

Search Tip:

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

**GHC-SCW 4-Tier FEHB Complete Formulary
Alphabetical Index
Last Updated 3/1/2023**

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| abacavir soln (ZIAGEN equiv) | - | 2 | ANTIVIRALS |
| abacavir tab (ZIAGEN equiv) | - | 2 | ANTIVIRALS |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 2 | ANTIVIRALS |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 2 | ANTIVIRALS |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tab/day;) | MSP-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ABSORICA CAP | - | EXC | DERMATOLOGICALS |
| ABSTRAL SL TAB (QL= 120 tabs/30 days; Dosage limits may apply) | PA-QL | 3 | ANALGESICS - OPIOID |
| acamprostate calcium DR tab (CAMPRAL equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv) | - | 1 | ANTIDIABETICS |
| ACCU-CHEK AVIVA PLUS METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | DME | 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 | DME | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK NANO METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | DME | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK TEST STRIP | OTC | DME | DIAGNOSTIC PRODUCTS |
| acebutolol cap (SECTRAL equiv) | - | 1 | BETA BLOCKERS |
| acetaminophen/codeine soln (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 2 | DIURETICS |
| acetazolamide tab | - | 1 | DIURETICS |
| acetic acid otic soln (VOSOL equiv) | - | 1 | OTIC AGENTS |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 | OTIC AGENTS |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 | OTIC AGENTS |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 | COUGH/COLD/ALLERGY |
| acitretin cap (SORIATANE equiv) | - | 2 | DERMATOLOGICALS |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ACTHIB INJ, HIBERIX INJ | VAC | EXC | VACCINES |
| ACTIMMUNE INJ | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ACTOPLUS MET XR TAB | - | 3 | ANTIDIABETICS |
| acyclovir cap (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 2 | DERMATOLOGICALS |
| acyclovir susp (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| ADACEL/BOOSTRIX INJ | VAC | EXC | TOXOIDS |
| adapalene cream (DIFFERIN equiv) | - | 2 | DERMATOLOGICALS |
| adapalene gel 0.3% (DIFFERIN equiv) | - | 2 | DERMATOLOGICALS |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | - | 2 | DERMATOLOGICALS |
| ADBRY INJ (QL= 4 inj/28 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |

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| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| 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 |
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|--|---------------------|-------------|---|
| ADDERALL XR CAP | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 2 | ANTIVIRALS |
| ADEMPAS TAB (QL= 3 tabs/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| ADVAIR DISKUS INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVAIR HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AEROCHAMBER | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| AIMOVIG INJ (QL= 1 pack/28 days) | PA-QL | 2 | MIGRAINE PRODUCTS |
| AJOVY INJ (QL= 1 pack/28 days) | PA-QL | 2 | MIGRAINE PRODUCTS |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| albendazole tab (ALBENZA equiv) | - | 2 | ANTHELMINTICS |
| albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate syrup | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL TAB ER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | 2 | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 | DERMATOLOGICALS |
| ALCOHOL SWABS | OTC | DME | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ALECENSA CAP (QL= 8 caps/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alendronate sodium oral soln (FOSAMAX equiv) | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE SOLN | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| alendronate tab (FOSAMAX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE TAB 40MG | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALFERON-N INJ | MSP-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| aliskiren tab (TEKTURNA equiv) | - | 2 | ANTIHYPERTENSIVES |
| allopurinol tab (ZYLORIM equiv) | - | 1 | GOUT AGENTS |
| ALOCRILOPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALOMIDE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALORA PATCH | - | 3 | ESTROGENS |
| alosetron tab (LOTRONEX equiv) | ¢ | 3 | GASTROINTESTINAL AGENTS - MISC. |
| ALPHAGAN P OPHTH SOLN 0.1% | - | 2 | OPHTHALMIC AGENTS |

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| alprazolam ER tab (XANAX XR equiv) | - | 2 | ANTIANKXIETY AGENTS |
| alprazolam ODT (NIRAVAM equiv) | - | 3 | ANTIANKXIETY AGENTS |
| alprazolam tab (XANAX equiv) | - | 1 | ANTIANKXIETY AGENTS |
| ALREX OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| amantadine cap (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| amantadine syrup (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| amantadine tab | - | 2 | ANTIPARKINSON AGENTS |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| amethyst tab (LYBREL equiv) (Step Therapy requires a trial of 2 preferred oral contraceptives) | ST | \$0 | CONTRACEPTIVES |
| amiloride tab (MIDAMOR equiv) | - | 1 | DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 | DIURETICS |
| aminocaproic acid soln (AMICAR equiv) | - | 3 | HEMOSTATICS |
| amiodarone tab (CORDARONE equiv) | - | 1 | ANTIARRHYTHMICS |
| amitriptyline tab (ELAVIL equiv) | - | 1 | ANTIDEPRESSANTS |
| amlodipine tab (NORVASC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| 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) | OTC | 1 | DERMATOLOGICALS |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC | 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 ER TAB | - | 3 | PENICILLINS |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| anagrelide cap (AGRYLIN equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| ANALPRAM-E KIT | - | 3 | ANORECTAL AGENTS |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| ANNOVERA RING (QL= 1 ring/year) | QL | \$0 | CONTRACEPTIVES |
| ANORO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 | ANTIEMETICS |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 2 | OPHTHALMIC AGENTS |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |

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| aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| APTIVUS CAP | - | 2 | ANTIVIRALS |
| APTIVUS SOLN | - | 2 | ANTIVIRALS |
| arformoterol tartrate neb soln (BROVANA equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARIKAYCE SUSP (QL= 1 vial/day) | LD-PA-QL | MSP | AMINOGLYCOSIDES |
| aripiprazole soln (ABILIFY equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole tab (ABILIFY equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 | THYROID AGENTS |
| ARNUITY ELLIPTA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | QL | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | \$0 | CONTRACEPTIVES |
| ASMANEX HFA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ASMANEX INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| aspirin chew tab 81mg (Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 81mg (Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin/codeine tab (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| aspirin/dipyridamole cap (AGGRENOLX equiv) | - | 2 | HEMATOLOGICAL AGENTS - MISC. |
| ASTAMED MYO CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| atazanavir cap (REYATAZ equiv) | - | 2 | ANTIVIRALS |
| atenolol tab (TENORMIN equiv) | - | 1 | BETA BLOCKERS |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| atomoxetine cap (STRATTERA CAP equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| atorvastatin tab (LIPITOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| atovaquone susp (MEPRON equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 | ANTIMALARIALS |
| atropine ophth oint | - | 1 | OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| ATROVENT HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AUBAGIO TAB | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AURYXIA TAB | PA | 3 | GASTROINTESTINAL AGENTS - MISC. |
| AUSTEDO TAB (QL= 4 tabs/day) | MSP-PA-QL | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AVANDIA TAB | - | 2 | ANTIDIABETICS |
| AVAR GEL | - | 2 | DERMATOLOGICALS |
| AVAR PAD | - | EXC | DERMATOLOGICALS |
| AVC VAGINAL CREAM | - | 2 | VAGINAL PRODUCTS |
| AVONEX INJ | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AYVAKIT TAB (QL= 1 tab/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| AZASITE SOLN | - | 2 | OPHTHALMIC AGENTS |
| azathioprine tab (IMURAN equiv) | - | 1 | ASSORTED CLASSES |
| azelaic acid gel (FINACEA equiv) | - | 2 | DERMATOLOGICALS |
| azelastine nasal spray 0.1% (ASTELIN equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine nasal spray 0.15% (ASTEPRO equiv) (OTC covered only) | OTC | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 | OPHTHALMIC AGENTS |
| azithromycin susp (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| azithromycin tab (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| BACITRACIN OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| baclofen tab (BACLOFEN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| BACTROBAN NASAL OINT | - | 3 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| BALCOLTRA TAB | - | \$0 | CONTRACEPTIVES |
| balsalazide cap (COLAZAL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| BALVERSA TAB 3MG (QL= 3 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 4MG (QL= 2 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 5MG (QL= 1 tab/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 | ANTI-DIABETICS |
| BARACLUDE SOLN (Members age 9 or older require Prior Authorization) | PA | 3 | ANTIVIRALS |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 | FLUOROQUINOLONES |
| BD ECLIPSE NEEDLE/25G X | - | DME | MEDICAL DEVICES AND SUPPLIES |
| BD HYPO NEEDLE MIS 18Gx1.5" | - | DME | MEDICAL DEVICES AND SUPPLIES |
| B-D INSULIN SYRINGE | --OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| B-D PEN NEEDLE | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 | ULCER DRUGS |
| benazepril tab (LOTENSIN equiv) | - | 1 | ANTI-HYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 | ANTI-HYPERTENSIVES |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | MSP-PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENLYSTA INJ (QL= 4 inj/28 day) | MSP-PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENZNIDAZOLE TAB | PA | 2 | ANTHELMINTICS |
| benzonatate cap (TESSALON equiv) | - | 1 | COUGH/COLD/ALLERGY |
| benzoyl peroxide gel (BENZAC equiv) | OTC | 1 | DERMATOLOGICALS |
| benzoyl peroxide lotion (BENZAC equiv) | - | 1 | DERMATOLOGICALS |
| benzoyl peroxide wash kit (BENZAC equiv) | - | 1 | DERMATOLOGICALS |
| benztropine tab | - | 1 | ANTIPARKINSON AGENTS |
| bepotastine ophth soln (BEPREVE equiv) | - | 3 | OPHTHALMIC AGENTS |
| BERINERT INJ | LD-PA | MSP | HEMATOLOGICAL AGENTS - MISC. |
| betaine powder for oral solution (CYSTADANE equiv) | LD | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| 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) | - | 2 | DERMATOLOGICALS |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 | DERMATOLOGICALS |

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| betamethasone dipropionate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate oint | - | 1 | DERMATOLOGICALS |
| betamethasone valerate cream | - | 1 | DERMATOLOGICALS |
| betamethasone valerate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone valerate oint | - | 1 | DERMATOLOGICALS |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 | OPHTHALMIC AGENTS |
| betaxolol tab (KERLONE equiv) | - | 1 | BETA BLOCKERS |
| bethanechol tab (URECHOLINE equiv) | - | 1 | URINARY ANTISPASMODICS |
| BETIMOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BETOPTIC-S OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| bexarotene cap (TARGRETIN equiv) | MSP-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| bexarotene gel (TARGRETIN equiv) | MSP-PA | MSP | DERMATOLOGICALS |
| BIAFINE EMULSION | - | 2 | DERMATOLOGICALS |
| bicalutamide tab (CASODEX equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BIKTARVY TAB | - | 2 | ANTIVIRALS |
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| bimatoprost topical soln (LATISSE equiv) | - | EXC | DERMATOLOGICALS |
| bisoprolol tab (ZEBETA equiv) | - | 1 | BETA BLOCKERS |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 | ANTIHYPERTENSIVES |
| BLEPHAMIDE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BLEPHAMIDE S.O.P. OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| BOSULIF TAB | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRAFTOVI CAP 75MG (QL= 6 caps/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BREO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BREZTRI AEROSPHERE INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BRILINTA TAB | - | 2 | HEMATOLOGICAL AGENTS - MISC. |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 | OPHTHALMIC AGENTS |
| brimonidine ophth soln 0.2% | - | 1 | OPHTHALMIC AGENTS |
| brimonidine tartrate gel (MIRVASO equiv) | - | EXC | DERMATOLOGICALS |
| brimonidine/timolol ophth soln (COMBIGAN equiv) | - | 2 | OPHTHALMIC AGENTS |
| brinzolamide ophth susp (AZOPT equiv) | - | 2 | OPHTHALMIC AGENTS |
| bromfenac ophth soln (BROMDAY equiv) | - | 2 | OPHTHALMIC AGENTS |
| bromocriptine cap (PARLODEL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| BRUKINSA CAP (QL= 4 caps/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 3 | CORTICOSTEROIDS |
| budesonide inh susp (PULMICORT equiv) | - | 1 | ANTIASTHMATIC 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 |
| bumetanide tab (BUMEX equiv) | - | 1 | DIURETICS |

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| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days; Dosage limits may apply) | QL | 3 | ANALGESICS - OPIOID |
| buprenorphine SL tab (SUBUTEX equiv) | - | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) | - | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 | ANALGESICS - OPIOID |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion XL tab (WELLBUTRIN XL equiv) (QL= 1 tab/day) | QL | 1 | ANTIDEPRESSANTS |
| buspiron tab (BUSPAR equiv) | - | 1 | ANTIAXIETY AGENTS |
| BUTISOL TAB | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days; Dosage limits may apply) | 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 |
| BYLVAY CAP 1200MCG (QL= 5 caps/day) | LD-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY CAP 400MCG (QL= 15 caps/day) | LD-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day) | LD-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day) | LD-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| cabergoline tab (DOSTINEX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CABLIVI INJ KIT (QL= 1 vial/day) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| caffeine citrate soln (CAFECIT 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 oint | - | 2 | DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 | DERMATOLOGICALS |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | 3 | DERMATOLOGICALS |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTRONL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol soln (ROCALTRONL SOLN equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcium acetate cap (PHOSLO equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| CALIBRATION LIQUID | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| CALQUENCE CAP (QL= 2 caps/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CALQUENCE TAB (QL= 2 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAMBIA POWDER | - | EXC | MIGRAINE PRODUCTS |
| CAMZYOS CAP (QL= 1 cap/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| candesartan tab (ATACAND equiv) | - | 1 | ANTIHYPERTENSIVES |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | ¢ | 3 | ANTIHYPERTENSIVES |

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| capecitabine tab (XELODA equiv) | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPEX SHAMPOO | - | 3 | DERMATOLOGICALS |
| CAPRELSA TAB | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| captopril tab (CAPOTEN equiv) | - | 2 | ANTIHYPERTENSIVES |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 | ANTICONSULSANTS |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 | ANTICONSULSANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 | ANTICONSULSANTS |
| carbamazepine susp (TEGRETOL equiv) | - | 1 | ANTICONSULSANTS |
| carbamazepine tab (TEGRETOL equiv) | - | 1 | ANTICONSULSANTS |
| carbidopa tab (LODOSYN equiv) | - | 2 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA ODT | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 | ANTIPARKINSON AGENTS |
| carbidopa-levodopa-entacapone tab (STALEVO equiv) | - | 2 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| CARBINOXAMINE SOLN | - | 3 | ANTIHISTAMINES |
| carbinoxamine tab (PALGIC equiv) | - | 3 | ANTIHISTAMINES |
| CARETOUCH MIS | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| carglumic acid tab (CARBAGLU equiv) | LD-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| carisoprodol tab (SOMA equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol tab 250mg (SOMA equiv) | - | EXC | MUSCULOSKELETAL THERAPY AGENTS |
| CAROSPIR SUSP (Prior Authorization required for members age 9 or older) | PA | 3 | DIURETICS |
| CARTEOLOL OPTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 | OPHTHALMIC AGENTS |
| carvedilol tab (COREG equiv) | - | 1 | BETA BLOCKERS |
| CAYSTON INH SOLN | LD-PA | MSP | ANTI-INFECTIVE AGENTS - MISC. |
| CEFACLOR CAP | - | 3 | CEPHALOSPORINS |
| cefaclor cap (CECLOR equiv) | - | 3 | CEPHALOSPORINS |
| CEFACLOR ER TAB | - | 3 | CEPHALOSPORINS |
| CEFACLOR SUSP | - | 3 | CEPHALOSPORINS |
| cefadroxil cap (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil susp (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| CEFADROXIL TAB | - | 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) | - | 3 | CEPHALOSPORINS |
| cefixime susp (SUPRAX equiv) | - | 3 | CEPHALOSPORINS |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 2 | CEPHALOSPORINS |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 2 | CEPHALOSPORINS |
| cefprozil susp (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefprozil tab (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefuroxime tab (CEFTIN equiv) | - | 1 | CEPHALOSPORINS |

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|---|---------------------|-------------|---|
| celecoxib cap (CELEBREX equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| CELONTIN CAP | - | 2 | ANTICONSULTANTS |
| CENTANY OINT | - | 3 | DERMATOLOGICALS |
| cephalexin cap (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| cephalexin susp (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| CERVICAL CAP | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| CESAMET CAP | - | 3 | ANTIEMETICS |
| cetirizine chew tab (Zyrtec equiv) | OTC | 2 | ANTIHISTAMINES |
| cetirizine syrup (Zyrtec equiv) | OTC | 1 | ANTIHISTAMINES |
| cetirizine tab (Zyrtec equiv) | OTC | 1 | ANTIHISTAMINES |
| cevimeline cap (EVOXAC equiv) | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| CHEMET CAP | - | 2 | ANTIDOTES |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 | ANTI-ANXIETY 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 |
| chlorothiazide tab (DIURIL equiv) | - | 1 | DIURETICS |
| chlorpromazine tab (THORAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorthalidone tab | - | 1 | DIURETICS |
| chlorzoxazone tab 500mg | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine powder (QUESTRAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| CIBINQO TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox nail soln (PENLAC equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 | DERMATOLOGICALS |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 | DERMATOLOGICALS |
| cilostazol tab (PLETAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| CILOXAN OPTH OINT | - | 2 | OPHTHALMIC AGENTS |
| CIMDUO TAB | - | 2 | ANTIVIRALS |
| cimetidine soln (CIMETIDINE equiv) | - | 1 | ULCER DRUGS |
| cimetidine tab (TAGAMET HB equiv) | - | 1 | ULCER DRUGS |
| CIMZIA INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year) | MSP-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| cinacalcet tab (SENSIPAR equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CINRYZE INJ (QL= 16 vials/28 days) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |
| CIPRO HC OTIC SUSP | - | 3 | OTIC AGENTS |
| CIPRO SUSP 5% | - | 3 | FLUOROQUINOLONES |
| CIPROFLOXACIN 100MG TAB | - | 3 | FLUOROQUINOLONES |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| CIPROFLOXACIN OTIC SOLN | - | 2 | OTIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | 2 | FLUOROQUINOLONES |
| ciprofloxacin tab (CIPRO equiv) | - | 1 | FLUOROQUINOLONES |

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| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 | OTIC AGENTS |
| citalopram soln (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| citalopram tab (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| CLARITHROMYC SUSP | - | 2 | MACROLIDES |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 3 | MACROLIDES |
| clarithromycin tab (BIAXIN equiv) | - | 1 | MACROLIDES |
| CLENPIQ SOLN | - | 2 | LAXATIVES |
| CLEOCIN VAGINAL SUPP | - | 3 | VAGINAL PRODUCTS |
| clindamycin cap (CLEOCIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin foam (EVOCLIN equiv) | - | EXC | 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 |
| CLINDESSE VAGINAL CREAM | - | 3 | VAGINAL PRODUCTS |
| CLINISTIX TEST STRIP | OTC | DME | DIAGNOSTIC PRODUCTS |
| clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization) | PA | 2 | ANTICONVULSANTS |
| clobazam tab (ONFI equiv) | - | 1 | ANTICONVULSANTS |
| clobetasol foam (CLOBEX equiv) | - | 3 | DERMATOLOGICALS |
| clobetasol lotion (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol shampoo (CLOBEX equiv) | - | 3 | DERMATOLOGICALS |
| CLODERM CREAM | - | 3 | DERMATOLOGICALS |
| CLOMID TAB | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CLOMIPHENE TAB | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| clomipramine cap (ANAFRANIL equiv) | - | 3 | ANTIDEPRESSANTS |
| clonazepam ODT (KLONOPIN equiv) | - | 3 | ANTICONVULSANTS |
| clonazepam tab (KLONOPIN equiv) | - | 1 | ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 | ANTIHYPERTENSIVES |
| clonidine tab (CATAPRES equiv) | - | 1 | ANTIHYPERTENSIVES |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| clorazepate tab (TRANXENE-T equiv) | - | 3 | ANTIANKXIETY AGENTS |
| 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 tab (CLOZARIL equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CODEINE SULFATE SOLN (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| CODEINE SULFATE TAB (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| colchicine tab (COLCRYS equiv) | - | 2 | GOUT AGENTS |

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| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 | GOUT AGENTS |
| colesevelam pack (WELCHOL equiv) | - | 2 | ANTIHYPERTENSIVES |
| colesevelam tab (WELCHOL equiv) | - | 2 | ANTIHYPERTENSIVES |
| colestipol granule (COLESTID equiv) | - | 2 | ANTIHYPERTENSIVES |
| colestipol powder packet (COLESTID equiv) | - | 3 | ANTIHYPERTENSIVES |
| colestipol tab (COLESTID equiv) | - | 1 | ANTIHYPERTENSIVES |
| COLY-MYCIN S OTIC SUSP | - | 2 | OTIC AGENTS |
| COMBIVENT RESPIMAT INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| COMETRIQ KIT | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COMPLERA TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| CONCEPT DHA CAP | PA | 2 | MULTIVITAMINS |
| CONDYLOX GEL | - | 3 | DERMATOLOGICALS |
| CONTRACEPTIVE FOAM | OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE GEL | OTC | \$0 | VAGINAL PRODUCTS |
| COPIKTRA CAP (QL= 2 caps/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CORLANOR SOLN | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| CORLANOR TAB | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| CORTIFOAM | - | 3 | ANORECTAL AGENTS |
| CORTISONE ACETATE TAB | - | 2 | CORTICOSTEROIDS |
| CORTISPORIN CREAM | - | 3 | DERMATOLOGICALS |
| CORTISPORIN OINT | - | 3 | DERMATOLOGICALS |
| COTELLIC TAB (QL= 3 tabs/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COVID-19 TEST (QL= 8 tests/30 days) | OTC-QL | \$0 | DIAGNOSTIC PRODUCTS |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill) | QL | \$0 | VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill) | QL | \$0 | VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill) | QL | \$0 | VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill) | QL | \$0 | VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill) | QL | \$0 | VACCINES |
| COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/fill) | QL | \$0 | VACCINES |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days) | QL | \$0 | VACCINES |
| COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days) | QL | \$0 | VACCINES |
| COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days) | QL | \$0 | VACCINES |
| COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days) | QL | \$0 | VACCINES |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days) | QL | \$0 | VACCINES |
| COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days) | QL | \$0 | VACCINES |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days) | QL | \$0 | VACCINES |
| COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days) | QL | \$0 | VACCINES |
| CREON CAP | - | 2 | DIGESTIVE AIDS |
| CRINONE GEL | - | EXC | VAGINAL PRODUCTS |
| CRIVAN CAP | - | 2 | ANTIVIRALS |
| cromolyn conc (GASTROCROM equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| cromolyn ophth soln (CROLOM equiv) | - | 1 | OPHTHALMIC AGENTS |
| CROTAN LOTION | - | 3 | DERMATOLOGICALS |
| cryselle tab | - | \$0 | CONTRACEPTIVES |
| CUE COVID-19 INJ TEST CARTRIDGE (QL= 8 cartridges/30 days) | OTC-QL | \$0 | DIAGNOSTIC PRODUCTS |

