL= 1 tab/day
LORBRENA TAB 25MG	QL= 3 tabs/day
LOTEMAX OPHTH GEL	QL= 2 bottles/fill
LOTEMAX OPHTH OINT	QL= 2 tubes/fill
loteprednol ophth susp	QL= 2 bottles/fill
LUCEMYRA TAB	QL= 84 tabs/7 days
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LYNPARZA CAP	QL= 16 caps/day
LYNPARZA TAB	QL= 4 tabs/day
malathion lotion	QL= 2 bottles/fill
MAVYRET TAB	QL= 3 tabs/day
MAXIDEX OPHTH SOLN	QL= 2 bottles/fill
medroxyprogesterone inj	QL= 1 inj/90 days
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
MEKTOVI TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
methylegonovine tab	QL= 28 tabs/fill, 1 fill/365 days
METIPRANOLOL OPHTH SOLN	QL= 2 bottles/fill
modafinil tab	QL= 2 tabs/day
moxifloxacin ophth soln	QL= 2 bottles/fill
naloxone prefilled inj	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NATROBA SUSP	QL= 1 bottle/fill
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN	QL= 2 bottles/fill
neomycin/polymixin/hydrocortisone otic soln	QL= 2 bottles/fill
neomycin/polymixin/hydrocortisone otic susp	QL= 2 bottles/fill
neomycin/polymyxin/dexamethasone ophth oint	QL= 2 bottles/fill
neomycin/polymyxin/dexamethasone ophth soln	QL= 2 bottles/fill
NEOMYCIN/POLYMYXIN/HYDROCORTIS NE OPHTH SOLN	QL= 2 bottles/fill
NERLYNX TAB	QL= 6 tabs/day
NEVANAC OPHTH SUSP	QL= 2 bottles/fill
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	
nicotine lozenge	Limited to 180 days/plan year

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

Select 3-Tier Formulary Cont.
Last Updated* 7/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
NUBEQA TAB	QL= 4 tabs/day
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA ER TAB	QL= 2 tabs/day
NUDEXTA CAP	QL= 2 caps/day
OCALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ODACTRA SL TAB	QL= 1 tab/day
ODOMZO CAP	QL= 1 cap/day
OFEV CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
ofloxacin ophth soln	QL= 2 bottles/fill
ofloxacin otic soln	QL= 2 bottles/fill
olopatadine ophth soln 0.1%	QL= 2 bottles/fill
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OLUMIANT TAB	QL= 1 tab/day
OPSUMIT TAB	QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
ORALAIR SL TAB	QL= 1 tab/day
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORILISSA TAB 150MG	QL= 1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/day
ORKAMBI GRANULES PACKET	QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
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
oxybutynin ER tab	QL= 2 tabs/day
OZEMPIC INJ	QL= 1 pack/28 days
PALYNZIQ INJ	QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
peg 3350/electrolytes soln	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
phenylephrine ophth soln	QL= 2 bottles/fill
PHOSPHOLINE OPHTH SOLN	QL= 2 bottles/fill
PICATO GEL	QL= 1 box/fill
pilocarpine ophth soln	QL= 2 bottles/fill
PILOPINE HS OPHTH GEL	QL= 2 bottles/fill

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

Select 3-Tier Formulary Cont.
Last Updated* 7/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
polymyxin b/trimethoprim ophth soln	QL= 2 bottles/fill
POMALYST CAP	QL= 21 caps/28 days
POTIGA TAB	QL= 3 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
PRED FORTE OPTH SUSP	QL= 2 bottles/fill
PRED MILD OPTH SOLN	QL= 2 bottles/fill
PRED-G OPTH SOLN	QL= 2 bottles/fill
PREDNISOLONE OPTH SUSP	QL= 2 bottles/fill
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN	QL= 2 bottle/ fill
proparacaine ophth soln	QL= 2 bottles/fill
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
RAGWITEK SL TAB	QL= 1 tab/day
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RESTASIS OPTH EMULSION	QL= 60 unit dose vials/fill; Restricted to Optometry or Ophthalmology Specialist
REVLIMID CAP	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist
RINVOQ ER TAB	QL= 1 tab/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
rosuvastatin tab 10mg	QL= 1 tab/day
rosuvastatin tab 20mg	QL= 1.5 tabs/day
rosuvastatin tab 40mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 1 tab/day
ROZLYTREK CAP	QL= 3 caps/day
RUBRACA TAB	QL= 4 tabs/day
RYBELSUS TAB	QL=1 tab/day
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days
SAPHRIS SL TAB	QL= 2 tabs/day
SAVELLA TAB	QL= 2 tabs/day
SEREVENT DISKUS INHALER	QL= 1 inhaler/fill
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
SIMBRINZA OPTH SUSP	QL= 2 bottles/fill
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKLICE LOTION	QL= 1 tube/fill
SKYRIZI INJ	QL= 2 inj/84 days
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/ day
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SPINOSAD SUSP	QL= 1 bottle/fill