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| VAC Vaccine Program | ¢ RxCENTS | |

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|---|---------------------|-------------|---|
| CUE HEALTH MONITOR (QL= 1 kit/year) | OTC-QL | \$0 | DIAGNOSTIC PRODUCTS |
| cyanocobalamin inj | - | 1 | HEMATOPOIETIC AGENTS |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| CYCLOMYDRIL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| cyclophosphamide cap | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE TAB | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOSET TAB | - | 3 | ANTIDIABETICS |
| cyclosporine cap (SANDIMMUNE equiv) | - | 2 | ASSORTED CLASSES |
| cyclosporine modified cap (NEORAL equiv) | - | 1 | ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | 2 | ASSORTED CLASSES |
| cyproheptadine syrup | - | 1 | ANTIHISTAMINES |
| cyproheptadine tab | - | 1 | ANTIHISTAMINES |
| CYSTADROPS SOLN (QL= 4 bottles/28 days) | LD-PA-QL | MSP | OPHTHALMIC AGENTS |
| CYSTAGON CAP | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days) | LD-PA-QL | MSP | OPHTHALMIC AGENTS |
| CYTRA K CRYSTALS | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYTRA-3 SYRUP | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| dabigatran etexilate mesylate cap (PRADAXA equiv) | - | 2 | ANTICOAGULANTS |
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day) | QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| danazol cap (DANOCRINE equiv) | - | 2 | ANDROGENS-ANABOLIC |
| dantrolene cap (DANTRIUM equiv) | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| dapsone tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| darifenacin SR tab (ENABLEX equiv) | - | 2 | URINARY ANTISPASMODICS |
| DDAVP NASAL SOLN | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| deferasirox granules packet (JADENU equiv) | MSP | MSP | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab (EXJADE equiv) | MSP | MSP | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab 180mg (JADENU equiv) | MSP | MSP | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab 90mg, 360mg (JADENU equiv) | MSP | MSP | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferiprone tab (FERRIPROX equiv) | LD-PA | MSP | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| DELSTRIGO TAB | - | 2 | ANTIVIRALS |
| demeclocycline tab (DECLOMYCIN equiv) | - | 3 | TETRACYCLINES |
| DENGVAXIA SUSP | VAC | EXC | VACCINES |
| DEPLIN CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| DEPO-PROVERA INJ (QL= 1 inj/90 days) | QL | \$0 | CONTRACEPTIVES |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 | CONTRACEPTIVES |
| DESCOVY TAB (DESCOVY TAB (HIV pre-exposure prophylaxis) with a PA at \$0 and DESCOVY TAB (HIV treatment) with a PA at tier 2) | PA | 2 | ANTIVIRALS |
| desipramine tab (NORPRAMIN equiv) | - | 2 | ANTIDEPRESSANTS |
| DESLORATADINE ODT | - | EXC | ANTIHISTAMINES |

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| VAC Vaccine Program | ¢ RxCENTS | |

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| desloratadine tab (CLARINEX equiv) | - | EXC | ANTIHISTAMINES |
| desmopressin acetate tab (DDAVP equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desonide cream (DESOWEN equiv) | - | 2 | DERMATOLOGICALS |
| desonide lotion | - | 2 | DERMATOLOGICALS |
| desonide oint (DESOWEN equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone cream 0.025% (TOPICORT CREAM equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone cream 0.05% (TOPICORT equiv) | - | 3 | DERMATOLOGICALS |
| desoximetasone gel (TOPICORT equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | 3 | DERMATOLOGICALS |
| desoximetasone oint 0.25% (TOPICORT equiv) | - | 2 | DERMATOLOGICALS |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 1 | ANTIDEPRESSANTS |
| DEXAMETHASONE CONC | - | 1 | CORTICOSTEROIDS |
| dexamethasone elixir | - | 1 | CORTICOSTEROIDS |
| DEXAMETHASONE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| dexamethasone sodium phosphate inj | - | 1 | CORTICOSTEROIDS |
| DEXAMETHASONE SOLN | - | 1 | CORTICOSTEROIDS |
| dexamethasone tab (DECADRON equiv) | - | 1 | CORTICOSTEROIDS |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 SENSOR (QL= 9 sensors/90 days) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine soln (PROCENTRA equiv) | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DIACOMIT CAP | LD-PA | MSP | ANTICONVULSANTS |
| DIACOMIT POWDER PACK | LD-PA | MSP | ANTICONVULSANTS |
| DIALYVITE TAB | - | 1 | MULTIVITAMINS |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 | MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | 1 | MULTIVITAMINS |
| DIAPHRAGM | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill) | QL | 1 | ANTICONVULSANTS |
| diazepam conc (VALIUM equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| diazepam tab (VALIUM equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| diazoxide susp (PROGLYCEM equiv) | - | 3 | ANTIDIABETICS |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | QL | 2 | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 | DERMATOLOGICALS |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill) | QL | 3 | DERMATOLOGICALS |
| diclofenac potassium (migraine) packet (CAMBIA equiv) | - | EXC | MIGRAINE PRODUCTS |
| 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) | - | 1 | OPHTHALMIC AGENTS |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |

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| | | | | | |
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| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| 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 |
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|---|---------------------|-------------|---|
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 | DERMATOLOGICALS |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 3 | 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) | - | 2 | ANTIVIRALS |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | 2 | ANTIVIRALS |
| DIFFERIN OTC GEL 0.1% | OTC | 1 | DERMATOLOGICALS |
| DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST | 2 | MACROLIDES |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST | 2 | MACROLIDES |
| diflunisal tab (DOLOBID equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| difluprednate ophth emulsion (DUREZOL equiv) | - | 2 | OPHTHALMIC AGENTS |
| DIGOXIN SOLN | - | 1 | CARDIOTONICS |
| digoxin soln (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| digoxin tab (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| DILANTIN CAP 30MG | PA | 2 | ANTICONVULSANTS |
| 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 |
| dimethyl fumarate DR cap (TECFIDERA equiv) | MSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | MSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIPENTUM CAP | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 3 | 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 | ANTICONVULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| dofetilide cap (TIKOSYN equiv) | - | 2 | ANTIARRHYTHMICS |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DOPTELET TAB (QL= 2 tabs/day) | LD-PA-QL | MSP | HEMATOPOIETIC AGENTS |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |

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| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| DOVATO TAB | - | 2 | ANTIVIRALS |
| doxazosin tab (CARDURA equiv) | - | 1 | ANTIHYPERTENSIVES |
| doxepin cap (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| doxepin conc (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM | PA | 3 | DERMATOLOGICALS |
| doxercalciferol cap (HECTOROL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DOXYCYCLINE CAP, ORACEA CAP | - | EXC | DERMATOLOGICALS |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 | TETRACYCLINES |
| doxycycline hyclate tab 20mg, 100mg (VIBRATAB equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate tab | - | 2 | TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | 2 | TETRACYCLINES |
| D-PENAMINE TAB | - | 2 | ASSORTED CLASSES |
| dronabinol cap (MARINOL equiv) | - | 2 | ANTIEMETICS |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | 3 | CONTRACEPTIVES |
| DROXIA CAP | - | 2 | HEMATOPOIETIC AGENTS |
| DRYSOL SOLN | - | 1 | DERMATOLOGICALS |
| DULERA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 | ANTIDEPRESSANTS |
| DUPIXENT INJ (QL= 2 inj/ 28 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| DUPIXENT INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| dutasteride cap (AVODART equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| dutasteride/tamsulosin cap (JALYN equiv) | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| econazole cream (SPECTAZOLE equiv) | - | 1 | DERMATOLOGICALS |
| EDLUAR SL TAB | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| EDURANT TAB | - | 2 | ANTIVIRALS |
| efavirenz cap (SUSTIVA equiv) | - | 2 | ANTIVIRALS |
| efavirenz tab (SUSTIVA equiv) | - | 2 | ANTIVIRALS |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 | ANTIVIRALS |
| EGRIFTA INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| ELIGEN B12 TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 | ANTICOAGULANTS |
| ELIXOPHYLLIN ELIXIR | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB | - | \$0 | CONTRACEPTIVES |
| ELMIRON CAP | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| EMADINE OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.

**Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| EMCYT CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | 2 | MIGRAINE PRODUCTS |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| EMPAVELI INJ (QL= 160ml/28 days) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |
| EMSAM PATCH | - | 3 | ANTIDEPRESSANTS |
| emtricitabine cap (EMTRIVA equiv) | - | 2 | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | - | 2 | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) | - | \$0 | ANTIVIRALS |
| EMTRIVA SOLN | - | 2 | ANTIVIRALS |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older) | PA | 3 | ANTIHYPERTENSIVES |
| enalapril tab (VASOTEC equiv) | - | 1 | ANTIHYPERTENSIVES |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL MINI INJ (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ENDARI POWDER PACK (QL= 6 packets/day) | MSP-PA-QL | MSP | HEMATOPOIETIC AGENTS |
| ENDOMETRIN INSERT | - | EXC | VAGINAL PRODUCTS |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | EXC | VACCINES |
| enoxaparin inj (LOVENOX equiv) | - | 2 | ANTICOAGULANTS |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 | CONTRACEPTIVES |
| ENSPRYNG INJ (QL= 1 inj/28 days) | MSP-PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSES |
| entacapone tab (COMTAN equiv) | - | 2 | ANTIPARKINSON AGENTS |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| EPIDIOLEX SOLN | MSP-PA | MSP | ANTICONVULSANTS |
| EPIFOAM AEROSOL | - | 2 | DERMATOLOGICALS |
| epinastine ophth soln (ELESTAT equiv) | - | 3 | OPHTHALMIC AGENTS |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 2 | VASOPRESSORS |
| EPIQUIN MICRO CREAM | - | EXC | DERMATOLOGICALS |
| EPIVIR HBV SOLN | - | 2 | ANTIVIRALS |
| eplerenone tab (INSPRA equiv) | - | 1 | ANTIHYPERTENSIVES |
| EPRONTIA SOLN (Members age 9 or older require Prior Authorization) | PA | 3 | ANTICONVULSANTS |
| ergotamine/caffeine tab (CAFERGOT equiv) | - | 2 | MIGRAINE PRODUCTS |
| ERIVEDGE CAP | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLEADA TAB (QL= 4 tabs/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab (TARCEVA equiv) | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERY PAD | - | 2 | DERMATOLOGICALS |
| erythromycin DR cap (ERYC equiv) | - | 2 | MACROLIDES |
| ERYTHROMYCIN EC CAP | - | 2 | MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 | MACROLIDES |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 2 | MACROLIDES |
| erythromycin gel | - | 2 | DERMATOLOGICALS |
| erythromycin ophth oint (Covered at \$0 for members 1 year or younger) | - | 1 | OPHTHALMIC AGENTS |
| erythromycin pad | - | 1 | DERMATOLOGICALS |

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|--|---------------------|-------------|--|
| erythromycin soln | - | 1 | DERMATOLOGICALS |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 2 | MACROLIDES |
| erythromycin tab (ERY-TAB equiv) | - | 3 | MACROLIDES |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 3 | DERMATOLOGICALS |
| escitalopram soln (LEXAPRO equiv) | - | 2 | ANTIDEPRESSANTS |
| escitalopram tab (LEXAPRO equiv) | - | 1 | ANTIDEPRESSANTS |
| esomeprazole cap (NEXIUM equiv) | OTC | 1 | ULCER DRUGS |
| esomeprazole magnesium DR tab (NEXIUM equiv) | OTC | 3 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| estazolam tab (PROSOM equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 | ESTROGENS |
| estradiol cream (ESTRACE equiv) | - | 1 | VAGINAL PRODUCTS |
| estradiol patch (CLIMARA equiv) (QL= 1 patch/week) | QL | 1 | ESTROGENS |
| estradiol patch (VIVELLE-DOT equiv) (QL= 2 patches/week) | QL | 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 valerate inj (DELESTROGEN equiv) (QL= 5ml/fill) | QL | 2 | ESTROGENS |
| estradiol/norethindrone tab (ACTIVELLA equiv) | - | 1 | ESTROGENS |
| ESTRING (3 copays per Rx) | - | 2 | VAGINAL PRODUCTS |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ethacrynic tab (EDECIN equiv) | - | 2 | DIURETICS |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | 2 | ANTICONVULSANTS |
| ethosuximide soln (ZARONTIN equiv) | - | 1 | ANTICONVULSANTS |
| etodolac cap (LODINE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac ER tab (LODINE XL equiv) | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ETOPOSIDE CAP | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| etravirine tab (INTELENCE equiv) | - | 2 | ANTIVIRALS |
| EULEXIN CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| everolimus tab (ZORTRESS equiv) | PA | 2 | MISCELLANEOUS THERAPEUTIC CLASSE |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | PA-MSP-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EVOCLIN FOAM | - | EXC | DERMATOLOGICALS |
| EVOTAZ TAB | - | 2 | ANTIVIRALS |
| EVRYSDI SOLN (QL= 6.67ml/day) | LD-PA-QL | MSP | NEUROMUSCULAR AGENTS |
| EXELDERM SOLN | - | 3 | DERMATOLOGICALS |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXKIVITY CAP (QL= 4 caps/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXTAVIA INJ | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| ezetimibe tab (ZETIA equiv) | - | 1 | ANTHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 3 | ANTHYPERLIPIDEMICS |
| FALESSA TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| famciclovir tab (FAMVIR equiv) | - | 2 | ANTIVIRALS |
| famotidine susp (PEPCID equiv) | - | 2 | ULCER DRUGS |
| famotidine tab (PEPCID equiv) | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-¢ | 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 (QL= 12 condoms/fill) | OTC-QL | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FEMRING (3 copays per Rx) | - | 3 | VAGINAL PRODUCTS |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 | ANTHYPERLIPIDEMICS |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 | ANTHYPERLIPIDEMICS |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 | ANTHYPERLIPIDEMICS |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 | ANTHYPERLIPIDEMICS |
| fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days; Dosage limits may apply) | PA-QL | 2 | ANALGESICS - OPIOID |
| fentanyl patch (DURAGESIC equiv) (Dosage limits may apply) | - | 2 | ANALGESICS - OPIOID |
| FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days; Dosage limits may apply) | PA-QL | 3 | ANALGESICS - OPIOID |
| ferrex 150 forte cap | - | 1 | HEMATOPOIETIC AGENTS |
| FERRIPROX SOLN | LD-PA | MSP | ANTIDOTES |
| fesoterodine fumarate ER tab (TOVIAZ equiv) | - | 2 | URINARY ANTISPASMODICS |
| FIASP FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| FIASP INJ | - | 2 | ANTIDIABETICS |
| FIASP PENFILL INJ | - | 2 | ANTIDIABETICS |
| FINACEA FOAM | - | 2 | DERMATOLOGICALS |
| finasteride tab (PROSCAR equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| finasteride tab (PROPECIA equiv) | - | EXC | DERMATOLOGICALS |
| fingolimod hcl cap (GILENYA equiv) | MSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| FINTEPLA SOLN (QL= 12ml/day) | LD-PA-QL | MSP | ANTICONVULSANTS |
| FIRDAPSE TAB | LD-PA | MSP | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| FIRST METRONIDAZOLE SUSP | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| FIRVANQ SOLN | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| FLAREX OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| flecainide tab (TAMBOCOR equiv) | - | 1 | ANTIARRHYTHMICS |
| FLEQSUVY SUSP (Prior Authorization required for members age 9 or older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| FLONASE SENSIMIST NASAL SPRAY | OTC | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| FLOVENT DISKUS INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| | | | | | |
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|---|---------------------|-------------|---|
| FLOVENT HFA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluconazole susp (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | 2 | ANTIFUNGALS |
| fludrocortisone tab (FLORINEF equiv) | - | 1 | CORTICOSTEROIDS |
| flunisolide nasal soln (QL= 2 bottles/fill) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluocinolone acetonide cream | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) | - | 2 | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | 2 | DERMATOLOGICALS |
| fluocinolone otic oil (DERMOTIC equiv) | - | 2 | OTIC AGENTS |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide emollient cream | - | 2 | DERMATOLOGICALS |
| fluocinonide gel | - | 1 | DERMATOLOGICALS |
| fluocinonide oint | - | 1 | DERMATOLOGICALS |
| fluocinonide soln | - | 1 | DERMATOLOGICALS |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger) | - | 2 | MINERALS & ELECTROLYTES |
| FLUORIDEX SENSITIVITY PASTE | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 | OPHTHALMIC AGENTS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| FLUOROURACIL CREAM 0.5% | - | 3 | DERMATOLOGICALS |
| FLUOROURACIL SOLN | - | 2 | DERMATOLOGICALS |
| fluoxetine cap (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine soln (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine tab (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluphenazine tab (PROLIXIN equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FLURAZEPAM CAP | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| FLURBIPROFEN OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| FLURBIPROFEN TAB | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| flurbiprofen tab (ANSAID equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| FLUTAMIDE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 oint (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| FLUTICASONE/SALMETEROL INHALER (AIRDUO equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluvastatin cap (LESCOL equiv) (QL= 1 cap/day) | QL | 2 | ANTIHYPERLIPIDEMICS |
| fluvastatin ER tab (LESCOL XL equiv) | - | 3 | ANTIHYPERLIPIDEMICS |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires a trial of 2 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine) | ST | 2 | ANTIDEPRESSANTS |
| fluvoxamine tab (LUVOX equiv) | - | 1 | ANTIDEPRESSANTS |
| FML FORTE OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| FML S.O.P. OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |

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|---|---------------------|-------------|---|
| FOLBEE PLUS CZ TAB | - | 1 | MULTIVITAMINS |
| folbee tab | - | 1 | HEMATOPOIETIC AGENTS |
| folic acid tab 1mg (Covered at \$0 for females only) | - | 1 | HEMATOPOIETIC AGENTS |
| FOLTANX TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| fondaparinux inj (ARIXTRA equiv) | - | 2 | ANTICOAGULANTS |
| formoterol fumarate neb soln (PERFOROMIST equiv) | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FORTICAL NASAL SPRAY | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| fosamprenavir tab (LEXIVA equiv) | - | 2 | ANTIVIRALS |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| fosinopril tab (MONOPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| FOSRENOL POWDER PACK | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| FOTIVDA CAP (QL= 21 caps/28 days) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FRAGMIN INJ | - | 2 | ANTICOAGULANTS |
| FRAGMIN INJ | - | 3 | ANTICOAGULANTS |
| FREESTYLE LANCETS | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2 SENSOR (QL= 6 sensors/84 days) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (10-DAY) (QL= 9 sensors/90 days) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 6 sensors/84 days) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| FULPHILA INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| FUROSEMIDE SOLN | - | 1 | DIURETICS |
| furosemide soln (LASIX equiv) | - | 1 | DIURETICS |
| furosemide tab (LASIX equiv) | - | 1 | DIURETICS |
| FUZEON INJ | - | 2 | ANTIVIRALS |
| gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day) | QL | 1 | ANTICONVULSANTS |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day) | QL | 2 | ANTICONVULSANTS |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day) | QL | 1 | ANTICONVULSANTS |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day) | QL | 1 | ANTICONVULSANTS |
| galantamine ER cap (RAZADYNE ER equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALANTAMINE SOLN | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALZIN CAP | - | 2 | MINERALS & ELECTROLYTES |
| gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA) | ST | 2 | OPHTHALMIC AGENTS |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year) | QL | 1 | LAXATIVES |
| GAVRETO CAP (QL= 4 caps/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| gemfibrozil tab (LOPID equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| GENTAK OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 | OPHTHALMIC AGENTS |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.
Alphabetical Index
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|---|---------------------|-------------|---|
| gentamicin sulfate cream | - | 1 | DERMATOLOGICALS |
| gentamicin sulfate oint | - | 1 | DERMATOLOGICALS |
| GENVOYA TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 | CONTRACEPTIVES |
| GILENYA CAP 0.25MG | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILOTRIF TAB (QL= 1 tab/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| glatiramer inj (COPAXONE equiv) | MSP | 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 (Prior Authorization required for members age 9 or older) | PA | 3 | GOUT AGENTS |
| GLUCAGEN HYPOKIT INJ (QL= 1 kit/fill, 2 fills/30 days) | QL | 2 | ANTIDIABETICS |
| GLUCAGEN INJ (QL= 1 kit/fill, 2 fills/30 days) | QL | 2 | DIAGNOSTIC PRODUCTS |
| glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 1 kit/fill, 2 fills/30 days) | QL | 2 | ANTIDIABETICS |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| glyburide micronized tab (GLYNASE equiv) | - | 1 | ANTIDIABETICS |
| glyburide tab (MICRONASE equiv) | - | 1 | ANTIDIABETICS |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 | ANTIDIABETICS |
| glycopyrrolate oral soln (CUVPOSA equiv) | - | 3 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 | ULCER DRUGS |
| GLYGEST PAK | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year) | QL | 1 | LAXATIVES |
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 | ANTIEMETICS |
| GRANISOL SOLN (QL= 60ml/fill) | QL | 3 | ANTIEMETICS |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 2 | ANTIFUNGALS |
| griseofulvin susp (GRIFULVIN equiv) | - | 2 | ANTIFUNGALS |
| griseofulvin tab (GRIS-PEG equiv) | - | 2 | ANTIFUNGALS |
| 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 |
| guanfacine ER tab (INTUNIV equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| guanfacine IR tab (TENEX equiv) | - | 1 | ANTIHYPERTENSIVES |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GVOKE INJ KIT (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| HAEGARDA INJ | LD-PA | MSP | HEMATOLOGICAL AGENTS - MISC. |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 | DERMATOLOGICALS |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 | DERMATOLOGICALS |
| haloperidol lactate conc (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

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| haloperidol tab (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| HEMLIBRA INJ | MSP-PA | MSP | HEMATOLOGICAL AGENTS - MISC. |
| HEXALEN CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HIZENTRA INJ | MSP-PA | MSP | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| HOMATROPINE OPTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMULIN R INJ U-500 | - | 2 | ANTIDIABETICS |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 | ANTIDIABETICS |
| HYCAMTIN CAP | MSP-PA | MSP | ANTINEOPLASTICS |
| hydralazine tab (APRESOLINE equiv) | - | 1 | ANTIHYPERTENSIVES |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 | DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 | DIURETICS |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day) | QL | 2 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen cap (LORCET equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab (LORTAB equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 3 | COUGH/COLD/ALLERGY |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | QL | 3 | COUGH/COLD/ALLERGY |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 | COUGH/COLD/ALLERGY |
| HYDROCODONE/IBUPROFEN TAB (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone enema (CORTENEMA equiv) | - | 2 | ANORECTAL AGENTS |
| hydrocortisone lotion (HYTONE equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone oint | - | 1 | DERMATOLOGICALS |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 2 | DERMATOLOGICALS |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 | ANORECTAL AGENTS |
| hydrocortisone tab (CORTEF equiv) | - | 1 | CORTICOSTEROIDS |
| hydrocortisone valerate cream | - | 3 | DERMATOLOGICALS |
| hydromorphone ER tab (EXALGO TAB equiv) (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| hydromorphone tab (DILAUDID equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |

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| hydroquinone cream (LUSTRA equiv) | - | EXC | DERMATOLOGICALS |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 | ANTIMALARIALS |
| hydroxyurea cap (HYDREA equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 | ANTIANKXIETY AGENTS |
| hydroxyzine syrup (ATARAX equiv) | - | 1 | ANTIANKXIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | 1 | ANTIANKXIETY AGENTS |
| hyoscyamine sulfate CR tab (LEVBIID equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine tab (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| HYPODERMIC NEEDLES | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| 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 | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IBRANCE TAB (QL= 21 caps/28 days) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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) | MSP-PA | MSP | HEMATOLOGICAL AGENTS - MISC. |
| ICLUSIG TAB (QL= 1 tab/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| icosapent ethyl cap (VASCEPA equiv) | PA | 2 | ANTHYPERLIPIDEMICS |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ILEVRO OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| imatinib tab (GLEEVEC equiv) | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 140MG (QL= 3 caps/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 70MG (QL= 1 cap/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMCIVREE INJ (QL= 1 inj/day) | LD-PA-QL | MSP | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 3 | ANTIDEPRESSANTS |
| imipramine tab (TOFRANIL equiv) | - | 1 | ANTIDEPRESSANTS |
| imiquimod cream (ALDARA equiv) | - | 1 | DERMATOLOGICALS |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| INBRIJA INH POWDER (QL= 10 caps/day) | PA-QL | 3 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| INCRELEX INJ | LD-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| INCRUSE ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| indapamide tab (LOZOL equiv) | - | 1 | DIURETICS |
| indomethacin cap (INDOCIN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| INGREZZA CAP (QL= 1 cap/day) | LD-PA-QL | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INQOVI TAB (QL= 5 tabs/28 days) | MSP-PA-QL | MSP | 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 | DME | MEDICAL DEVICES AND SUPPLIES |
| INTELENCE TAB | - | 2 | ANTIVIRALS |
| INTRON-A INJ | MSP-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INVIRASE CAP | - | 2 | ANTIVIRALS |
| INVIRASE TAB | - | 2 | ANTIVIRALS |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | 3 | DERMATOLOGICALS |
| IOPIDINE OPHTH SOLN 1% | - | 2 | OPHTHALMIC AGENTS |
| IPOL INJ | VAC | EXC | VACCINES |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ipratropium neb soln (ATROVENT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| irbesartan tab (AVAPRO equiv) | - | 1 | ANTIHYPERTENSIVES |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 | ANTIHYPERTENSIVES |
| IRESSA TAB | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ISENTRESS (HD) TAB | - | 2 | ANTIVIRALS |
| ISENTRESS CHEW TAB | - | 2 | ANTIVIRALS |
| ISENTRESS POWDER PACK | - | 2 | ANTIVIRALS |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 | CONTRACEPTIVES |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | 2 | MIGRAINE PRODUCTS |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | 2 | MIGRAINE PRODUCTS |
| ISONIAZID SYRUP | - | 3 | ANTIMYCOBACTERIAL AGENTS |
| ISONIAZID TAB | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| isosorbide dinitrate SL tab | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 3 | ANTIANGINAL AGENTS |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| ISOSORBIDE MONONITRATE TAB | - | 1 | ANTIANGINAL AGENTS |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 | ANTIANGINAL AGENTS |
| ISOXSUPRINE TAB | - | 3 | CARDIOVASCULAR AGENTS - MISC. |
| isradipine cap (DYNACIRC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| ISTALOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |

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| ISTURISA TAB 10MG (QL= 6 tabs/day) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ISTURISA TAB 1MG (QL= 8 tabs/day) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ISTURISA TAB 5MG (QL= 2 tabs/day) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| itraconazole cap (SPORANOX equiv) | - | 2 | ANTIFUNGALS |
| itraconazole soln (SPORANOX equiv) | PA | 3 | ANTIFUNGALS |
| ivermectin tab (STROMECTOL equiv) | PA | 2 | ANTHELMINTICS |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL-SF | MSP | 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-¢ | 2 | ANTIDIABETICS |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| jinteli tab (FEMHRT equiv) | - | 1 | ESTROGENS |
| JUBLIA SOLN | - | EXC | DERMATOLOGICALS |
| JULUCA TAB | - | 2 | ANTIVIRALS |
| JYNARQUE PAK (QL= 2 tabs/day) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNARQUE TAB (QL= 2 tabs/day) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KALYDECO PAK (QL= 2 packets/day) | LD-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day) | LD-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| KATERZIA SUSP (Prior Authorization required for members age 9 or older) | PA | 3 | CALCIUM CHANNEL BLOCKERS |
| kelnor tab (DEMULEN equiv) | - | \$0 | CONTRACEPTIVES |
| KERENDIA TAB (QL= 1 tab/day) | PA-QL | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KERYDIN SOLN | - | EXC | DERMATOLOGICALS |
| KESIMPTA INJ | MSP-PA | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL 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 | DME | DIAGNOSTIC PRODUCTS |
| KETOPROFEN ER CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 | OPHTHALMIC AGENTS |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| KETOSTIX | OTC | DME | DIAGNOSTIC PRODUCTS |
| ketotifen ophth soln (ZADITOR equiv) (OTC covered only) | OTC | 1 | OPHTHALMIC AGENTS |
| KEVZARA INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| KINERET INJ (QL= 1 inj/day) | LD-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ | VAC | EXC | TOXOIDS |
| KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE | VAC | EXC | TOXOIDS |
| KLOXXADO NASAL SPRAY | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |

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|--|---------------------|-------------|--|
| KORLYM TAB (QL= 4 tabs/day) | LD-PA-QL | MSP | ANTIDIABETICS |
| KOSELUGO CAP (QL= 4 caps/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KOSELUGO CAP 10MG (QL= 8 caps/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KRINTAFEL TAB | - | 2 | ANTIMALARIALS |
| K-TAB | - | 1 | MINERALS & ELECTROLYTES |
| labetalol tab (NORMODYNE equiv) | - | 1 | BETA BLOCKERS |
| LAC-HYDRIN LOTION 5% | OTC | 1 | DERMATOLOGICALS |
| lacosamide oral solution (VIMPAT equiv) | - | 1 | ANTICONSULTANTS |
| lacosamide tab (VIMPAT equiv) | - | 1 | ANTICONSULTANTS |
| lactulose soln | - | 1 | LAXATIVES |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 | ANTICONSULTANTS |
| lamivudine soln (EPIVIR equiv) | - | 2 | ANTIVIRALS |
| lamivudine tab (EPIVIR equiv) | - | 2 | ANTIVIRALS |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 2 | ANTIVIRALS |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 2 | ANTIVIRALS |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 | ANTICONSULTANTS |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 3 | ANTICONSULTANTS |
| lamotrigine ODT (LAMICTAL equiv) | - | 3 | ANTICONSULTANTS |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | 3 | ANTICONSULTANTS |
| lamotrigine tab (LAMICTAL equiv) | - | 1 | ANTICONSULTANTS |
| LAMPIT TAB | PA | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| LANCETS | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| lansoprazole cap (PREVACID equiv) | OTC | 1 | ULCER DRUGS |
| lansoprazole odt (PREVACID SOLUTAB equiv) (No Prior Authorization required for members 12 years and younger.) | PA | 2 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| lapatinib ditosylate tab (TYKERB equiv) | MSP-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LASTACFT OPHTH SOLN (QL= 3ml/30 days) | QL | 3 | OPHTHALMIC AGENTS |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| LATISSE SOLN | - | EXC | DERMATOLOGICALS |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | \$0 | CONTRACEPTIVES |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days; Dosage limits may apply) | PA-QL | 3 | ANALGESICS - OPIOID |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day) | MSP-PA-QL | MSP | ANTIVIRALS |
| leflunomide tab (ARAVA equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day) | MSP-PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSE |
| LENVIMA CAP (QL= 3 caps/day) | MSP-PA-QL | MSP | 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 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler) | QL | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| levalbuterol neb soln (XOPENEX equiv) | - | 3 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |

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| LEVEMIR FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| LEVEMIR INJ | - | 2 | ANTIDIABETICS |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam soln (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam tab (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| LEVITRA TAB | - | EXC | CARDIOVASCULAR AGENTS - MISC. |
| LEVOBUNOLOL OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| levocarnitine soln (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocarnitine tab (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocetirizine tab (XYZAL equiv) | - | 2 | ANTIHISTAMINES |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 | CONTRACEPTIVES |
| levonorgestrel/ethinyl estradiol tab (LOSEASONIQUE equiv) | - | \$0 | CONTRACEPTIVES |
| levonorgestrel/ethinyl estradiol tab (QUARTETTE equiv) | - | \$0 | CONTRACEPTIVES |
| levothyroxine tab (SYNTHROID equiv) | - | 1 | THYROID AGENTS |
| LEXIVA SUSP | - | 2 | ANTIVIRALS |
| LIDOCAINE CREAM | OTC | 1 | DERMATOLOGICALS |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine cream 4% | OTC | 1 | DERMATOLOGICALS |
| lidocaine gel (GLYDO equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine gel (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| LIDOCAINE GEL | - | 2 | DERMATOLOGICALS |
| lidocaine oint (QL= 107gm/30 days) | QL | 1 | DERMATOLOGICALS |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 | DERMATOLOGICALS |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 | DERMATOLOGICALS |
| lidocaine rectal cream | OTC | 1 | ANORECTAL AGENTS |
| lidocaine soln (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 2 | ANORECTAL AGENTS |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 | DERMATOLOGICALS |
| LINDANE SHAMPOO | - | 3 | DERMATOLOGICALS |
| linezolid susp (ZYVOX equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| linezolid tab (ZYVOX equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| LINZESS CAP | - | 2 | 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 |
| LITHOSTAT TAB | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST-¢ | 3 | ANTIHYPERLIPIDEMICS |
| LIVMARLI SOLN (QL= 90ml/30 days) | LD-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |

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| LIVTENCITY TAB (QL= 4 tabs/day) | LD-PA-QL | MSP | ANTIVIRALS |
| L-METHYLFOLATE TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| LO LOESTRIN TAB | - | \$0 | CONTRACEPTIVES |
| LOKELMA PAK | PA | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER) | ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LONSURF TAB | PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 2 | ANTIVIRALS |
| lopinavir/ritonavir tab (KALETRA equiv) | - | 2 | ANTIVIRALS |
| loratadine ODT (CLARITIN equiv) | OTC | 1 | ANTIHISTAMINES |
| loratadine syrup (CLARITIN equiv) | OTC | 1 | ANTIHISTAMINES |
| loratadine tab (CLARITIN equiv) | OTC | 1 | ANTIHISTAMINES |
| lorazepam conc (ATIVAN equiv) | - | 1 | ANTIAXIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | 1 | ANTIAXIETY AGENTS |
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LORTAB ELIXIR (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| losartan tab (COZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| LOTEMAX OPHTH GEL | - | 2 | OPHTHALMIC AGENTS |
| LOTEMAX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 2 | OPHTHALMIC AGENTS |
| loteprednol ophth susp (LOTEMAX equiv) | - | 2 | OPHTHALMIC AGENTS |
| lovastatin tab (MEVACOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| loxapine cap (LOXITANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LUCEMYRA TAB (QL= 96 tabs/7 days) | PA-QL | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUMAKRAS TAB (QL= 8 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| LUPKYNIS CAP (QL= 6 caps/day) | LD-PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSES |
| lurasidone hcl tab (LATUDA TAB equiv) (QL= 1 tab/day) | QL-¢ | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LUVIRA CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| LYNPARZA CAP (QL= 16 caps/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYNPARZA TAB (QL= 4 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYSODREN TAB | LD | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYVISPAN GRANULE PACKET (Members age 9 or older require Prior Authorization) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 3 | DERMATOLOGICALS |
| MALE CONDOMS (QL= 12 condoms/fill) | OTC-QL | \$0 | MEDICAL DEVICES AND SUPPLIES |
| MAPROTILINE TAB | - | 1 | ANTIDEPRESSANTS |
| maraviroc tab (SELZENTRY equiv) | - | 2 | ANTIVIRALS |
| MARPLAN TAB | - | 2 | ANTIDEPRESSANTS |

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|--|---------------------|-------------|---|
| MATULANE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MAVYRET PAK (QL= 5 packs/day) | MSP-PA-QL | MSP | ANTIVIRALS |
| MAVYRET TAB (QL= 3 tabs/day) | MSP-PA-QL | MSP | ANTIVIRALS |
| MAXIDEX OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| MAYZENT TAB | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAYZENT TAB STARTER PACK | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| meclizine chew tab (BONINE equiv) | OTC | 1 | ANTIEMETICS |
| meclizine tab (ANTIVERT equiv) | OTC | 1 | ANTIEMETICS |
| MECLOFENAMATE CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 | CONTRACEPTIVES |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 | PROGESTINS |
| mefenamic acid cap (PONSTEL equiv) | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| mefloquine tab (LARIAM equiv) | - | 2 | ANTIMALARIALS |
| megestrol ES susp (MEGACE ES equiv) | - | 3 | PROGESTINS |
| megestrol susp (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| megestrol tab (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 2MG (QL= 1 tab/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKTOVI TAB (QL= 6 tabs/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| meloxicam tab (MOBIC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| melfalan 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. |
| MENEST TAB | - | 3 | ESTROGENS |
| MENTAX CREAM | - | 3 | DERMATOLOGICALS |
| mercaptapurine 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) | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| MESNEX TAB | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| METANX CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |

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| METAPROTERENOL TAB | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| metaxalone tab (SKELAXIN equiv) | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| METAXALONE TAB 400MG | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| metformin ER osmotic tab (FORTAMET equiv) | - | EXC | ANTIDIABETICS |
| metformin ER osmotic tab (GLUMETZA equiv) | - | EXC | ANTIDIABETICS |
| metformin soln (RIOMET equiv) | - | 3 | ANTIDIABETICS |
| metformin tab (GLUCOPHAGE equiv) | - | 1 | ANTIDIABETICS |
| metformin XL tab (GLUCOPHAGE XR equiv) | - | 1 | ANTIDIABETICS |
| METHADONE SOLN (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| methadone tab (DOLOPHINE equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| methadose tab (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| methazolamide tab (NEPTAZANE equiv) | - | 2 | DIURETICS |
| methenamine hippurate tab (HIPREX equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| methenamine mandelate tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| methimazole tab (TAPAZOLE equiv) | - | 1 | THYROID AGENTS |
| METHITEST TAB | 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 | - | 2 | DERMATOLOGICALS |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 | DERMATOLOGICALS |
| methscopolamine tab (PAMINE equiv) | - | 3 | ULCER DRUGS |
| METHYCLOTHIAZIDE TAB | - | 1 | DIURETICS |
| METHYLDOPA TAB | - | 1 | ANTIHYPERTENSIVES |
| methyldopa tab (ALDOMET equiv) | - | 1 | ANTIHYPERTENSIVES |
| 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) | - | 1 | 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 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 |
| methylprednisolone sod succinate inj (SOLU-MEDROL equiv) | - | 1 | CORTICOSTEROIDS |

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| NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF Infertility | LD Limited Distribution |
| EXC Exclusion | OTC Over-the-Counter | PA Prior Authorization |
| MSP Mandatory Specialty Pharmacy Program | RS Restricted to Specialist | SF Limited to two 15 day fills per month for first 3 months |
| QL Quantity Limit | SP Available through Specialty Pharmacy Program | ST Step Therapy |
| SMKG Smoking Cessation | ¢ RxCENTS | |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| METIPRANOLOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| metoclopramide soln (REGLAN equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metoclopramide tab (REGLAN equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metolazone tab (ZAROXOLYN equiv) | - | 1 | DIURETICS |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 | BETA BLOCKERS |
| metoprolol tab (LOPRESSOR equiv) | - | 1 | BETA BLOCKERS |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 2 | ANTIHYPERTENSIVES |
| METZOZOLV ODT | - | EXC | GASTROINTESTINAL AGENTS - MISC. |
| metronidazole cream (METROCREAM equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole gel (METROGEL equiv) | - | 2 | DERMATOLOGICALS |
| metronidazole gel 0.75% (METROGEL equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole lotion (METROLOTION equiv) | - | 2 | DERMATOLOGICALS |
| metronidazole tab (FLAGYL equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 | VAGINAL PRODUCTS |
| mexiletine hcl cap | - | 2 | ANTIARRHYTHMICS |
| midazolam hcl syrup | - | 1 | HYPNOTICS |
| midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist) | RS | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| midodrine tab (PROAMATINE equiv) | - | 1 | VASOPRESSORS |
| mifepristone tab (MIFIPREX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| miglitol tab (MIGLITOL equiv) | - | 3 | ANTIDIABETICS |
| miglustat cap (ZAVESCA equiv) | LD-PA | MSP | HEMATOPOIETIC AGENTS |
| minocycline cap (MINOCIN equiv) | - | 1 | TETRACYCLINES |
| minocycline ER tab (SOLODYN equiv) | - | EXC | TETRACYCLINES |
| MINOLIRA TAB | - | EXC | TETRACYCLINES |
| minoxidil tab (LONITEN equiv) | - | 1 | ANTIHYPERTENSIVES |
| mirtazapine ODT (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| mirtazapine tab (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| MIRVASO GEL | - | EXC | DERMATOLOGICALS |
| misoprostol tab (CYTOTEC equiv) | - | 1 | ULCER DRUGS |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| moexipril tab (UNIVASC equiv) | - | 2 | ANTIHYPERTENSIVES |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | 1 | ANTIHYPERTENSIVES |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| MOLNUPIRAVIR CAP (QL= 40 caps/fill) | QL | \$0 | ANTIVIRALS |
| mometasone cream (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mometasone nasal spray (NASONEX equiv) (Step Therapy requires trial of two: fluticasone, triamcinolone OTC, or budesonide) | ST | 2 | 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 |
| morphine sulfate ER tab (MS CONTIN equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| MORPHINE SULFATE SOLN (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |

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| 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 |
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|---|---------------------|-------------|---|
| MORPHINE SULFATE SUPP (Dosage limits may apply) | - | 2 | ANALGESICS - OPIOID |
| morphine sulfate tab (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| MOTEGRITY TAB | PA | 3 | GASTROINTESTINAL AGENTS - MISC. |
| MOUNJARO INJ (QL= 4 inj/28 days) | QL | 2 | ANTI-DIABETICS |
| MOVANTIK TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | 2 | FLUOROQUINOLONES |
| MULTAQ TAB | - | 2 | ANTIARRHYTHMICS |
| MULTIGEN FOLIC TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN PLUS TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | 1 | MULTIVITAMINS |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 | MULTIVITAMINS |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 | DERMATOLOGICALS |
| 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 |
| MYFEMBREE TAB (QL= 1 tab/day) | PA-QL | 2 | ESTROGENS |
| MYLERAN TAB | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MYRBETRIQ TAB | - | 2 | URINARY ANTISPASMODICS |
| nabumetone tab (RELAFEN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| nadolol tab (CORGARD equiv) | - | 2 | BETA BLOCKERS |
| NAFTIFINE CREAM | - | 3 | DERMATOLOGICALS |
| naftifine cream (NAFTIN equiv) | - | 3 | DERMATOLOGICALS |
| naftifine gel (NAFTIN equiv) | - | 3 | DERMATOLOGICALS |
| NAFTIN GEL 1% | - | 3 | DERMATOLOGICALS |
| naloxone hcl nasal spray (NARCAN equiv) | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone inj | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone prefilled inj | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | --QL | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIA equiv) | - | 1 | ANTIDOTES |
| NAMENDA XR TITRATION PACK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| naproxen EC tab (NAPROSYN EC equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen tab (NAPROSYN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| NARDIL TAB 15MG | - | 3 | ANTIDEPRESSANTS |
| NASCOBAL NASAL SPRAY | - | 3 | HEMATOPOIETIC AGENTS |
| NATACYN OPHTH SUSP (QL= 15ml/fill) | QL | 2 | OPHTHALMIC AGENTS |
| NATAZIA TAB | - | \$0 | CONTRACEPTIVES |
| nateglinide tab (STARLIX equiv) | - | 2 | ANTI-DIABETICS |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 | DERMATOLOGICALS |
| NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 2 | ANTICONVULSANTS |
| nebivolol hcl tab (BYSTOLIC equiv) | ¢ | 2 | BETA BLOCKERS |