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

Select 3-Tier Formulary Cont.
Last Updated* 7/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
SPRAVATO NASAL SOLN	QL= 1st month-2 kits per week; 1 kit per week thereafter
STELARA INJ	QL= 1 inj/84 days
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
sulfacetamide sodium ophth soln	QL= 2 bottles/fill
sulfacetamide sodium/prednisolone ophth soln	QL= 2 bottles/fill
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
SUNOSI TAB	QL= 1 tab/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
SYMJEPI INJ	QL= 2 inj/fill
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
TAFINLAR CAP	QL= 4 caps/day
TAGRISO TAB	QL= 1 tab/day
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767
TALZENNA CAP 0.25MG	QL= 3 caps/day
TALZENNA CAP 1MG	QL= 1 cap/day
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
TEGSEDI INJ	QL= 4 inj/28 days; Only available through Accredo 888-773-7376
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 2%	QL= 2 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days
TESTOSTERONE GEL, VOGELXO GEL	QL= 2 packets/day
testosterone soln	QL= 2 bottles/30 days
TIBSOVO TAB	QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
timolol maleate ophth gel	QL= 2 bottles/fill
timolol maleate ophth soln	QL= 2 bottles/fill

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

Select 3-Tier Formulary Cont.
Last Updated* 7/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
timolol maleate ophth soln 0.5%	QL= 2 bottles/fill
TIMOLOL OPTH GEL SOLN	QL= 2 bottles/fill
TIMOPTIC OCUDOSE OPTH SOLN	QL= 2 bottles/fill
TIVICAY TAB	QL= 2 tabs/day
TOBRADEX OPTH OINT	QL= 2 bottles/fill
TOBRADEX ST OPTH SUSP	QL= 2 bottles/fill
tobramycin ophth soln	QL= 2 bottles/fill
tobramycin/dexamethasone ophth soln	QL= 2 bottles/fill
TOBREX OPTH OINT	QL= 2 bottles/fill
TRACLEER TAB 32MG	QL=4 tabs/day; Only available through Walgreens 888-347-3416
TRADJENTA TAB	QL= 1 tab/day
travoprost ophth soln	QL= 2.5ml/30 days
triamcinolone nasal spray	QL= 2 bottles/fill
triamcinolone OTC nasal spray	QL= 2 bottles/fill
TRIFLURIDINE OPTH SOLN	QL= 2 bottles/fill
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG	QL= 1 tab/day
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG	QL= 2 tabs/day
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
trilyte soln	Covered at \$0 for members 50-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
TRINTELLIX TAB	QL= 1 tab/day
tropicamide ophth soln	QL= 2 bottles/fill
TRULICITY INJ	QL= 4 pens/28 days
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
TUSSI-ORGANI SYRUP	QL= 240ml/fill
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 888-773-7376
ULESFIA LOTION	QL= 4 bottles/fill
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 888-773-7376
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Avella (877) 546-5779
VANCOCIN CAP	QL= 56 caps/fill
vancomycin cap	QL= 56 caps/fill
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VASCEPA CAP	QL= 4 caps/day
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 888-773-7376
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VERZENIO TAB	QL= 2 tabs/day
VEXOL OPTH SUSP	QL= 2 bottles/fill
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through US Bioservices 888-518-7246

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

Select 3-Tier Formulary Cont.
Last Updated* 7/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VITRAKVI CAP 25MG	QL= 6 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI SOLN	QL= 10ml/day; Only available through US Bioservices 888-518-7246
VIVOTIF CAP	QL= 4 caps/fill
VIZIMPRO TAB	QL= 1 tab/day
VOGELXO PUMP	QL= 4 bottles/30 days
VOSEVI TAB	QL= 1 tab/day
VYNDAMAX CAP	QL= 1 cap/day
VYNDAQEL CAP	QL= 4 caps/day
VYZULTA SOLN	QL= 2.5ml/30 days
XADAGO TAB	QL= 1 tab/day
XALKORI CAP	QL= 2 caps/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= 2 tabs/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XOFLUZA TAB	QL= 2 tabs/fill
XOSPATA TAB	QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
XPOVIO PAK	QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
XTAMPZA ER CAP	QL= 120 caps/30 days
XULTOPHY INJ	QL= 15ml/30 days
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZEJULA CAP	QL= 3 caps/day
ZELBORAF TAB	QL= 8 tabs/day
ZIRGAN OPHTH GEL	QL= 2 bottles/fill
zolpidem tab	QL= 1 tab/day
ZOMIG NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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