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|---|---------------------|-------------|---|
| NEBUSAL NEB SOLN | - | 2 | COUGH/COLD/ALLERGY |
| NEFAZODONE TAB | - | 1 | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | 1 | ANTIDEPRESSANTS |
| neomycin tab | - | 1 | AMINOGLYCOSIDES |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| NEOTUSS PLUS LIQUID | - | 3 | COUGH/COLD/ALLERGY |
| NEPHRON FA TAB | - | 2 | HEMATOPOIETIC AGENTS |
| NERLYNX TAB (QL= 6 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NEUPRO PATCH | - | 3 | ANTIPARKINSON AGENTS |
| NEVANAC OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| NEVIRAPINE ER TAB | - | 2 | ANTIVIRALS |
| nevirapine ER tab (VIRAMUNE XR equiv) | - | 2 | ANTIVIRALS |
| NEVIRAPINE SUSP | - | 2 | ANTIVIRALS |
| nevirapine tab (VIRAMUNE equiv) | - | 1 | ANTIVIRALS |
| NEXTSTELLIS TAB | - | \$0 | CONTRACEPTIVES |
| niacin cap | OTC | 1 | VITAMINS |
| niacin CR tab (SLO-NIACIN equiv) | OTC | 1 | VITAMINS |
| niacin ER tab (NIASPAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| niacin tab | OTC | 1 | VITAMINS |
| NIACIN TR TAB | OTC | 1 | VITAMINS |
| niacinamide tab | OTC | 1 | VITAMINS |
| nicardipine cap (CARDENE equiv) | - | 3 | CALCIUM CHANNEL BLOCKERS |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTINE KIT | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nifedipine cap (PROCARDIA equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nilutamide tab (NILANDRON equiv) | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nimodipine cap (NIMOTOP equiv) | - | 3 | CALCIUM CHANNEL BLOCKERS |
| NINLARO CAP | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nisoldipine ER tab (SULAR equiv) | - | 3 | CALCIUM CHANNEL BLOCKERS |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | 3 | CALCIUM CHANNEL BLOCKERS |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |

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|--|---------------------|-------------|--|
| NITRO-BID OINT | - | 2 | ANTIANGINAL AGENTS |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 | ANTIANGINAL AGENTS |
| nitrofurantoin macrocrystals cap 50mg, 100mg | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older) | PA | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| NITROGLYCERIN ER CAP | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 3 | ANTIANGINAL AGENTS |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 | ANTIANGINAL AGENTS |
| NITROMIST SPRAY | - | 3 | ANTIANGINAL AGENTS |
| NIVESTYM INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| NIZATIDINE CAP | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| nizatidine cap (AXID equiv) | - | 1 | ULCER DRUGS |
| NIZATIDINE SOLN (Members age 9 or older require Prior Authorization) | PA | 3 | ULCER DRUGS |
| NORDITROPIN INJ | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | 3 | CONTRACEPTIVES |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone tab (NORA-QD equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone tab (AYGESTIN equiv) | - | 1 | PROGESTINS |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | \$0 | CONTRACEPTIVES |
| NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization) | PA | 3 | CALCIUM CHANNEL BLOCKERS |
| NORPACE CR CAP | - | 2 | ANTIARRHYTHMICS |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | \$0 | CONTRACEPTIVES |
| nortrel tab (OVCON 35 equiv) | - | \$0 | CONTRACEPTIVES |
| nortriptyline cap (PAMELOR equiv) | - | 1 | ANTIDEPRESSANTS |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 | ANTIDEPRESSANTS |
| NORTRIPTYLINE SOLN | - | 2 | ANTIDEPRESSANTS |
| NORVIR CAP | - | 2 | ANTIVIRALS |
| NORVIR POWDER PACK | - | 2 | ANTIVIRALS |
| NORVIR SOLN | - | 2 | ANTIVIRALS |
| NOVOFINE PEN NEEDLE | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN 70/30 INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN MIX FLEXPEN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN N FLEXPEN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN N INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN R FLEXPEN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN R 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 | DME | MEDICAL DEVICES AND SUPPLIES |
| NOXAFIL PAK | PA | 3 | ANTIFUNGALS |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 | THYROID AGENTS |

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| NUBEQA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NUCYNTA ER TAB (QL= 2 tabs/day; Dosage limits may apply) | QL | 2 | ANALGESICS - OPIOID |
| NUCYNTA TAB (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| NUDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | 1 | LAXATIVES |
| NUQUIN HP GEL | - | EXC | DERMATOLOGICALS |
| NUVAIL SOLN | - | EXC | DERMATOLOGICALS |
| NUVARING | - | \$0 | CONTRACEPTIVES |
| 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/triamcinolone cream | - | 1 | DERMATOLOGICALS |
| nystatin/triamcinolone oint | - | 1 | DERMATOLOGICALS |
| OCALIVA TAB (QL= 1 tab/day) | LD-PA-QL-SF-¢ | MSP | GASTROINTESTINAL AGENTS - MISC. |
| octreotide inj (SANDOSTATIN equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OCTREOTIDE INJ 100MCG | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ODEFSEY TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| ODOMZO CAP | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OFEV CAP (QL= 2 caps/day) | MSP-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 | OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 | OTIC AGENTS |
| ofloxacin tab (FLOXIN equiv) | - | 1 | FLUOROQUINOLONES |
| OGESTREL TAB (Step Therapy requires a trial of 2 preferred oral contraceptives) | ST | \$0 | CONTRACEPTIVES |
| olanzapine ODT (ZYPREXA equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab (ZYPREXA equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| OLLIZAC POWDER | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| olmesartan tab (BENICAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| olopatadine nasal spray (PATANASE equiv) | - | 2 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| olopatadine ophth soln 0.1% (PATANOL equiv) | OTC | 1 | OPHTHALMIC AGENTS |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | OTC-QL | 1 | OPHTHALMIC AGENTS |
| OLUMIANT TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 | ULCER DRUGS |
| OMNIPOD 5 INTRO KIT (QL= 1 kit/year) | QL | DME | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | QL | DME | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH INTRO KIT (QL= 1 kit/year) | QL | DME | MEDICAL DEVICES AND SUPPLIES |

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| OMNIPOD DASH PODS (QL= 10 pods/month) | QL | DME | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | DME | MEDICAL DEVICES AND SUPPLIES |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ondansetron soln (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ONDANSETRON TAB | - | 1 | ANTIEMETICS |
| ondansetron tab (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ONETOUCH METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH TEST STRIP | OTC | DME | DIAGNOSTIC PRODUCTS |
| ONETOUCH VERIO FLEX METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO IQ METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO REFLECT METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO TEST STRIP | OTC | DME | DIAGNOSTIC PRODUCTS |
| ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill) | PA-QL | 3 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| opium tincture | - | 3 | ANTIDIARRHEALS |
| OPSUMIT TAB (QL= 1 tab/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| OPZELURA CREAM (QL= 12 tubes/year) | PA-QL | 3 | DERMATOLOGICALS |
| ORACIT SOLN | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ORAVIG TAB | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ORGOVYX TAB (QL= 30 tabs/28 days) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 | ESTROGENS |
| ORILISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORILISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day) | LD-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| ORKAMBI TAB (QL= 4 tabs/day) | LD-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 | 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 |
| OTEZLA STARTER PACK (QL= 2 tabs/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| OTEZLA TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| OVACE PLUS CREAM | - | 3 | DERMATOLOGICALS |
| oxandrolone tab (OXANDRIN equiv) | - | 1 | ANDROGENS-ANABOLIC |
| oxaprozin tab (DAYPRO equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| oxazepam cap (SERAX equiv) | - | 2 | ANTIANKXIETY AGENTS |
| OXBRYTA TAB (QL= 3 tabs/day) | LD-PA-QL | MSP | HEMATOPOIETIC AGENTS |
| OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day) | LD-PA-QL | MSP | HEMATOPOIETIC AGENTS |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin syrup | - | 1 | URINARY ANTISPASMODICS |

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| oxybutynin tab (DITROPAN equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxycodone cap (OXYIR equiv) (Dosage limits may apply) | - | 2 | ANALGESICS - OPIOID |
| oxycodone conc (ROXICODONE equiv) (Dosage limits may apply) | - | 2 | ANALGESICS - OPIOID |
| oxycodone soln (ROXICODONE equiv) (Dosage limits may apply) | - | 2 | ANALGESICS - OPIOID |
| oxycodone tab (ROXICODONE equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| oxycodone/acetaminophen cap (TYLOX equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN (Dosage limits may apply) | - | 2 | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab (PERCOCET equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ASPIRIN TAB (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/IBUPROFEN TAB (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| oxycodone/ibuprofen tab (COMBUNOX equiv) (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| OXYTROL PATCH (OTC) | OTC | 1 | URINARY ANTISPASMODICS |
| OZEMPIC INJ (QL= 1 pack/28 days) | QL | 2 | ANTIDIABETICS |
| OZOBAX SOLN, BACLOFEN SOLN | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day) | QL | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PALYNZIQ INJ (QL= 1 inj/day) | LD-PA-QL-SF | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 | ULCER DRUGS |
| paricalcitol cap (ZEMPLAR equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| paromomycin cap (HUMATIN equiv) | - | 3 | AMINOGLYCOSIDES |
| paroxetine cap (BRISDELLE equiv) | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| paroxetine ER tab (PAXIL CR equiv) | - | 2 | ANTIDEPRESSANTS |
| paroxetine oral susp (PAXIL equiv) | - | 3 | ANTIDEPRESSANTS |
| paroxetine tab (PAXIL equiv) | - | 1 | ANTIDEPRESSANTS |
| PATADAY ER OPHTH SOLN 0.7% | - | 1 | OPHTHALMIC AGENTS |
| PAXLOVID TAB (QL= 20 tabs/fill) | QL | \$0 | ANTIVIRALS |
| PAXLOVID TAB (QL= 30 tabs/fill) | QL | \$0 | ANTIVIRALS |
| PCE TAB | - | 3 | MACROLIDES |
| PEAK FLOW METER | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| PEDIARIX INJ | VAC | EXC | TOXOIDS |
| pediatric multiple vitamins/fluoride chew tab | - | 1 | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride soln | - | 1 | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 | MULTIVITAMINS |
| PEDVAXHIB INJ | VAC | EXC | VACCINES |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year) | QL | 1 | LAXATIVES |
| PEGANONE TAB | - | 2 | ANTICONVULSANTS |
| PEGASYS INJ | MSP-PA | MSP | ANTIVIRALS |
| PEMAZYRE TAB (QL= 1 tab/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| penicillin vk tab (VEETIDS equiv) | - | 1 | PENICILLINS |
| PENTACEL INJ | VAC | EXC | TOXOIDS |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| pentazocine/acetaminophen tab (TALACEN equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| pentazocine/naloxone tab (TALWIN NX equiv) (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |

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| pepcid chewable | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| PERINDOPRIL TAB | - | 1 | ANTIHYPERTENSIVES |
| perindopril tab (ACEON equiv) | - | 1 | ANTIHYPERTENSIVES |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| perphenazine tab (TRILAFON equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523) | LD | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| phenazopyridine tab (PYRIDIDIUM equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenazopyridine tab 95mg (AZO equiv) | OTC | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenazopyridine tab 97.5mg (AZO equiv) | OTC | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenazopyridine tab 99.5mg (AZO equiv) | OTC | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| PHENELZINE SULFATE TAB | - | 1 | ANTIDEPRESSANTS |
| phenelzine tab (NARDIL equiv) | - | 1 | ANTIDEPRESSANTS |
| phenobarbital elixir | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| phenobarbital tab | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| phenoxybenzamine cap (DIBENZYLINE equiv) | MSP-PA | MSP | ANTIHYPERTENSIVES |
| phentermine cap (ADIPEX equiv) (QL= 1 cap/day) | QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| phentermine tab (ADIPEX equiv) (QL= 1 tab/day) | QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| phenytoin cap (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | 2 | ANTICONVULSANTS |
| phenytoin susp (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| PHEXXI GEL (QL= 1 box/fill) | QL | \$0 | VAGINAL AND RELATED PRODUCTS |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| phytonadione tab (MEPHYTON equiv) | - | 2 | VITAMINS |
| PICATO GEL (QL= 1 box/fill) | QL | 3 | DERMATOLOGICALS |
| PIFELTRO TAB | - | 2 | ANTIVIRALS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| pilocarpine tab (SALAGEN equiv) | - | 1 | MOUTH/THROAT/DENTAL 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/metformin tab (ACTOPLUS MET equiv) | - | 3 | ANTIDIABETICS |
| PIQRAY TAB | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day) | MSP-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | MSP-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |

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| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| piroxicam cap (FELDENE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| PLEGRIDY INJ | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLEGRIDY PEN INJ | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PODIAPN CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| PODOCON SOLN | - | 2 | DERMATOLOGICALS |
| podofilox soln (CONDYLOX equiv) | - | 2 | DERMATOLOGICALS |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 | OPHTHALMIC AGENTS |
| POMALYST CAP (QL= 21 caps/28 days) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| posaconazole DR tab (NOXAFIL equiv) (Restricted to Oncology, Hematology, or Infectious Disease Specialist) | RS | 3 | ANTIFUNGALS |
| POT/CHLORIDE EFFER TAB | - | 1 | MINERALS & ELECTROLYTES |
| POTABA POWDER PACKET | - | 2 | VITAMINS |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER tab (K-TAB equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride micro tab (K-DUR equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 | MINERALS & ELECTROLYTES |
| potassium chloride soln | - | 2 | MINERALS & ELECTROLYTES |
| POTASSIUM CHLORIDE TAB ER | - | 1 | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROKIT-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 |
| potassium iodide oral soln (SSKI equiv) | - | 2 | COUGH/COLD/ALLERGY |
| potassium phosphate monobasic tab (K-PHOS equiv) | - | 2 | MINERALS & ELECTROLYTES |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 | ANTICONVULSANTS |
| PRADAXA CAP 110MG | - | 3 | ANTICOAGULANTS |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 3 | ANTIPARKINSON AGENTS |
| pramipexole tab (MIRAPEX equiv) | - | 1 | ANTIPARKINSON AGENTS |
| PRAMOSONE CREAM 1-1% | - | 2 | DERMATOLOGICALS |
| PRAMOSONE E CREAM | - | 2 | DERMATOLOGICALS |
| PRAMOSONE LOTION | - | 3 | DERMATOLOGICALS |
| PRAMOSONE OINT | - | 2 | DERMATOLOGICALS |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | 1 | ANORECTAL AGENTS |
| PRASCION RA CREAM | - | 2 | DERMATOLOGICALS |
| prasugrel tab (EFFIENT equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| praziquantel tab (BILTRICIDE equiv) | - | 2 | ANTHELMINTICS |
| prazosin cap (MINIPRESS equiv) | - | 1 | ANTIHYPERTENSIVES |
| PRED FORTE OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| PRED FORTE OPHTH SUSP 1% | - | 2 | OPHTHALMIC AGENTS |
| PRED MILD OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |

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| PRED-G OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PREDNICARBATE CREAM | - | 2 | DERMATOLOGICALS |
| PREDNICARBATE OIN | - | 2 | DERMATOLOGICALS |
| prednisolone ODT (ORAPRED equiv) | - | 3 | CORTICOSTEROIDS |
| PREDNISOLONE ODT TAB | - | 3 | CORTICOSTEROIDS |
| PREDNISOLONE OPHTH SUSP | - | 1 | OPHTHALMIC AGENTS |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| prednisolone soln | - | 1 | CORTICOSTEROIDS |
| prednisolone soln (PEDIAPRED equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISOLONE SOLN | - | 3 | CORTICOSTEROIDS |
| PREDNISON SOLN | - | 2 | CORTICOSTEROIDS |
| prednison tab (DELTASONE equiv) | - | 1 | CORTICOSTEROIDS |
| PREFEST TAB | - | 3 | ESTROGENS |
| pregabalin 25mg, 50mg, 75mg, 100mg (LYRICA equiv) (QL= 5 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin cap 150mg (LYRICA equiv) (QL= 4 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | 2 | ANTICONVULSANTS |
| PREHEVBRIO SUSP | VAC | EXC | VACCINES |
| PREMARIN TAB | - | 2 | ESTROGENS |
| PREMARIN VAGINAL CREAM | - | 2 | VAGINAL PRODUCTS |
| PREMPHASE TAB, PREMPRO TAB | - | 2 | ESTROGENS |
| PRENATAL 19 CHEW TAB | - | 1 | MULTIVITAMINS |
| PRENATAL VITAMIN (RX ONLY) | - | 1 | VITAMINS |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTIMYCOBACTERIAL AGENTS |
| PREVACID OTC CAP | OTC | 1 | ULCER DRUGS |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger) | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| PREVIDENT PASTE | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| PREVNAR 20 INJ | VAC | EXC | VACCINES |
| PREVYMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months) | MSP-PA-QL | MSP | ANTIVIRALS |
| PREZCOBIX TAB | - | 2 | ANTIVIRALS |
| PREZISTA SUSP | - | 2 | ANTIVIRALS |
| PREZISTA TAB | - | 2 | ANTIVIRALS |
| PRIFTIN TAB | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| primaquine tab (PRIMAQUINE equiv) | - | 1 | ANTIMALARIALS |
| primidone tab (MYSOLINE equiv) | - | 1 | ANTICONVULSANTS |
| PRIMSOL SOLN | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| PRIORIX INJ | VAC | EXC | VACCINES |
| probenecid tab (BENEMID equiv) | - | 1 | GOUT AGENTS |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PROCTOFOAM HC FOAM | - | 2 | ANORECTAL AGENTS |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 | ANORECTAL AGENTS |
| progesterone cap (PROMETRIUM equiv) | - | 1 | PROGESTINS |
| progesterone oil inj | - | 1 | PROGESTINS |
| PROLENSA OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PROMACTA POWDER | MSP-PA | MSP | HEMATOPOIETIC AGENTS |
| PROMACTA TAB | MSP-PA | MSP | HEMATOPOIETIC AGENTS |
| promethazine DM syrup | - | 1 | COUGH/COLD/ALLERGY |
| promethazine supp (PHENERGAN equiv) | - | 2 | ANTIHISTAMINES |

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| | | | | | |
|-------------|---|------------|--|-----------|--|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| 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 | SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

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|--|---------------------|-------------|---|
| promethazine syrup | - | 1 | ANTIHISTAMINES |
| promethazine tab (PHENERGAN equiv) | - | 1 | ANTIHISTAMINES |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 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 |
| propracaine ophth soln (ALCAINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| propranolol ER cap (INDERAL LA equiv) | - | 1 | BETA BLOCKERS |
| propranolol oral soln 20mg/5ml (PROPRANOLOL 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 |
| protriptyline tab (VIVACTIL equiv) | - | 3 | ANTIDEPRESSANTS |
| PULMOZYME INH SOLN | MSP-PA | MSP | RESPIRATORY AGENTS - MISC. |
| pyrazinamide tab | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | 1 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine soln (MESTINON equiv) | - | 3 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day) | LD-PA-QL | MSP | ANTIMALARIALS |
| PYRUKYND TAB (QL= 2 tabs/day) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |
| PYRUKYND TAPER PACK (QL= 1 tab/day) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |
| QBRELIS SOLN (Prior Authorization required for members age 9 or older) | PA | 3 | ANTIHYPERTENSIVES |
| QINLOCK TAB (QL= 3 tabs/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| QSYMIA CAP (QL= 1 cap/day) | PA-QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| quetiapine tab (SEROQUEL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| QUFLORA PEDIATRIC CHEW TAB | - | 3 | MULTIVITAMINS |
| quinapril tab (ACCUPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| quinidine gluconate CR tab | - | 2 | ANTIARRHYTHMICS |
| quinidine sulfate tab | - | 1 | ANTIARRHYTHMICS |
| rabeprazole EC tab (ACIPHEX equiv) | - | 1 | ULCER DRUGS |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days) | LD-PA-QL | MSP | NEUROMUSCULAR AGENTS |
| RADICAVA ORS SUSP (QL= 50mL/28 days) | LD-PA-QL | MSP | NEUROMUSCULAR AGENTS |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day) | QL | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ramipril cap (ALTACE equiv) | - | 1 | ANTIHYPERTENSIVES |
| ranolazine tab (RANEXA equiv) | - | 2 | ANTIANGINAL AGENTS |
| rasagiline tab (AZILECT equiv) | ¢ | 2 | ANTIPARKINSON AGENTS |
| RAYOS TAB | - | EXC | CORTICOSTEROIDS |
| REBETOL SOLN | - | 2 | ANTIVIRALS |

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|---|---------------------|-------------|---|
| REBIF INJ () | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 | DERMATOLOGICALS |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 | ANTIVIRALS |
| renaphro cap (NEPHROCAP equiv) | - | 1 | MULTIVITAMINS |
| RENOVA CREAM | - | EXC | DERMATOLOGICALS |
| repaglinide tab (PRANDIN equiv) | - | 1 | 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 | - | 2 | ANTIVIRALS |
| RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist) | RS | 2 | OPHTHALMIC AGENTS |
| RETACRIT INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| RETEVMO CAP (QL= 4 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| REVLIMID CAP (QL= 1 cap/day) | LD-PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSES |
| REYATAZ POWDER PACK | - | 2 | ANTIVIRALS |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| REZUROCK TAB (QL= 1 tab/day) | LD-PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSES |
| RHEUMATREX TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| RHOFADE CREAM | - | EXC | DERMATOLOGICALS |
| RHOPRESSA OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ribavirin cap (REBETOL equiv) | - | 2 | ANTIVIRALS |
| ribavirin tab (COPEGUS equiv) | - | 2 | 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 | - | 3 | ANTIVIRALS |
| RINVOQ ER TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| RIOMET ER SUSP | - | 3 | ANTIDIABETICS |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| risedronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate.) | ST | 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) | - | 2 | ANTIVIRALS |
| 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 OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ropinirole ER tab (REQUIP XL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| ropinirole tab (REQUIP equiv) | - | 1 | ANTIPARKINSON AGENTS |

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| rosuvastatin tab (CRESTOR equiv) | - | \$0 | ANTHYPERLIPIDEMICS |
| ROTARIX SUSP | VAC | EXC | VACCINES |
| ROTATEQ INJ | VAC | EXC | VACCINES |
| ROZLYTREK CAP (QL= 3 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUBRACA TAB (QL= 4 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUCONEST INJ | LD-PA | MSP | HEMATOLOGICAL AGENTS - MISC. |
| rufinamide susp (BANZEL equiv) | PA | 2 | ANTICONSULTANTS |
| rufinamide tab (BANZEL TAB equiv) | PA | 2 | ANTICONSULTANTS |
| RUKOBIA ER TAB | PA | 2 | ANTIVIRALS |
| RYBELSUS TAB (QL=1 tab/day) | QL | 2 | ANTIDIABETICS |
| RYDAPT CAP (QL= 56 caps/28 days) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SALEX SHAMPOO | - | 3 | DERMATOLOGICALS |
| salicylic acid shampoo (SALEX equiv) | - | 2 | DERMATOLOGICALS |
| salsalate tab (DISALCID equiv) | - | 2 | ANALGESICS - NONNARCOTIC |
| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 | ANTIEMETICS |
| SANDIMMUNE SOLN 100MG/ML (QL= 150 mL/30 days) | QL | 3 | ASSORTED CLASSES |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 | DERMATOLOGICALS |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SAVELLA PAK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVELLA TAB (QL= 2 tabs/day) | QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAXENDA INJ (QL= 5 pens/30 days) | PA-QL | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| scopolamine patch (TRANSDERM-SCOP equiv) (QL= 5 patches/fill) | QL | 2 | ANTIEMETICS |
| SECONAL CAP | - | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| selegiline cap (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selenium sulfide lotion | OTC | 1 | DERMATOLOGICALS |
| selenium sulfide lotion 2.5% (SELSUN equiv) | - | 1 | DERMATOLOGICALS |
| selenium sulfide shampoo (SELSEB equiv) | - | 2 | DERMATOLOGICALS |
| SELZENTRY SOLN | - | 2 | ANTIVIRALS |
| SELZENTRY TAB | - | 2 | ANTIVIRALS |
| SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ | - | 2 | ANTIDIABETICS |
| SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN | - | 2 | ANTIDIABETICS |
| SEREVENT DISKUS INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| sertraline conc (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| sertraline tab (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| sevelamer powder pak (RENVELA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer tab (RENVELA TAB equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SHINGRIX INJ | VAC | EXC | VACCINES |
| SIGNIFOR INJ (QL= 2 vials/day) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization) | PA | 2 | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab (VIAGRA equiv) (QL=8 tabs/30 days) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) (QL= 40 tabs/30 days) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| silodosin cap (RAPAFLO equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| SIMBRINZA OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI INJ 100MG (QL=1 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | \$0 | ANTIHYPERTENSIVES |
| sirolimus soln (RAPAMUNE equiv) | - | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| sirolimus tab (RAPAMUNE equiv) | - | 2 | ASSORTED CLASSES |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days) | MSP-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days) | MSP-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| SLYND TAB | - | \$0 | CONTRACEPTIVES |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| 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) | - | 1 | MINERALS & ELECTROLYTES |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger) | - | 1 | MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger) | - | 1 | MINERALS & ELECTROLYTES |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| SODIUM OXYBATE SOLN | LD-PA | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| sodium phenylbutyrate powder (BUPHENYL equiv) | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phenylbutyrate tab (BUPHENYL equiv) | MSP-PA | MSP | 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) | - | 3 | DERMATOLOGICALS |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide shampoo (OVACE equiv) | - | 3 | DERMATOLOGICALS |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 | DERMATOLOGICALS |

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| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 3 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | 2 | DERMATOLOGICALS |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day) | MSP-PA-QL | MSP | ANTIVIRALS |
| solifenacin tab (VESICARE equiv) | - | 1 | URINARY ANTISPASMODICS |
| SOLIQUA INJ (QL= 15ml/25 days) | QL | 2 | ANTIDIABETICS |
| SOLOSEC GRANULES PACKET (QL= 1 packet/fill) | PA-QL | 3 | AMEBICIDES |
| SOLU-CORTEF INJ (QL= 1 vial/fill) | QL | 2 | CORTICOSTEROIDS |
| SOLU-CORTEF INJ 100MG (QL= 2 vials/fill) | QL | 2 | CORTICOSTEROIDS |
| SOLU-MEDROL INJ 2GM | - | 2 | CORTICOSTEROIDS |
| SOMAVERT INJ | LD-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOMNOTE CAP | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| sorafenib tosylate tab (NEXAVAR equiv) | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 | BETA BLOCKERS |
| sotalol tab (BETAPACE equiv) | - | 1 | BETA BLOCKERS |
| SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older) | PA | 3 | BETA BLOCKERS |
| SPECTRACEF TAB | - | 3 | CEPHALOSPORINS |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 | DERMATOLOGICALS |
| 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 | ASTHMA AND BRONCHODILATOR AGENTS |
| spironolactone tab (ALDACTONE equiv) | - | 1 | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 | DIURETICS |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 | CONTRACEPTIVES |
| SPRYCEL TAB | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SPS SUSP | - | 1 | MISCELLANEOUS THERAPEUTIC CLASSES |
| STAVUDINE CAP | - | 2 | ANTIVIRALS |
| stavudine cap (ZERIT equiv) | - | 2 | ANTIVIRALS |
| STELARA INJ (QL= 1 inj/84 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| STIMATE NASAL SOLN | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STIOLTO INHALER | - | 2 | ASTHMA AND BRONCHODILATOR AGENTS |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| STRENSIQ INJ | LD-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STRIBILD TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 3 | ASTHMA AND BRONCHODILATOR AGENTS |
| sucalfate susp (CARAFATE equiv) | - | 2 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS |
| sucalfate tab (CARAFATE equiv) | - | 1 | ULCER DRUGS |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 | OPHTHALMIC AGENTS |

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| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv) | - | 2 | DERMATOLOGICALS |
| sulfadiazine tab | - | 3 | SULFONAMIDES |
| SULFAMYLON CREAM | - | 2 | DERMATOLOGICALS |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulindac tab (CLINORIL equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sunitinib malate cap (SUTENT equiv) | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 |
| SYMAX DUOTAB | - | 3 | ULCER DRUGS |
| SYMBICORT INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SYMDEKO TAB (QL= 2 tabs/day) | LD-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| SYMFI (LO) TAB | - | 3 | ANTIVIRALS |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | 2 | VASOPRESSORS |
| SYMPROIC TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SYMTUZA TAB | - | 2 | ANTIVIRALS |
| SYNAREL NASAL SOLN | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| 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 |
| SYNTHROID TAB | - | 3 | THYROID AGENTS |
| SYRINGE LUER-LOK | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| TABLOID TAB | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TABRECTA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tacrolimus cap (PROGRAF equiv) | - | 1 | ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 | DERMATOLOGICALS |
| tadalafil tab (CIALIS equiv) (QL= 8 tabs/30 days) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab (PAH) (ADCIRCA equiv) | MSP | 2 | CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| TADLIQ SUSP (Members age 9 years or older require Prior Authorization) | PA-SP | 3 | CARDIOVASCULAR AGENTS - MISC. |
| TAFINLAR CAP (QL= 4 caps/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAGRISSE TAB (QL= 1 tab/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| TAKHZYRO INJ (QL= 2 inj/28 days) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |
| TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |
| TALTZ INJ (QL= 1 inj/28 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamsulosin cap (FLOMAX equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| TASIGNA CAP | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tavaborole soln (KERYDIN equiv) | - | EXC | DERMATOLOGICALS |
| TAVALISSE TAB (QL= 2 tabs/day) | LD-PA-QL-SF | MSP | HEMATOLOGICAL AGENTS - MISC. |
| TAVNEOS CAP (QL= 6 caps/day) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |
| tazarotene cream 0.1% (TAZORAC equiv) | PA | 2 | DERMATOLOGICALS |
| TAZORAC CREAM 0.05% | PA | 3 | DERMATOLOGICALS |
| TAZVERIK TAB (QL= 8 tabs/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TB SYRINGE | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| TEKTRUNA HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| telmisartan tab (MICARDIS equiv) | - | 1 | ANTIHYPERTENSIVES |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temazepam cap 22.5mg (RESTORIL equiv) | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temazepam cap 7.5mg (RESTORIL equiv) | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temozolomide cap (TEMODAR equiv) | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 2 | ANTIVIRALS |
| TEPMETKO TAB (QL= 2 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 |
| TEST STRIP (all other test strips) | OTC-PA | DME | DIAGNOSTIC PRODUCTS |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill) | QL | 2 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 3 | ANDROGENS-ANABOLIC |

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| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 3 | 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 | 1 | ANDROGENS-ANABOLIC |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| tetrabenazine tab (XENAZINE equiv) | MSP-PA | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| tetracycline cap | - | 3 | TETRACYCLINES |
| TEXACORT SOLN | - | 3 | DERMATOLOGICALS |
| THALOMID CAP | MSP-PA | MSP | ASSORTED CLASSES |
| theophylline ER tab (UNIPHYL equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline er tab (THEOPHYLLINE ER equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| 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) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TICOVAC INJ | VAC | EXC | VACCINES |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) | - | 3 | OPHTHALMIC AGENTS |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 | OPHTHALMIC AGENTS |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) | - | 3 | OPHTHALMIC AGENTS |
| timolol maleate tab (BLOCADREN equiv) | - | 1 | BETA BLOCKERS |
| tinidazole tab (TINDAMAX equiv) | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| tiopronin tab (THIOLA equiv) | MSP-PA | MSP | GENITOURINARY AGENTS - MISCELLANEOUS |
| TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older) | PA-QL | 3 | THYROID AGENTS |
| TIVICAY PD TAB | - | 2 | ANTIVIRALS |
| TIVICAY TAB | - | 2 | ANTIVIRALS |
| tizanidine cap (ZANAFLEX equiv) | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| tizanidine tab (ZANAFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| TOBI PODHALER | LD-PA | MSP | AMINOGLYCOSIDES |
| TOBRADEX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| TOBRADEX ST OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| tobramycin neb soln (TOBI equiv) | MSP-PA | MSP | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBREX equiv) | - | 1 | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 | OPHTHALMIC AGENTS |
| TOBREX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| TODAY SPONGE | OTC | \$0 | VAGINAL PRODUCTS |
| TOLAZAMIDE TAB | - | 1 | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | 2 | ANTIDIABETICS |
| tolcapone tab (TASMAR equiv) | - | 3 | ANTIPARKINSON AGENTS |
| TOLMETIN CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| tolmetin cap (TOLECTIN DS equiv) | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |

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| tolterodine SR cap (DETROL LA equiv) | - | 2 | URINARY ANTISPASMODICS |
| tolterodine tab (DETROL equiv) | - | 1 | URINARY ANTISPASMODICS |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| topiramate tab (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| toremifene tab (FARESTON equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| torseamide tab (DEMADEX equiv) | - | 1 | DIURETICS |
| TOUJEO MAX SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| TOUJEO SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| TRACLEER TAB 32MG (QL= 4 tabs/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| TRADJENTA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| tramadol ER tab (ULTRAM ER equiv) (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| TRAMADOL HCL ER TAB (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| tramadol tab (ULTRAM equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 1 | ANALGESICS - OPIOID |
| trandolapril tab (MAVIK equiv) | - | 1 | 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 |
| TRELEGY ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TREMFYA INJ (QL= 1 inj/56 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| TRESIBA FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| TRESIBA INJ | - | 2 | ANTIDIABETICS |
| tretinoin cap (VESANOID equiv) | MSP | MSP | ANTINEOPLASTICS |
| tretinoin cream | - | 2 | DERMATOLOGICALS |
| tretinoin gel (RETIN-A GEL equiv) | - | 2 | DERMATOLOGICALS |
| triamcinolone cream | - | 1 | DERMATOLOGICALS |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| triamcinolone lotion | - | 1 | DERMATOLOGICALS |
| triamcinolone oint | - | 1 | DERMATOLOGICALS |
| triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill) | OTC-QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| triamcinolone spray (KENALOG equiv) | - | 3 | DERMATOLOGICALS |
| triamterene cap (DYRENIUM equiv) | - | 2 | DIURETICS |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 | DIURETICS |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 | DIURETICS |
| triazolam tab (HALCION equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| tricon cap (TRINSICON equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| trientine cap (SYPRINE equiv) (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | MSP | MISCELLANEOUS THERAPEUTIC CLASSES |
| trifluoperazine tab (STELAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| TRIFLURIDINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| TRIHEXYPHENIDYL SOLN | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |

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| 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) | PA-QL | MSP | RESPIRATORY AGENTS - MISC. |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 | CONTRACEPTIVES |
| TRI-LUMA CREAM | - | EXC | DERMATOLOGICALS |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | 1 | LAXATIVES |
| trimethobenzamide cap (TIGAN equiv) | - | 1 | ANTIEMETICS |
| TRIMETHOPRIM TAB | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| trimipramine cap (SURMONTIL equiv) | - | 3 | ANTIDEPRESSANTS |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL-¢ | 3 | ANTIDEPRESSANTS |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 | CONTRACEPTIVES |
| TRIUMEQ PD TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| TRIZIVIR TAB | - | 2 | ANTIVIRALS |
| TROKENDI XR CAP | - | EXC | ANTICONVULSANTS |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| tropium chloride SR cap (SANCTURA XR equiv) | - | 2 | URINARY ANTISPASMODICS |
| tropium tab (SANCTURA equiv) | - | 1 | URINARY ANTISPASMODICS |
| TRULANCE TAB | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| TRULICITY INJ (QL= 4 pens/28 days) | QL | 2 | ANTIDIABETICS |
| TUKYSA TAB (QL= 4 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TURALIO CAP (QL= 4 caps/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TWIRLA PATCH | - | \$0 | CONTRACEPTIVES |
| TYBLUME TAB | - | \$0 | CONTRACEPTIVES |
| TYMLOS INJ | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TYVASO DPI POWDER (QL= 4 cartridges/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/2 days) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO INH SOLN (QL= 1 ampule/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| UCERIS RECTAL FOAM | PA | 3 | ANORECTAL AGENTS |
| UPTRAVI TAB (QL= 2 tabs/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| urea cream () | - | 1 | DERMATOLOGICALS |
| urea lotion (KERALAC LOTION equiv) | - | 1 | DERMATOLOGICALS |
| ursodiol cap (ACTIGALL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| valacyclovir tab (VALTREX equiv) | - | 1 | ANTIVIRALS |
| VALCHLOR GEL (QL= 4 tubes/30 days) | LD-PA-QL | MSP | DERMATOLOGICALS |
| valganciclovir soln (VALCYTE equiv) | - | 2 | ANTIVIRALS |
| valganciclovir tab (VALCYTE equiv) | - | 2 | ANTIVIRALS |

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| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| 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 | SP Available through Specialty Pharmacy Program | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.
Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| valproic acid cap (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| valproic acid syrup (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| valsartan tab (DIOVAN equiv) | - | 1 | ANTIHYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill) | QL | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| VANIQA CREAM | - | EXC | DERMATOLOGICALS |
| vardenafil tab (LEVITRA equiv) | - | EXC | CARDIOVASCULAR AGENTS - MISC. |
| VARENICLINE PAK (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VARENICLINE TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| vasolex oint (XENADERM equiv) | - | 2 | DERMATOLOGICALS |
| VAXNEUVANCE INJ | VAC | EXC | VACCINES |
| VELIVET PAK | - | \$0 | CONTRACEPTIVES |
| velivet tab (CYCLESSA equiv) | - | \$0 | CONTRACEPTIVES |
| VELTASSA POWDER | PA | 2 | ASSORTED CLASSES |
| VEMLIDY TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| VENCLEXTA STARTER PACK | MSP-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VENCLEXTA TAB | MSP-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 | ANTIDEPRESSANTS |
| venlafaxine tab (EFFEXOR equiv) | - | 1 | ANTIDEPRESSANTS |
| VENTAVIS INH SOLN (QL= 9 ampules/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| VENTOLIN HFA INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| 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 |
| VERELAN SR CAP 360mg | - | 3 | CALCIUM CHANNEL BLOCKERS |
| VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist) | QL-RS | 2 | CARDIOVASCULAR AGENTS - MISC. |
| VERZENIO TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| V-GO INJ KIT (QL= 1 kit/day) | QL | DME | MEDICAL DEVICES AND SUPPLIES |
| VIBRAMYCIN SYRUP | - | 3 | TETRACYCLINES |
| VICTOZA INJ (QL= 9ml/30 days) | QL | 2 | ANTIDIABETICS |
| VIDEX SOLN | - | 2 | ANTIVIRALS |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | \$0 | CONTRACEPTIVES |
| vigabatrin powder pack (SABRIL POWDER equiv) | LD-PA | MSP | ANTICONVULSANTS |
| vigabatrin tab (SABRIL equiv) | LD-PA | MSP | ANTICONVULSANTS |
| vigadrone powder pack | LD-PA | MSP | ANTICONVULSANTS |
| VIJOICE TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSES |
| VIJOICE TAB 250MG (QL= 2 tabs/day) | MSP-PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSES |
| VIMOVO TAB | - | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 | CONTRACEPTIVES |

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| SMKG Smoking Cessation | ¢ RxCENTS | |
| VAC Vaccine Program | | |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.

**Alphabetical Index
Last Updated 3/1/2023**

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| VIRACEPT TAB | - | 2 | ANTIVIRALS |
| VIREAD TAB | - | 2 | ANTIVIRALS |
| vitamin D cap (RX strength only) | - | 1 | VITAMINS |
| VITRAKVI CAP 100MG (QL= 2 caps/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI CAP 25MG (QL= 6 caps/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI SOLN (QL= 10ml/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VIVOTIF CAP | VAC | 2 | VACCINES |
| VIZIMPRO TAB (QL= 1 tab/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VONJO CAP (QL= 4 caps/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| voriconazole susp (VFEND equiv) (Restricted to Oncology or Hematology Specialist or Infectious Disease Specialist) | RS | 3 | ANTIFUNGALS |
| voriconazole tab (VFEND equiv) | - | 2 | ANTIFUNGALS |
| VOSEVI TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | ANTIVIRALS |
| VOTRIENT TAB | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOXZOGO INJ (QL= 1 vial/day) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VYNDAMAX CAP (QL= 1 cap/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| VYNDAQEL CAP (QL= 4 caps/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| VYVANSE CAP | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| VYVANSE CHEW TAB | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| warfarin tab (COUMADIN equiv) | - | 1 | ANTICOAGULANTS |
| WEGOVY INJ (QL= 4 pens/28 days) | PA-QL | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| WEGOVY INJ 1.7MG/0.75ML (QL= 4 pens/28 days) | PA-QL | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| WEGOVY INJ 2.4MG/0.75ML (QL= 4 pens/28 days) | PA-QL | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| WELIREG TAB (QL= 3 tabs/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XADAGO TAB (QL= 1 tab/day) | PA-QL | 3 | ANTIPARKINSON AGENTS |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XAQUIL XR TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| XARELTO STARTER PACK | - | 2 | ANTICOAGULANTS |
| XARELTO SUSP | - | 2 | ANTICOAGULANTS |
| XARELTO TAB | - | 2 | ANTICOAGULANTS |
| XATMEP SOLN (Prior Authorization required for members age 9 or older) | PA | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XCOPRI PAK 100-150MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |

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| | | | | | |
|------|---|-----|--|----|--|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| 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 | SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.

**Alphabetical Index
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|---|---------------------|-------------|---|
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XELJANZ SOLN (QL= 10ml/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ XR TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| XENADERM OINT | - | 2 | DERMATOLOGICALS |
| XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| XERESE CREAM | - | EXC | DERMATOLOGICALS |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days) | QL | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| XIFAXAN TAB 550MG | PA | 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 |
| XOSPATA TAB (QL= 3 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XPOVIO PAK (QL= 32 tabs/28 days) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTAMPZA ER CAP (QL= 120 caps/30 days; Dosage limits may apply) | QL | 2 | ANALGESICS - OPIOID |
| XULTOPHY INJ (QL= 15ml/30 days) | QL | 2 | ANTIDIABETICS |
| XYZBAC TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| zafemy patch (XULANE equiv) | - | \$0 | CONTRACEPTIVES |
| zafirlukast tab (ACCOLATE equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| zaleplon cap (SONATA equiv) (QL= 2 caps/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ZARXIO INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| ZEGALOGUE INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| ZEJULA CAP (QL= 3 caps/day) | PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELBORAF TAB (QL= 8 tabs/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZEPOSIA CAP (QL= 1 cap/day) | MSP-PA-QL | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZEPOSIA STARTER PACK (QL= 1 cap/day) | MSP-PA-QL | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| zidovudine cap (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| zidovudine syrup (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| zidovudine tab (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| ZIEXTENZO INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| ZIMHI SOLN | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| zinc sulfate cap | - | 1 | MINERALS & ELECTROLYTES |
| ziprasidone cap (GEODON equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZIRGAN OPHTH GEL | - | 2 | OPHTHALMIC AGENTS |
| ZITHROMAX POWDER PACK | - | 3 | MACROLIDES |
| ZOLINZA CAP | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |

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Alphabetical Index
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|--|---------------------|-------------|---|
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| zolpidem tab (AMBIEN equiv) | - | 1 | HYPNOTICS |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZOLPIDEM TARTRATE SL TAB 1.75MG | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZOLPIDEM TARTRATE SL TAB 3.5MG | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZOLPIMIST SPRAY | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZONISADE SUSP (PA required for members age 9 years or older) | PA | 3 | ANTICONVULSANTS |
| zonisamide cap (ZONEGRAN equiv) | - | 1 | ANTICONVULSANTS |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 2 | HEMATOLOGICAL AGENTS - MISC. |
| ZTALMY SUSP (QL= 1100ml/30 days) | LD-PA-QL | MSP | ANTICONVULSANTS |
| ZUBSOLV SL TAB | - | 2 | ANALGESICS - OPIOID |
| ZUPLENZ SL FILM | - | EXC | ANTIEMETICS |
| ZYCLARA CREAM | - | EXC | DERMATOLOGICALS |
| ZYDELIG TAB | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYKADIA CAP (QL= 3 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYKADIA TAB (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 | OPHTHALMIC AGENTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
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GHC-SCW 4-Tier FEHB Complete Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|--------------|------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| ADDERALL XR CAP | - | 1 |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 2 |
| VYVANSE CAP | - | 2 |
| VYVANSE CHEW TAB | - | 2 |
| dextroamphetamine soln (PROCENTRA equiv) | - | 3 |
| ANALECTICS | | |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 2 |
| ANOREXIANTS NON-AMPHETAMINE | | |
| phentermine cap (ADIPEX equiv) (QL= 1 cap/day) | QL | 1 |
| phentermine tab (ADIPEX equiv) (QL= 1 tab/day) | QL | 1 |
| QSYMIA CAP (QL= 1 cap/day) | PA-QL | 2 |
| ANTI-OBESITY AGENTS | | |
| SAXENDA INJ (QL= 5 pens/30 days) | PA-QL | 3 |
| WEGOVY INJ (QL= 4 pens/28 days) | PA-QL | 3 |
| WEGOVY INJ 1.7MG/0.75ML (QL= 4 pens/28 days) | PA-QL | 3 |
| WEGOVY INJ 2.4MG/0.75ML (QL= 4 pens/28 days) | PA-QL | 3 |
| IMCIVREE INJ (QL= 1 inj/day) | LD-PA-QL | MSP |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| atomoxetine cap (STRATTERA CAP equiv) | - | 1 |
| guanfacine ER tab (INTUNIV equiv) | - | 1 |
| clonidine ER tab (KAPVAY equiv) | - | 2 |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI TAB (QL= 1 tab/day) | PA-QL | 2 |
| STIMULANTS - MISC. | | |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | QL | 1 |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 |
| methylphenidate CD cap (METADATE CD equiv) | - | 1 |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv) | - | 1 |
| methylphenidate tab (RITALIN equiv) | - | 1 |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | 1 |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 2 |
| methylphenidate ER cap (RITALIN LA equiv) | - | 2 |
| METHYLPHENIDATE ER TAB | - | 2 |
| methylphenidate ER tab (CONCERTA equiv) | - | 2 |
| methylphenidate soln (METHYLIN equiv) | - | 2 |
| methylphenidate chew tab (METHYLIN equiv) | - | 3 |
| AMEBICIDES | | |
| SOLOSEC GRANULES PACKET (QL= 1 packet/fill) | PA-QL | 3 |

AMINOGLYCOSIDES

AMINOGLYCOSIDES

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| | | | | | |
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GHC-SCW 4-Tier FEHB Complete Formulary

Category/Class

Last Updated* 3/1/2023

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|----------------------------------|--------------|------|
| AMINOGLYCOSIDES Cont. | | |
| neomycin tab | - | 1 |
| paromomycin cap (HUMATIN equiv) | - | 3 |
| ARIKAYCE SUSP (QL= 1 vial/day) | LD-PA-QL | MSP |
| TOBI PODHALER | LD-PA | MSP |
| tobramycin neb soln (TOBI equiv) | MSP-PA | MSP |

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

| | | |
|--------------------------------|-----------|-----|
| OLUMIANT TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| RINVOQ ER TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| XELJANZ SOLN (QL= 10ml/day) | MSP-PA-QL | MSP |
| XELJANZ TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP |
| XELJANZ XR TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |

ANTIRHEUMATIC ANTIMETABOLITES

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

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

| | | |
|--|-----------|-----|
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | MSP-PA-QL | MSP |
| SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days) | MSP-PA-QL | MSP |
| SIMPONI INJ 100MG (QL=1 inj/28 days) | MSP-PA-QL | MSP |

GOLD COMPOUNDS

| | | |
|-------------|---|---|
| RIDAURA CAP | - | 2 |
|-------------|---|---|

INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)

| | | |
|-----------------------------|----------|-----|
| KINERET INJ (QL= 1 inj/day) | LD-PA-QL | MSP |
|-----------------------------|----------|-----|

INTERLEUKIN-6 RECEPTOR INHIBITORS

| | | |
|--|-----------|-----|
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| KEVZARA INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

| | | |
|--|---|---|
| celecoxib cap (CELEBREX equiv) | - | 1 |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 |
| etodolac cap (LODINE equiv) | - | 1 |
| etodolac tab | - | 1 |
| FLURBIPROFEN TAB | - | 1 |
| flurbiprofen tab (ANSAID equiv) | - | 1 |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 |
| ibuprofen tab | - | 1 |

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| QL | Plan Exclusion | OTC | SF | Prior Authorization |
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| | Smoking Cessation | ¢ | | |
| | Vaccine Program | | | |

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|--|--------------|------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| ibuprofen tab (RX only) | - | 1 |
| indomethacin cap (INDOCIN equiv) | - | 1 |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 |
| ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 |
| ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 |
| ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 |
| meloxicam tab (MOBIC equiv) | - | 1 |
| nabumetone tab (RELAFEN equiv) | - | 1 |
| naproxen tab (NAPROSYN equiv) | - | 1 |
| piroxicam cap (FELDENE equiv) | - | 1 |
| sulindac tab (CLINORIL equiv) | - | 1 |
| naproxen EC tab (NAPROSYN EC equiv) | - | 2 |
| naproxen sodium tab (ANAPROX equiv) | - | 2 |
| oxaprozin tab (DAYPRO equiv) | - | 2 |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 3 |
| etodolac ER tab (LODINE XL equiv) | - | 3 |
| KETOPROFEN ER CAP | - | 3 |
| MECLOFENAMATE CAP | - | 3 |
| mefenamic acid cap (PONSTEL equiv) | - | 3 |
| TOLMETIN CAP | - | 3 |
| tolmetin cap (TOLECTIN DS equiv) | - | 3 |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | EXC |
| VIMOVO TAB | - | EXC |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| OTEZLA STARTER PACK (QL= 2 tabs/day) | MSP-PA-QL | MSP |
| OTEZLA TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| leflunomide tab (ARAVA equiv) | - | 1 |
| SELECTIVE COSTIMULATION MODULATORS | | |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | MSP-PA-QL | MSP |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | MSP-PA-QL | MSP |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | MSP-PA-QL | MSP |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | MSP-PA-QL | MSP |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | MSP-PA-QL | MSP |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | MSP-PA-QL | MSP |
| ENBREL MINI INJ (QL= 4 inj/28 days) | MSP-PA-QL | MSP |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | MSP-PA-QL | MSP |
| ANALGESICS - NONNARCOTIC | | |
| SALICYLATES | | |
| aspirin chew tab 81mg (Covered for females (no age restriction)) | OTC | \$0 |
| aspirin ec tab 81mg (Covered for females (no age restriction)) | OTC | \$0 |
| diflunisal tab (DOLOBID equiv) | - | 1 |
| salsalate tab (DISALCID equiv) | - | 2 |

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|-----------------|---------------------|-------------|

ANALGESICS - OPIOID

OPIOID AGONISTS

| | | |
|---|-------|---|
| CODEINE SULFATE TAB (Dosage limits may apply) | - | 1 |
| hydromorphone tab (DILAUDID equiv) (Dosage limits may apply) | - | 1 |
| METHADONE SOLN (Dosage limits may apply) | - | 1 |
| methadone tab (DOLOPHINE equiv) (Dosage limits may apply) | - | 1 |
| methadose tab (Dosage limits may apply) | - | 1 |
| morphine sulfate ER tab (MS CONTIN equiv) (Dosage limits may apply) | - | 1 |
| MORPHINE SULFATE SOLN (Dosage limits may apply) | - | 1 |
| MORPHINE SULFATE TAB (Dosage limits may apply) | - | 1 |
| oxycodone tab (ROXICODONE equiv) (Dosage limits may apply) | - | 1 |
| tramadol tab (ULTRAM equiv) (Dosage limits may apply) | - | 1 |
| fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days; Dosage limits may apply) | PA-QL | 2 |
| fentanyl patch (DURAGESIC equiv) (Dosage limits may apply) | - | 2 |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day) | QL | 2 |
| MORPHINE SULFATE SUPP (Dosage limits may apply) | - | 2 |
| NUCYNTA ER TAB (QL= 2 tabs/day; Dosage limits may apply) | QL | 2 |
| oxycodone cap (OXYIR equiv) (Dosage limits may apply) | - | 2 |
| oxycodone conc (ROXICODONE equiv) (Dosage limits may apply) | - | 2 |
| oxycodone soln (ROXICODONE equiv) (Dosage limits may apply) | - | 2 |
| XTAMPZA ER CAP (QL= 120 caps/30 days; Dosage limits may apply) | QL | 2 |
| ABSTRAL SL TAB (QL= 120 tabs/30 days; Dosage limits may apply) | PA-QL | 3 |
| CODEINE SULFATE SOLN (Dosage limits may apply) | - | 3 |
| FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days; Dosage limits may apply) | PA-QL | 3 |
| hydromorphone ER tab (EXALGO TAB equiv) (Dosage limits may apply) | - | 3 |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days; Dosage limits may apply) | PA-QL | 3 |
| NUCYNTA TAB (Dosage limits may apply) | - | 3 |
| tramadol ER tab (ULTRAM ER equiv) (Dosage limits may apply) | - | 3 |
| TRAMADOL HCL ER TAB (Dosage limits may apply) | - | 3 |

OPIOID COMBINATIONS

| | | |
|---|---|---|
| acetaminophen/codeine soln (Dosage limits may apply) | - | 1 |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (Dosage limits may apply) | - | 1 |
| aspirin/codeine tab (Dosage limits may apply) | - | 1 |
| hydrocodone/acetaminophen cap (LORCET equiv) (Dosage limits may apply) | - | 1 |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (Dosage limits may apply) | - | 1 |
| hydrocodone/acetaminophen tab (LORTAB equiv) (Dosage limits may apply) | - | 1 |
| oxycodone/acetaminophen cap (TYLOX equiv) (Dosage limits may apply) | - | 1 |
| oxycodone/acetaminophen tab (PERCOCET equiv) (Dosage limits may apply) | - | 1 |
| OXYCODONE/ASPIRIN TAB (Dosage limits may apply) | - | 1 |
| pentazocine/acetaminophen tab (TALACEN equiv) (Dosage limits may apply) | - | 1 |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 1 |
| OXYCODONE/ACETAMINOPHEN SOLN (Dosage limits may apply) | - | 2 |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) (Dosage limits may apply) | - | 3 |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (Dosage limits may apply) | - | 3 |
| HYDROCODONE/IBUPROFEN TAB (Dosage limits may apply) | - | 3 |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) (Dosage limits may apply) | - | 3 |
| LORTAB ELIXIR (Dosage limits may apply) | - | 3 |

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|--|---------------------|-------------|
| ANALGESICS - OPIOID Cont. | | |
| OXYCODONE/IBUPROFEN TAB (Dosage limits may apply) | - | 3 |
| oxycodone/ibuprofen tab (COMBUNOX equiv) (Dosage limits may apply) | - | 3 |
| OPIOID PARTIAL AGONISTS | | |
| buprenorphine SL tab (SUBUTEX equiv) | - | 1 |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) | - | 1 |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days; Dosage limits may apply) | QL | 2 |
| ZUBSOLV SL TAB | - | 2 |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days; Dosage limits may apply) | QL | 3 |
| pentazocine/naloxone tab (TALWIN NX equiv) (Dosage limits may apply) | - | 3 |
| ANDROGENS-ANABOLIC | | |
| ANABOLIC STEROIDS | | |
| oxandrolone tab (OXANDRIN equiv) | - | 1 |
| ANDROGENS | | |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 1 |
| danazol cap (DANOCRINE equiv) | - | 2 |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill) | QL | 2 |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 2 |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 2 |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 2 |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | 2 |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 2 |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 3 |
| METHITEST TAB | PA | 3 |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 3 |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 3 |
| 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 |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 2 |
| PROCTOFOAM HC FOAM | - | 2 |
| ANALPRAM-E KIT | - | 3 |
| RECTAL LOCAL ANESTHETICS | | |
| lidocaine rectal cream | OTC | 1 |
| RECTAL STEROIDS | | |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 |

ANTHELMINTICS

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| ANTHELMINTICS | | |
| ANTHELMINTICS Cont. | | |
| albendazole tab (ALBENZA equiv) | - | 2 |
| BENZNIDAZOLE TAB | PA | 2 |
| ivermectin tab (STROMEKTOL equiv) | PA | 2 |
| praziquantel tab (BILTRICIDE equiv) | - | 2 |

ANTIANGINAL AGENTS

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIANGINALS-OTHER | | |
| ranolazine tab (RANEXA equiv) | - | 2 |
| NITRATES | | |
| isosorbide dinitrate SL tab | - | 1 |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 |
| ISOSORBIDE MONONITRATE TAB | - | 1 |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 |
| NITROGLYCERIN ER CAP | - | 1 |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 |
| NITRO-BID OINT | - | 2 |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 3 |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 3 |
| NITROMIST SPRAY | - | 3 |

ANTIANSXIETY AGENTS

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIANSXIETY AGENTS - MISC. | | |
| bupirone tab (BUSPAR equiv) | - | 1 |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 |
| hydroxyzine syrup (ATARAX equiv) | - | 1 |
| hydroxyzine tab (ATARAX equiv) | - | 1 |
| BENZODIAZEPINES | | |
| alprazolam tab (XANAX equiv) | - | 1 |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 |
| diazepam conc (VALIUM equiv) | - | 1 |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv) | - | 1 |
| diazepam tab (VALIUM equiv) | - | 1 |
| lorazepam conc (ATIVAN equiv) | - | 1 |
| lorazepam tab (ATIVAN equiv) | - | 1 |
| alprazolam ER tab (XANAX XR equiv) | - | 2 |
| oxazepam cap (SERAX equiv) | - | 2 |
| alprazolam ODT (NIRAVAM equiv) | - | 3 |
| clorazepate tab (TRANXENE-T equiv) | - | 3 |

ANTIARRHYTHMICS

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIARRHYTHMICS TYPE I-A | | |
| disopyramide cap (NORPACE equiv) | - | 1 |
| quinidine sulfate tab | - | 1 |
| disopyramide ER cap (NORPACE CR equiv) | - | 2 |

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| ANTIARRHYTHMICS Cont. | | |
| NORPACE CR CAP | - | 2 |
| quinidine gluconate CR tab | - | 2 |
| ANTIARRHYTHMICS TYPE I-B | | |
| mexiletine hcl 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 | - | 2 |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ipratropium neb soln (ATROVENT equiv) | - | 1 |
| ATROVENT HFA INHALER | - | 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 |
| LEUKOTRIENE MODULATORS | | |
| montelukast chew tab (SINGULAIR equiv) | - | 1 |
| montelukast tab (SINGULAIR equiv) | - | 1 |
| montelukast granule pack (SINGULAIR equiv) | - | 2 |
| zafirlukast tab (ACCOLATE equiv) | - | 2 |
| STERIOD INHALANTS | | |
| ARNUITY ELLIPTA INHALER | - | 1 |
| ASMANEX HFA INHALER | - | 1 |
| ASMANEX INHALER | - | 1 |
| budesonide inh susp (PULMICORT equiv) | - | 1 |
| FLOVENT DISKUS INHALER | - | 1 |
| FLOVENT HFA INHALER | - | 1 |
| SYMPATHOMIMETICS | | |
| albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | 1 |
| albuterol neb soln | - | 1 |
| albuterol sulfate syrup | - | 1 |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 |
| FLUTICASONE/SALMETEROL INHALER (AIRDUO equiv) | - | 1 |
| METAPROTERENOL SYRUP | - | 1 |
| VENTOLIN HFA INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler) | QL | 1 |
| ADVAIR DISKUS INHALER | - | 2 |
| ADVAIR HFA INHALER | - | 2 |
| albuterol sulfate tab | - | 2 |
| ALBUTEROL TAB ER | - | 2 |
| ANORO ELLIPTA INHALER | - | 2 |

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| 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 | SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

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GHC-SCW 4-Tier FEHB Complete Formulary

Category/Class

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| arformoterol tartrate neb soln (BROVANA equiv) | - | 2 |
| BREO ELLIPTA INHALER | - | 2 |
| BREZTRI AEROSPHERE INHALER | - | 2 |
| COMBIVENT RESPIMAT INHALER | - | 2 |
| DULERA INHALER | - | 2 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler) | QL | 2 |
| SEREVENT DISKUS INHALER | - | 2 |
| STIOLTO INHALER | - | 2 |
| SYMBICORT INHALER | - | 2 |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 |
| TRELEGY ELLIPTA INHALER | - | 2 |
| formoterol fumarate neb soln (PERFOROMIST equiv) | - | 3 |
| levalbuterol neb soln (XOPENEX equiv) | - | 3 |
| METAPROTERENOL TAB | - | 3 |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 3 |

XANTHINES

| | | |
|---|---|---|
| theophylline ER tab (UNIPHYL equiv) | - | 1 |
| theophylline soln | - | 1 |
| ELIXOPHYLLIN ELIXIR | - | 2 |
| theophylline er tab (THEOPHYLLINE ER equiv) | - | 2 |

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

| | | |
|-------------------------------|---|---|
| warfarin tab (COUMADIN equiv) | - | 1 |
|-------------------------------|---|---|

DIRECT FACTOR XA INHIBITORS

| | | |
|-----------------------------------|---|---|
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 |
| XARELTO STARTER PACK | - | 2 |
| XARELTO SUSP | - | 2 |
| XARELTO TAB | - | 2 |

HEPARINS AND HEPARINOID-LIKE AGENTS

| | | |
|----------------------------------|---|---|
| enoxaparin inj (LOVENOX equiv) | - | 2 |
| fondaparinux inj (ARIXTRA equiv) | - | 2 |
| FRAGMIN INJ | - | 2 |
| FRAGMIN INJ | - | 3 |

THROMBIN INHIBITORS

| | | |
|---|---|---|
| dabigatran etexilate mesylate cap (PRADAXA equiv) | - | 2 |
| PRADAXA CAP 110MG | - | 3 |

ANTICONVULSANTS

ANTICONVULSANTS - BENZODIAZEPINES

| | | |
|---|-------|---|
| clobazam tab (ONFI equiv) | - | 1 |
| clonazepam tab (KLONOPIN equiv) | - | 1 |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill) | QL | 1 |
| clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization) | PA | 2 |
| NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 2 |
| clonazepam ODT (KLONOPIN equiv) | - | 3 |

ANTICONVULSANTS - MISC.

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| VAC | Quantity Limit | SP | | Step Therapy |
| | Smoking Cessation | ¢ | | |
| | Vaccine Program | | | |

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| ANTICONVULSANTS Cont. | | |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 |
| carbamazepine susp (TEGRETOL equiv) | - | 1 |
| carbamazepine tab (TEGRETOL equiv) | - | 1 |
| gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day) | QL | 1 |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day) | QL | 1 |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day) | QL | 1 |
| lacosamide oral solution (VIMPAT equiv) | - | 1 |
| lacosamide tab (VIMPAT equiv) | - | 1 |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 |
| lamotrigine tab (LAMICTAL equiv) | - | 1 |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 |
| levetiracetam soln (KEPPRA equiv) | - | 1 |
| levetiracetam tab (KEPPRA equiv) | - | 1 |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 |
| pregabalin 25mg, 50mg, 75mg, 100mg (LYRICA equiv) (QL= 5 caps/day) | QL | 1 |
| pregabalin cap 150mg (LYRICA equiv) (QL= 4 caps/day) | QL | 1 |
| primidone tab (MYSOLINE equiv) | - | 1 |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 |
| topiramate tab (TOPAMAX equiv) | - | 1 |
| zonisamide cap (ZONEGRAN equiv) | - | 1 |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day) | QL | 2 |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | 2 |
| rufinamide susp (BANZEL equiv) | PA | 2 |
| rufinamide tab (BANZEL TAB equiv) | PA | 2 |
| EPRONTIA SOLN (Members age 9 or older require Prior Authorization) | PA | 3 |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 3 |
| lamotrigine ODT (LAMICTAL equiv) | - | 3 |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | 3 |
| ZONISADE SUSP (PA required for members age 9 years or older) | PA | 3 |
| TROKENDI XR CAP | - | EXC |
| DIACOMIT CAP | LD-PA | MSP |
| DIACOMIT POWDER PACK | LD-PA | MSP |
| EPIDIOLEX SOLN | MSP-PA | MSP |
| FINTEPLA SOLN (QL= 12ml/day) | LD-PA-QL | MSP |
| ZTALMY SUSP (QL= 1100ml/30 days) | LD-PA-QL | MSP |
| CARBAMATES | | |
| felbamate susp (FELBATOL equiv) | - | 2 |
| felbamate tab (FELBATOL equiv) | - | 2 |
| XCOPRI PAK 100-150MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day) | QL | 2 |

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| QL Quantity Limit | SP Available through Specialty Pharmacy Program | ST Step Therapy |
| SMKG Smoking Cessation | ¢ RxCENTS | |
| VAC Vaccine Program | | |

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|--|--------------|------|
| ANTICONVULSANTS Cont. | | |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 |
| GABA MODULATORS | | |
| tiagabine tab (GABITRIL equiv) | - | 2 |
| vigabatrin powder pack (SABRIL POWDER equiv) | LD-PA | MSP |
| vigabatrin tab (SABRIL equiv) | LD-PA | MSP |
| vigadrone powder pack | LD-PA | MSP |
| HYDANTOINS | | |
| phenytoin cap (DILANTIN equiv) | - | 1 |
| phenytoin susp (DILANTIN equiv) | - | 1 |
| DILANTIN CAP 30MG | PA | 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 |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 |
| valproic acid cap (DEPAKENE equiv) | - | 1 |
| valproic acid syrup (DEPAKENE equiv) | - | 1 |
| 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) (QL= 1 tab/day) | QL | 1 |
| MAPROTILINE TAB | - | 1 |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| PHENELZINE SULFATE TAB | - | 1 |
| phenelzine tab (NARDIL equiv) | - | 1 |
| MARPLAN TAB | - | 2 |
| tranylcypromine tab (PARNATE equiv) | - | 2 |
| EMSAM PATCH | - | 3 |
| NARDIL TAB 15MG | - | 3 |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| citalopram soln (CELEXA equiv) | - | 1 |
| citalopram tab (CELEXA equiv) | - | 1 |

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| ANTIDEPRESSANTS Cont. | | |
| escitalopram tab (LEXAPRO equiv) | - | 1 |
| fluoxetine cap (PROZAC equiv) | - | 1 |
| fluoxetine soln (PROZAC equiv) | - | 1 |
| fluoxetine tab (PROZAC equiv) | - | 1 |
| fluvoxamine tab (LUVOX equiv) | - | 1 |
| paroxetine tab (PAXIL equiv) | - | 1 |
| sertraline conc (ZOLOFT equiv) | - | 1 |
| sertraline tab (ZOLOFT equiv) | - | 1 |
| escitalopram soln (LEXAPRO equiv) | - | 2 |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires a trial of 2 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine) | ST | 2 |
| paroxetine ER tab (PAXIL CR equiv) | - | 2 |
| paroxetine oral susp (PAXIL equiv) | - | 3 |
| SEROTONIN MODULATORS | | |
| NEFAZODONE TAB | - | 1 |
| nefazodone tab 50mg, 250mg | - | 1 |
| trazodone tab (DESYREL equiv) | - | 1 |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL-¢ | 3 |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 1 |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 |
| venlafaxine tab (EFFEXOR equiv) | - | 1 |
| TRICYCLIC AGENTS | | |
| amitriptyline tab (ELAVIL equiv) | - | 1 |
| AMOXAPINE TAB | - | 1 |
| doxepin cap (SINEQUAN equiv) | - | 1 |
| doxepin conc (SINEQUAN equiv) | - | 1 |
| imipramine tab (TOFRANIL equiv) | - | 1 |
| nortriptyline cap (PAMELOR equiv) | - | 1 |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 |
| desipramine tab (NORPRAMIN equiv) | - | 2 |
| NORTRIPTYLINE SOLN | - | 2 |
| clomipramine cap (ANAFRANIL equiv) | - | 3 |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 3 |
| protriptyline tab (VIVACTIL equiv) | - | 3 |
| trimipramine cap (SURMONTIL equiv) | - | 3 |
| ANTIDIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| acarbose tab (PRECOSE equiv) | - | 1 |
| miglitol tab (MIGLITOL equiv) | - | 3 |
| ANTIDIABETIC COMBINATIONS | | |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 |

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| ANTIDIABETICS Cont. | | |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 |
| SOLIQUA INJ (QL= 15ml/25 days) | QL | 2 |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 |
| XULTOPHY INJ (QL= 15ml/30 days) | QL | 2 |
| ACTOPLUS MET XR TAB | - | 3 |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | 3 |
| BIGUANIDES | | |
| metformin tab (GLUCOPHAGE equiv) | - | 1 |
| metformin XL tab (GLUCOPHAGE XR equiv) | - | 1 |
| metformin soln (RIOMET equiv) | - | 3 |
| RIOMET ER SUSP | - | 3 |
| metformin ER osmotic tab (FORTAMET equiv) | - | EXC |
| metformin ER osmotic tab (GLUMETZA equiv) | - | EXC |
| DIABETIC OTHER | | |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 |
| GLUCAGEN HYPOKIT INJ (QL= 1 kit/fill, 2 fills/30 days) | QL | 2 |
| glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 1 kit/fill, 2 fills/30 days) | QL | 2 |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | 2 |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 |
| GVOKE INJ KIT (QL= 2 inj/fill) | QL | 2 |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 |
| ZEGALOGUE INJ (QL= 2 inj/fill) | QL | 2 |
| diazoxide susp (PROGLYCEM equiv) | - | 3 |
| KORLYM TAB (QL= 4 tabs/day) | LD-PA-QL | MSP |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| JANUVIA TAB (QL= 1 tab/day) | QL-¢ | 2 |
| TRADJENTA TAB (QL= 1 tab/day) | QL | 2 |
| DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC | | |
| CYCLOSET TAB | - | 3 |
| INCRETIN MIMETIC AGENTS | | |
| OZEMPIC INJ (QL= 1 pack/28 days) | QL | 2 |
| 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 |
| MOUNJARO INJ (QL= 4 inj/28 days) | QL | 2 |
| OZEMPIC INJ (QL= 1 pack/28 days) | QL | 2 |

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| | | | | |
| | | | | |
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|---|--------------|------|
| ANTIDIABETICS Cont. | | |
| 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 |
| 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 |
| LEVEMIR FLEXTOUCH INJ | - | 2 |
| LEVEMIR INJ | - | 2 |
| NOVOLIN 70/30 INJ | OTC | 2 |
| NOVOLIN MIX FLEXPEN INJ | OTC | 2 |
| NOVOLIN N FLEXPEN INJ | OTC | 2 |
| NOVOLIN N INJ | OTC | 2 |
| NOVOLIN R FLEXPEN INJ | OTC | 2 |
| NOVOLIN R INJ | OTC | 2 |
| NOVOLOG FLEXPEN INJ | - | 2 |
| NOVOLOG INJ | - | 2 |
| NOVOLOG MIX FLEXPEN INJ | - | 2 |
| NOVOLOG MIX INJ | - | 2 |
| NOVOLOG PENFILL INJ | - | 2 |
| SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ | - | 2 |
| SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN | - | 2 |
| TOUJEO MAX SOLOSTAR INJ | - | 2 |
| TOUJEO SOLOSTAR INJ | - | 2 |
| TRESIBA FLEXTOUCH INJ | - | 2 |
| TRESIBA INJ | - | 2 |
| 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 |
| SULFONYLUREAS | | |
| glimpiride tab (AMARYL equiv) | - | 1 |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 |

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| | | | | | |
|------|---|-----|--|----|--|
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Last Updated* 3/1/2023

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|---|--------------|------|
| ANTIDIABETICS Cont. | | |
| 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 | - | 3 |
| ANTIDIARRHEALS | | |
| ANTIPERISTALTIC AGENTS | | |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 |
| opium tincture | - | 3 |
| ANTIDOTES | | |
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET CAP | - | 2 |
| FERRIPROX SOLN | LD-PA | MSP |
| OPIOID ANTAGONISTS | | |
| naltrexone tab (REVIA equiv) | - | 1 |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| ANTIDOTES - CHELATING AGENTS | | |
| deferasirox granules packet (JADENU equiv) | MSP | MSP |
| deferasirox tab (EXJADE equiv) | MSP | MSP |
| deferasirox tab 180mg (JADENU equiv) | MSP | MSP |
| deferasirox tab 90mg, 360mg (JADENU equiv) | MSP | MSP |
| deferiprone tab (FERRIPROX equiv) | LD-PA | MSP |
| OPIOID ANTAGONISTS | | |
| naloxone hcl nasal spray (NARCAN equiv) | - | 1 |
| naloxone inj | - | 1 |
| naloxone prefilled inj | - | 1 |
| KLOXXADO NASAL SPRAY | - | 2 |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 |
| ZIMHI SOLN | - | 2 |
| 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 |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 |
| GRANISOL SOLN (QL= 60ml/fill) | QL | 3 |
| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 |
| ZUPLENZ SL FILM | - | EXC |
| ANTIEMETICS - ANTICHOLINERGIC | | |

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| | Vaccine Program | | | |

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| ANTIEMETICS Cont. | | |
| meclizine chew tab (BONINE equiv) | OTC | 1 |
| meclizine tab (ANTIVERT equiv) | OTC | 1 |
| trimethobenzamide cap (TIGAN equiv) | - | 1 |
| scopolamine patch (TRANSDERM-SCOP equiv) (QL= 5 patches/fill) | QL | 2 |
| ANTIEMETICS - MISCELLANEOUS | | |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| dronabinol cap (MARINOL equiv) | - | 2 |
| CESAMET CAP | - | 3 |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| 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) | - | 2 |
| voriconazole tab (VFEND equiv) | - | 2 |
| itraconazole soln (SPORANOX equiv) | PA | 3 |
| NOXAFIL PAK | PA | 3 |
| posaconazole DR tab (NOXAFIL equiv) (Restricted to Oncology, Hematology, or Infectious Disease Specialist) | RS | 3 |
| voriconazole susp (VFEND equiv) (Restricted to Oncology or Hematology Specialist or Infectious Disease Specialist) | RS | 3 |
| ANTIHISTAMINES | | |
| ANTIHISTAMINES - ETHANOLAMINES | | |
| CARBINOXAMINE SOLN | - | 3 |
| carbinoxamine tab (PALGIC equiv) | - | 3 |
| ANTIHISTAMINES - NON-SEDATING | | |
| cetirizine syrup (ZYRTEC equiv) | OTC | 1 |
| cetirizine tab (ZYRTEC equiv) | OTC | 1 |
| loratadine ODT (CLARITIN equiv) | OTC | 1 |
| loratadine syrup (CLARITIN equiv) | OTC | 1 |
| loratadine tab (CLARITIN equiv) | OTC | 1 |
| cetirizine chew tab (ZYRTEC equiv) | OTC | 2 |
| levocetirizine tab (XYZAL equiv) | - | 2 |
| DESLORATADINE ODT | - | EXC |
| desloratadine tab (CLARINEX equiv) | - | EXC |

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| ANTIHISTAMINES Cont. | | |
| 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 | | |
| ANTIHYPERTENSIVES - COMBINATIONS | | |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 3 |
| ANTIHYPERTENSIVES - MISC. | | |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 1 |
| icosapent ethyl cap (VASCEPA equiv) | PA | 2 |
| 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 packet (COLESTID equiv) | - | 3 |
| 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 |
| HMG COA REDUCTASE INHIBITORS | | |
| atorvastatin tab (LIPITOR equiv) | - | \$0 |
| lovastatin tab (MEVACOR equiv) | - | \$0 |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 |
| rosuvastatin tab (CRESTOR equiv) | - | \$0 |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | \$0 |
| fluvastatin cap (LESCOL equiv) (QL= 1 cap/day) | QL | 2 |
| fluvastatin ER tab (LESCOL XL equiv) | - | 3 |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST-¢ | 3 |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| ezetimibe tab (ZETIA equiv) | - | 1 |
| NICOTINIC ACID DERIVATIVES | | |
| niacin ER tab (NIASPAN equiv) | - | 1 |
| PROTEIN CONVERTASE SUBSTITIN/KEXIN TYPE 9 INHIBITORS | | |

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|--|--------------|------|
| ANTIHYPERTENSIVES Cont. | | |
| 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 |
| enalapril tab (VASOTEC equiv) | - | 1 |
| fosinopril tab (MONOPRIL equiv) | - | 1 |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 |
| PERINDOPRIL TAB | - | 1 |
| perindopril tab (ACEON equiv) | - | 1 |
| quinapril tab (ACCUPRIL equiv) | - | 1 |
| ramipril cap (ALTACE equiv) | - | 1 |
| trandolapril tab (MAVIK equiv) | - | 1 |
| captopril tab (CAPOTEN equiv) | - | 2 |
| moexipril tab (UNIVASC equiv) | - | 2 |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older) | PA | 3 |
| QBRELIS SOLN (Prior Authorization required for members age 9 or older) | PA | 3 |

AGENTS FOR PHEOCHROMOCYTOMA

| | | |
|---|--------|-----|
| phenoxybenzamine cap (DIBENZYLIN equiv) | MSP-PA | MSP |
|---|--------|-----|

ANGIOTENSIN II RECEPTOR ANTAGONISTS

| | | |
|----------------------------------|---|---|
| candesartan tab (ATACAND equiv) | - | 1 |
| irbesartan tab (AVAPRO equiv) | - | 1 |
| losartan tab (COZAAR equiv) | - | 1 |
| olmesartan tab (BENICAR equiv) | - | 1 |
| telmisartan tab (MICARDIS equiv) | - | 1 |
| valsartan tab (DIOVAN equiv) | - | 1 |

ANTIADRENERGIC ANTIHYPERTENSIVES

| | | |
|--------------------------------------|---|---|
| clonidine tab (CATAPRES equiv) | - | 1 |
| doxazosin tab (CARDURA equiv) | - | 1 |
| guanfacine IR tab (TENEX equiv) | - | 1 |
| METHYLDOPA TAB | - | 1 |
| methyldopa tab (ALDOMET equiv) | - | 1 |
| prazosin cap (MINIPRESS equiv) | - | 1 |
| terazosin cap (HYTRIN equiv) | - | 1 |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 |

ANTIHYPERTENSIVE COMBINATIONS

| | | |
|---|---|---|
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 |

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| ANTIHYPERTENSIVES Cont. | | |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | 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 (LOPRESSOR HCT equiv) | - | 2 |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | ¢ | 3 |
| TEKURNA HCT TAB | - | 3 |
| DIRECT RENIN INHIBITORS | | |
| aliskiren tab (TEKURNA equiv) | - | 2 |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPIRA equiv) | - | 1 |
| VASODILATORS | | |
| hydralazine tab (APRESOLINE equiv) | - | 1 |
| minoxidil tab (LONITEN equiv) | - | 1 |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| metronidazole tab (FLAGYL equiv) | - | 1 |
| TRIMETHOPRIM TAB | - | 1 |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 |
| FIRST METRONIDAZOLE SUSP | - | 3 |
| PRIMSOL SOLN | - | 3 |
| tinidazole tab (TINDAMAX equiv) | - | 3 |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days) | QL | 3 |
| XIFAXAN TAB 550MG | PA | 3 |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 |
| ANTIPROTOZOAL AGENTS | | |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 |
| atovaquone susp (MEPRON equiv) | - | 2 |
| LAMPIT TAB | PA | 2 |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 2 |
| GLYCOPEPTIDES | | |
| FIRVANQ SOLN | - | 1 |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill) | QL | 1 |
| LEPROSTATICS | | |
| dapsone tab | - | 1 |
| LINCOSAMIDES | | |

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| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| clindamycin cap (CLEOCIN equiv) | - | 1 |
| clindamycin soln (CLEOCIN equiv) | - | 2 |
| MONOBACTAMS | | |
| CAYSTON INH SOLN | LD-PA | MSP |
| OXAZOLIDINONES | | |
| linezolid susp (ZYVOX equiv) | - | 2 |
| linezolid tab (ZYVOX equiv) | - | 2 |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| PLEUROMUTILINS | | |
| XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| URINARY ANTI-INFECTIVES | | |
| methenamine mandelate tab | - | 1 |
| nitrofurantoin macrocrystals cap 50mg, 100mg | - | 1 |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | 2 |
| methenamine hippurate tab (HIPREX equiv) | - | 2 |
| nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older) | PA | 3 |
| ANTIMALARIALS | | |
| ANTIMALARIAL COMBINATIONS | | |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 |
| ANTIMALARIALS | | |
| chloroquine tab (ARALEN equiv) | - | 1 |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 |
| primaquine tab (PRIMAQUINE equiv) | - | 1 |
| KRINTAFEL TAB | - | 2 |
| mefloquine tab (LARIAM equiv) | - | 2 |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day) | LD-PA-QL | MSP |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| pyridostigmine tab (MESTINON equiv) | - | 1 |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 |
| pyridostigmine soln (MESTINON equiv) | - | 3 |
| FIRDAPSE TAB | LD-PA | MSP |
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTI TB COMBINATIONS | | |
| RIFAMATE CAP | - | 2 |
| ANTIMYCOBACTERIAL AGENTS | | |
| ISONIAZID TAB | - | 1 |
| pyrazinamide tab | - | 1 |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| PRIFTIN TAB | - | 2 |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 |

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| rifampin cap (RIFADIN equiv) | - | 2 |
| ISONIAZID SYRUP | - | 3 |
| ANTINEOPLASTICS | | |
| ANTINEOPLASTICS MISC. | | |
| tretinoin cap (VESANOID equiv) | MSP | MSP |
| TOPOISOMERASE I INHIBITORS | | |
| HYCAMTIN CAP | MSP-PA | MSP |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| cyclophosphamide cap | - | 2 |
| CYCLOPHOSPHAMIDE TAB | - | 2 |
| GLEOSTINE/LOMUSTINE CAP | - | 2 |
| HEXALEN CAP | - | 2 |
| LEUKERAN TAB | - | 2 |
| melphalan tab (ALKERAN equiv) | - | 2 |
| MYLERAN TAB | MSP | MSP |
| temozolomide cap (TEMODAR equiv) | MSP | MSP |
| ANTIMETABOLITES | | |
| methotrexate inj | - | 1 |
| methotrexate tab (TREXALL equiv) | - | 1 |
| mercaptapurine tab (PURINETHOL equiv) | - | 2 |
| TABLOID TAB | - | 2 |
| XATMEP SOLN (Prior Authorization required for members age 9 or older) | PA | 3 |
| capecitabine tab (XELODA equiv) | MSP | MSP |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | | |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL-SF | MSP |
| LENVIMA CAP (QL= 3 caps/day) | MSP-PA-QL | MSP |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | | |
| TUKYSA TAB (QL= 4 tabs/day) | LD-PA-QL-SF | MSP |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA STARTER PACK | MSP-PA | MSP |
| VENCLEXTA TAB | MSP-PA | MSP |
| ANTINEOPLASTIC - EGFR INHIBITORS | | |
| erlotinib tab (TARCEVA equiv) | MSP-PA-SF | MSP |
| EXKIVITY CAP (QL= 4 caps/day) | LD-PA-QL-SF | MSP |
| GILOTRIF TAB (QL= 1 tab/day) | LD-PA-QL | MSP |
| IRESSA TAB | LD-PA | MSP |
| TAGRISO TAB (QL= 1 tab/day) | LD-PA-QL-SF | MSP |
| VIZIMPRO TAB (QL= 1 tab/day) | MSP-PA-QL-SF | MSP |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| ERIVEDGE CAP | MSP-PA-SF | MSP |
| ODOMZO CAP | MSP-PA-SF | MSP |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |

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**GHC-SCW 4-Tier FEHB Complete Formulary
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Last Updated* 3/1/2023

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|---|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| bicalutamide tab (CASODEX equiv) | - | 1 |
| letrozole tab (FEMARA equiv) | - | 1 |
| megestrol susp (MEGACE equiv) | - | 1 |
| megestrol tab (MEGACE equiv) | - | 1 |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older) | - | 1 |
| EMCYT CAP | - | 2 |
| EULEXIN CAP | - | 2 |
| FLUTAMIDE CAP | - | 2 |
| flutamide cap (EULEXIN equiv) | - | 2 |
| toremifene tab (FARESTON equiv) | - | 2 |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tab/day;) | MSP-QL | MSP |
| ERLEADA TAB (QL= 4 tabs/day) | MSP-PA-QL | MSP |
| LYSODREN TAB | LD | MSP |
| nilutamide tab (NILANDRON equiv) | MSP | MSP |
| NUBEQA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP |
| ORGOVYX TAB (QL= 30 tabs/28 days) | LD-PA-QL | MSP |
| ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS | | |
| WELIREG TAB (QL= 3 tabs/day) | LD-PA-QL | MSP |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST CAP (QL= 21 caps/28 days) | MSP-PA-QL | MSP |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS | | |
| AYVAKIT TAB (QL= 1 tab/day) | LD-PA-QL-SF | MSP |
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |
| XPOVIO PAK (QL= 32 tabs/28 days) | LD-PA-QL-SF | MSP |
| ANTINEOPLASTIC COMBINATIONS | | |
| INQOVI TAB (QL= 5 tabs/28 days) | MSP-PA-QL | MSP |
| LONSURF TAB | PA | MSP |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 2 |
| ALECENSA CAP (QL= 8 caps/day) | MSP-PA-QL | MSP |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day) | LD-PA-QL-SF | MSP |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day) | LD-PA-QL-SF | MSP |
| BALVERSA TAB 3MG (QL= 3 tabs/day) | LD-PA-QL-SF | MSP |
| BALVERSA TAB 4MG (QL= 2 tabs/day) | LD-PA-QL-SF | MSP |
| BALVERSA TAB 5MG (QL= 1 tab/day) | LD-PA-QL-SF | MSP |
| BOSULIF TAB | MSP-PA-SF | MSP |
| BRAFTOVI CAP 75MG (QL= 6 caps/day) | LD-PA-QL | MSP |
| BRUKINSA CAP (QL= 4 caps/day) | LD-PA-QL-SF | MSP |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL-SF | MSP |
| CALQUENCE CAP (QL= 2 caps/day) | LD-PA-QL-SF | MSP |
| CALQUENCE TAB (QL= 2 tabs/day) | LD-PA-QL-SF | MSP |
| CAPRELSA TAB | LD-PA | MSP |

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| COMETRIQ KIT | LD-PA | MSP |
| COPIKTRA CAP (QL= 2 caps/day) | LD-PA-QL | MSP |
| COTELLIC TAB (QL= 3 tabs/day) | MSP-PA-QL | MSP |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | MSP-PA-QL | MSP |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day) | MSP-PA-QL-SF | MSP |
| FOTIVDA CAP (QL= 21 caps/28 days) | LD-PA-QL | MSP |
| GAVRETO CAP (QL= 4 caps/day) | LD-PA-QL-SF | MSP |
| IBRANCE CAP (QL= 21 caps/28 days) | MSP-PA-QL | MSP |
| IBRANCE TAB (QL= 21 caps/28 days) | MSP-PA-QL | MSP |
| ICLUSIG TAB (QL= 1 tab/day) | LD-PA-QL-SF | MSP |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| imatinib tab (GLEEVEC equiv) | MSP | MSP |
| IMBRUVICA CAP 140MG (QL= 3 caps/day) | MSP-PA-QL | MSP |
| IMBRUVICA CAP 70MG (QL= 1 cap/day) | MSP-PA-QL | MSP |
| IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day) | MSP-PA-QL | MSP |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL-SF | MSP |
| KOSELUGO CAP (QL= 4 caps/day) | LD-PA-QL | MSP |
| KOSELUGO CAP 10MG (QL= 8 caps/day) | LD-PA-QL | MSP |
| lapatinib ditosylate tab (TYKERB equiv) | MSP-PA | MSP |
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL-SF | MSP |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP |
| LUMAKRAS TAB (QL= 8 tabs/day) | LD-PA-QL-SF | MSP |
| LYNPARZA CAP (QL= 16 caps/day) | LD-PA-QL-SF | MSP |
| LYNPARZA TAB (QL= 4 tabs/day) | LD-PA-QL-SF | MSP |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | MSP-PA-QL | MSP |
| MEKINIST TAB 2MG (QL= 1 tab/day) | MSP-PA-QL | MSP |
| MEKTOVI TAB (QL= 6 tabs/day) | MSP-PA-QL | MSP |
| NERLYNX TAB (QL= 6 tabs/day) | LD-PA-QL-SF | MSP |
| NINLARO CAP | LD-PA | MSP |
| PEMAZYRE TAB (QL= 1 tab/day) | LD-PA-QL | MSP |
| PIQRAY TAB | MSP-PA-SF | MSP |
| QINLOCK TAB (QL= 3 tabs/day) | LD-PA-QL | MSP |
| RETEVMO CAP (QL= 4 caps/day) | MSP-PA-QL-SF | MSP |
| ROZLYTREK CAP (QL= 3 caps/day) | MSP-PA-QL-SF | MSP |
| RUBRACA TAB (QL= 4 tabs/day) | LD-PA-QL-SF | MSP |
| RYDAPT CAP (QL= 56 caps/28 days) | MSP-PA-QL | MSP |
| sorafenib tosylate tab (NEXAVAR equiv) | MSP-PA-SF | MSP |
| SPRYCEL TAB | MSP-PA-SF | MSP |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP |
| sunitinib malate cap (SUTENT equiv) | MSP-PA-SF | MSP |
| TABRECTA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP |
| TAFINLAR CAP (QL= 4 caps/day) | MSP-PA-QL | MSP |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | MSP-PA-QL-SF | MSP |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day) | MSP-PA-QL-SF | MSP |
| TASIGNA CAP | MSP-PA-SF | MSP |
| TAZVERIK TAB (QL= 8 tabs/day) | LD-PA-QL | MSP |
| TEPMETKO TAB (QL= 2 tabs/day) | LD-PA-QL-SF | MSP |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| TIBSOVO TAB (QL= 2 tabs/day) | LD-PA-QL | MSP |
| TURALIO CAP (QL= 4 caps/day) | LD-PA-QL-SF | MSP |
| VERZENIO TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP |
| VITRAKVI CAP 100MG (QL= 2 caps/day) | LD-PA-QL-SF | MSP |
| VITRAKVI CAP 25MG (QL= 6 caps/day) | LD-PA-QL-SF | MSP |
| VITRAKVI SOLN (QL= 10ml/day) | LD-PA-QL-SF | MSP |
| VONJO CAP (QL= 4 caps/day) | LD-PA-QL | MSP |
| VOTRIENT TAB | MSP-PA-SF | MSP |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-SF | MSP |
| XOSPATA TAB (QL= 3 tabs/day) | LD-PA-QL-SF | MSP |
| ZEJULA CAP (QL= 3 caps/day) | PA-QL-SF | MSP |
| ZELBORAF TAB (QL= 8 tabs/day) | MSP-PA-QL | MSP |
| ZOLINZA CAP | MSP-PA-SF | MSP |
| ZYDELIG TAB | LD-PA | MSP |
| ZYKADIA CAP (QL= 3 caps/day) | MSP-PA-QL-SF | MSP |
| ZYKADIA TAB (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP |

ANTINEOPLASTICS MISC.

| | | |
|----------------------------------|--------|-----|
| hydroxyurea cap (HYDREA equiv) | - | 1 |
| MATULANE CAP | - | 2 |
| ACTIMMUNE INJ | LD-PA | MSP |
| ALFERON-N INJ | MSP-PA | MSP |
| bexarotene cap (TARGRETIN equiv) | MSP-SF | MSP |
| INTRON-A INJ | MSP-PA | MSP |

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

| | | |
|----------------|-----|-----|
| leucovorin tab | - | 1 |
| MESNEX TAB | MSP | MSP |

MITOTIC INHIBITORS

| | | |
|---------------|-----|-----|
| ETOPOSIDE CAP | MSP | MSP |
|---------------|-----|-----|

ANTIPARKINSON AGENTS

ANTIPARKINSON ADJUVANTS

| | | |
|-------------------------------|---|---|
| carbidopa tab (LODOSYN equiv) | - | 2 |
|-------------------------------|---|---|

ANTIPARKINSON ANTICHOLINERGICS

| | | |
|------------------------------------|---|---|
| benztropine tab | - | 1 |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 |

ANTIPARKINSON COMT INHIBITORS

| | | |
|-------------------------------|---|---|
| entacapone tab (COMTAN equiv) | - | 2 |
| tolcapone tab (TASMAR equiv) | - | 3 |

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 |

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| ANTIPARKINSON AGENTS Cont. | | |
| amantadine tab | - | 2 |
| bromocriptine cap (PARLODEL equiv) | - | 2 |
| bromocriptine tab (PARLODEL equiv) | - | 2 |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 |
| ropinirole ER tab (REQUIP XL equiv) | - | 2 |
| NEUPRO PATCH | - | 3 |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 3 |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| selegiline cap (ELDEPRYL equiv) | - | 1 |
| selegiline tab (ELDEPRYL equiv) | - | 1 |
| rasagiline tab (AZILECT equiv) | ¢ | 2 |
| XADAGO TAB (QL= 1 tab/day) | PA-QL | 3 |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 |
| TRIHEXYPHENIDYL SOLN | - | 1 |
| ANTIPARKINSON COMT INHIBITORS | | |
| ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill) | PA-QL | 3 |
| ANTIPARKINSON DOPAMINERGICS | | |
| CARBIDOPA/LEVODOPA ODT | - | 1 |
| carbidopa-levodopa-entacapone tab (STALEVO equiv) | - | 2 |
| INBRIJA INH POWDER (QL= 10 caps/day) | PA-QL | 3 |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 |
| lithium carbonate tab | - | 1 |
| ANTIPSYCHOTICS - MISC. | | |
| lurasidone hcl tab (LATUDA TAB equiv) (QL= 1 tab/day) | QL-¢ | 1 |
| ziprasidone cap (GEODON equiv) | - | 1 |
| BENZISOXAZOLES | | |
| risperidone soln (RISPERDAL equiv) | - | 1 |
| risperidone tab (RISPERDAL equiv) | - | 1 |
| paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day) | QL | 2 |
| RISPERIDONE ODT | - | 2 |
| risperidone ODT (RISPERDAL M equiv) | - | 2 |
| BUTYROPHENONES | | |
| haloperidol lactate conc (HALDOL equiv) | - | 1 |
| haloperidol tab (HALDOL equiv) | - | 1 |
| DIBENZAPINES | | |
| loxapine cap (LOXITANE equiv) | - | 1 |
| olanzapine ODT (ZYPREXA equiv) | - | 1 |
| olanzapine tab (ZYPREXA equiv) | - | 1 |
| quetiapine tab (SEROQUEL equiv) | - | 1 |

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| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | QL | 2 |
| clozapine tab (CLOZARIL equiv) | - | 2 |
| PHENOTHIAZINES | | |
| chlorpromazine tab (THORAZINE equiv) | - | 1 |
| fluphenazine tab (PROLIXIN equiv) | - | 1 |
| perphenazine tab (TRILAFON equiv) | - | 1 |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 |
| thioridazine tab (MELLARIL equiv) | - | 1 |
| trifluoperazine tab (STELAZINE equiv) | - | 1 |
| QUINOLINONE DERIVATIVES | | |
| aripiprazole tab (ABILIFY equiv) | - | 1 |
| aripiprazole soln (ABILIFY equiv) | - | 2 |
| THIOXANTHENES | | |
| thiothixene cap (NAVANE equiv) | - | 1 |

ANTIVIRALS

| ANTIRETROVIRALS | | |
|---|----|-----|
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) | - | \$0 |
| nevirapine tab (VIRAMUNE equiv) | - | 1 |
| abacavir soln (ZIAGEN equiv) | - | 2 |
| abacavir tab (ZIAGEN equiv) | - | 2 |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 2 |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 2 |
| APTIVUS CAP | - | 2 |
| APTIVUS SOLN | - | 2 |
| atazanavir cap (REYATAZ equiv) | - | 2 |
| BIKTARVY TAB | - | 2 |
| CIMDUO TAB | - | 2 |
| COMPLERA TAB (QL= 1 tab/day) | QL | 2 |
| CRIXIVAN CAP | - | 2 |
| DELSTRIGO TAB | - | 2 |
| DESCOVY TAB (DESCOVY TAB (HIV pre-exposure prophylaxis) with a PA at \$0 and DESCOVY TAB (HIV treatment) with a PA at tier 2) | PA | 2 |
| didanosine DR cap (VIDEX EC equiv) | - | 2 |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | 2 |
| DOVATO TAB | - | 2 |
| EDURANT TAB | - | 2 |
| efavirenz cap (SUSTIVA equiv) | - | 2 |
| efavirenz tab (SUSTIVA equiv) | - | 2 |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day) | QL | 2 |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 |
| emtricitabine cap (EMTRIVA equiv) | - | 2 |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | - | 2 |
| EMTRIVA SOLN | - | 2 |
| etravirine tab (INTELENCE equiv) | - | 2 |

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| ANTIVIRALS Cont. | | |
| EVOTAZ TAB | - | 2 |
| fosamprenavir tab (LEXIVA equiv) | - | 2 |
| FUZEON INJ | - | 2 |
| GENVOYA TAB (QL= 1 tab/day) | QL | 2 |
| INTELENCE TAB | - | 2 |
| INVIRASE CAP | - | 2 |
| INVIRASE TAB | - | 2 |
| ISENTRESS (HD) TAB | - | 2 |
| ISENTRESS CHEW TAB | - | 2 |
| ISENTRESS POWDER PACK | - | 2 |
| JULUCA TAB | - | 2 |
| lamivudine soln (EPIVIR equiv) | - | 2 |
| lamivudine tab (EPIVIR equiv) | - | 2 |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 2 |
| LEXIVA SUSP | - | 2 |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 2 |
| lopinavir/ritonavir tab (KALETRA equiv) | - | 2 |
| maraviroc tab (SELZENTRY equiv) | - | 2 |
| NEVIRAPINE ER TAB | - | 2 |
| nevirapine ER tab (VIRAMUNE XR equiv) | - | 2 |
| NEVIRAPINE SUSP | - | 2 |
| NORVIR CAP | - | 2 |
| NORVIR POWDER PACK | - | 2 |
| NORVIR SOLN | - | 2 |
| ODEFSEY TAB (QL= 1 tab/day) | QL | 2 |
| PIFELTRO TAB | - | 2 |
| PREZCOBIX TAB | - | 2 |
| PREZISTA SUSP | - | 2 |
| PREZISTA TAB | - | 2 |
| RESCRIPTOR TAB | - | 2 |
| REYATAZ POWDER PACK | - | 2 |
| ritonavir tab (NORVIR equiv) | - | 2 |
| RUKOBIA ER TAB | PA | 2 |
| SELZENTRY SOLN | - | 2 |
| SELZENTRY TAB | - | 2 |
| STAVUDINE CAP | - | 2 |
| stavudine cap (ZERIT equiv) | - | 2 |
| STRIBILD TAB (QL= 1 tab/day) | QL | 2 |
| SYMTUZA TAB | - | 2 |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 2 |
| TIVICAY PD TAB | - | 2 |
| TIVICAY TAB | - | 2 |
| TRIUMEQ PD TAB (QL= 1 tab/day) | QL | 2 |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | 2 |
| TRIZIVIR TAB | - | 2 |
| VIDEX SOLN | - | 2 |
| VIRACEPT TAB | - | 2 |

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|------|---|-----|--|----|--|
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| 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 | SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

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**GHC-SCW 4-Tier FEHB Complete Formulary
Category/Class**

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| VIREAD TAB | - | 2 |
| zidovudine cap (RETROVIR equiv) | - | 2 |
| zidovudine syrup (RETROVIR equiv) | - | 2 |
| zidovudine tab (RETROVIR equiv) | - | 2 |
| SYMFI (LO) TAB | - | 3 |
| ANTIVIRAL COMBINATIONS | | |
| PAXLOVID TAB (QL= 20 tabs/fill) | QL | \$0 |
| PAXLOVID TAB (QL= 30 tabs/fill) | QL | \$0 |
| CMV AGENTS | | |
| valganciclovir soln (VALCYTE equiv) | - | 2 |
| valganciclovir tab (VALCYTE equiv) | - | 2 |
| LIVTENCITY TAB (QL= 4 tabs/day) | LD-PA-QL | MSP |
| PREVYMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months) | MSP-PA-QL | MSP |
| HEPATITIS AGENTS | | |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 2 |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | 2 |
| EPIVIR HBV SOLN | - | 2 |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 2 |
| REBETOL SOLN | - | 2 |
| ribavirin cap (REBETOL equiv) | - | 2 |
| ribavirin tab (COPEGUS equiv) | - | 2 |
| VEMLIDY TAB (QL= 1 tab/day) | QL | 2 |
| BARACLUDE SOLN (Members age 9 or older require Prior Authorization) | PA | 3 |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day) | MSP-PA-QL | MSP |
| MAVYRET PAK (QL= 5 packs/day) | MSP-PA-QL | MSP |
| MAVYRET TAB (QL= 3 tabs/day) | MSP-PA-QL | MSP |
| PEGASYS INJ | MSP-PA | MSP |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day) | MSP-PA-QL | MSP |
| VOSEVI TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| 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 |
| INFLUENZA AGENTS | | |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 2 |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 |
| RIMANTADINE TAB | - | 3 |
| MISC. ANTIVIRALS | | |
| MOLNUPIRAVIR CAP (QL= 40 caps/fill) | QL | \$0 |

ASSORTED CLASSES

CHELATING AGENTS

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|--|--------------|------|
| ASSORTED CLASSES Cont. | | |
| D-PENAMINE TAB | - | 2 |
| IMMUNOMODULATORS | | |
| THALOMID CAP | MSP-PA | MSP |
| IMMUNOSUPPRESSIVE AGENTS | | |
| azathioprine tab (IMURAN equiv) | - | 1 |
| cyclosporine modified cap (NEORAL 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 soln (NEORAL equiv) | - | 2 |
| mycophenolate DR tab (MYFORTIC equiv) | - | 2 |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 2 |
| sirolimus tab (RAPAMUNE equiv) | - | 2 |
| SANDIMMUNE SOLN 100MG/ML (QL= 150 mL/30 days) | QL | 3 |
| POTASSIUM REMOVING RESINS | | |
| sodium polystyrene susp (SPS equiv) | - | 1 |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 2 |
| VELTASSA POWDER | PA | 2 |
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| carvedilol tab (COREG equiv) | - | 1 |
| labetalol tab (NORMODYNE equiv) | - | 1 |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| acebutolol cap (SECTRAL equiv) | - | 1 |
| atenolol tab (TENORMIN equiv) | - | 1 |
| betaxolol tab (KERLONE equiv) | - | 1 |
| bisoprolol tab (ZEBETA equiv) | - | 1 |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 |
| metoprolol tab (LOPRESSOR equiv) | - | 1 |
| nebivolol hcl tab (BYSTOLIC equiv) | ¢ | 2 |
| BETA BLOCKERS NON-SELECTIVE | | |
| pindolol tab (VISKEN equiv) | - | 1 |
| propranolol ER cap (INDERAL LA equiv) | - | 1 |
| propranolol oral soln 20mg/5ml (PROPRANOLOL 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 |
| nadolol tab (CORGARD equiv) | - | 2 |
| SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older) | PA | 3 |
| CALCIUM CHANNEL BLOCKERS | | |
| CALCIUM CHANNEL BLOCKERS | | |
| amlodipine tab (NORVASC equiv) | - | 1 |

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|---|---------------------|-------------|
| CALCIUM CHANNEL BLOCKERS Cont. | | |
| 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 |
| 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 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 |
| KATERZIA SUSP (Prior Authorization required for members age 9 or older) | PA | 3 |
| nicardipine cap (CARDENE equiv) | - | 3 |
| nimodipine cap (NIMOTOP equiv) | - | 3 |
| nisoldipine ER tab (SULAR equiv) | - | 3 |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | 3 |
| NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization) | PA | 3 |
| VERELAN SR CAP 360mg | - | 3 |

CARDIOTONICS

CARDIAC GLYCOSIDES

| | | |
|------------------------------|---|---|
| DIGOXIN SOLN | - | 1 |
| digoxin soln (LANOXIN equiv) | - | 1 |
| digoxin tab (LANOXIN equiv) | - | 1 |

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

| | | |
|-----------------------------|----------|-----|
| CAMZYOS CAP (QL= 1 cap/day) | LD-PA-QL | MSP |
|-----------------------------|----------|-----|

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

| | | |
|-------------------------------|----|---|
| ENTRESTO TAB (QL= 2 tabs/day) | QL | 2 |
|-------------------------------|----|---|

IMPOTENCE AGENTS

| | | |
|---|----|-----|
| sildenafil tab (VIAGRA equiv) (QL=8 tabs/30 days) | QL | 1 |
| tadalafil tab (CIALIS equiv) (QL= 8 tabs/30 days) | QL | 1 |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day) | QL | 1 |
| LEVITRA TAB | - | EXC |
| vardeafil tab (LEVITRA equiv) | - | EXC |

PERIPHERAL VASODILATORS

| | | |
|-----------------|---|---|
| isoxsuprine tab | - | 3 |
|-----------------|---|---|

PROSTAGLANDIN VASODILATORS

| | | |
|--|----------|-----|
| TYVASO DPI POWDER (QL= 4 cartridges/day) | LD-PA-QL | MSP |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days) | LD-PA-QL | MSP |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days) | LD-PA-QL | MSP |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days) | LD-PA-QL | MSP |
| TYVASO INH SOLN (QL= 1 ampule/day) | LD-PA-QL | MSP |

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| QL | Plan Exclusion | OTC | SF | Prior Authorization |
| SMKG | Mandatory Specialty Pharmacy Program | RS | ST | Limited to two 15 day fills per month for first 3 months |
| VAC | Quantity Limit | SP | | Step Therapy |
| | Smoking Cessation | ¢ | | |
| | Vaccine Program | | | |

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|--|--------------|------|
| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| VENTAVIS INH SOLN (QL= 9 ampules/day) | LD-PA-QL | MSP |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day) | LD-PA-QL | MSP |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day) | LD-PA-QL | MSP |
| OPSUMIT TAB (QL= 1 tab/day) | LD-PA-QL | MSP |
| TRACLEER TAB 32MG (QL= 4 tabs/day) | LD-PA-QL | MSP |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| sildenafil tab 20mg (REVATIO equiv) (QL= 40 tabs/30 days) | QL | 1 |
| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization) | PA | 2 |
| tadalafil tab (PAH) (ADCIRCA equiv) | MSP | 2 |
| TADLIQ SUSP (Members age 9 years or older require Prior Authorization) | PA-SP | 3 |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAVI TAB (QL= 2 tabs/day) | LD-PA-QL | MSP |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS TAB (QL= 3 tabs/day) | LD-PA-QL | MSP |
| SINUS NODE INHIBITORS | | |
| CORLANOR SOLN | PA | 3 |
| CORLANOR TAB | PA | 3 |
| TRANSTHYRETIN STABILIZERS | | |
| VYNDAMAX CAP (QL= 1 cap/day) | LD-PA-QL | MSP |
| VYNDAQEL CAP (QL= 4 caps/day) | LD-PA-QL | MSP |
| VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) | | |
| VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist) | QL-RS | 2 |
| CEPHALOSPORINS | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| cefadroxil cap (DURICEF equiv) | - | 1 |
| cefadroxil susp (DURICEF equiv) | - | 1 |
| CEFADROXIL TAB | - | 1 |
| cefadroxil tab (DURICEF equiv) | - | 1 |
| cephalexin cap (KEFLEX equiv) | - | 1 |
| cephalexin susp (KEFLEX equiv) | - | 1 |
| CEPHALOSPORINS - 2ND GENERATION | | |
| cefprozil susp (CEFZIL equiv) | - | 1 |
| cefprozil tab (CEFZIL equiv) | - | 1 |
| cefuroxime tab (CEFTIN equiv) | - | 1 |
| CEFACLOR CAP | - | 3 |
| cefaclor cap (CECLOR equiv) | - | 3 |
| CEFACLOR ER TAB | - | 3 |
| CEFACLOR SUSP | - | 3 |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefdinir cap (OMNICEF equiv) | - | 1 |
| cefdinir susp (OMNICEF equiv) | - | 1 |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 2 |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 2 |

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|------------------------------|--------------|------|
| CEPHALOSPORINS Cont. | | |
| CEFDITOREN TAB | - | 3 |
| cefixime cap (SUPRAX equiv) | - | 3 |
| cefixime susp (SUPRAX equiv) | - | 3 |
| SPECTRACEF TAB | - | 3 |
| SUPRAX CAP | - | 3 |
| SUPRAX CHEW TAB | - | 3 |
| SUPRAX SUSP 500MG/5ML | - | 3 |

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

| | | |
|--|----|-----|
| amethyst tab (LYBREL equiv) (Step Therapy requires a trial of 2 preferred oral contraceptives) | ST | \$0 |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | \$0 |
| BALCOLTRA TAB | - | \$0 |
| cryselle tab | - | \$0 |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 |
| kelnor tab (DEMULEN equiv) | - | \$0 |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | \$0 |
| levonorgestrel/ethinyl estradiol tab (LOSEASONIQUE equiv) | - | \$0 |
| levonorgestrel/ethinyl estradiol tab (QUARTETTE equiv) | - | \$0 |
| LO LOESTRIN TAB | - | \$0 |
| NATAZIA TAB | - | \$0 |
| NEXTSTELLIS TAB | - | \$0 |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | - | \$0 |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv) | - | \$0 |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | \$0 |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | \$0 |
| nortrel tab (OVCON 35 equiv) | - | \$0 |
| OGESTREL TAB (Step Therapy requires a trial of 2 preferred oral contraceptives) | ST | \$0 |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 |
| TYBLUME TAB | - | \$0 |
| VELIVET PAK | - | \$0 |
| velivet tab (CYCLESSA equiv) | - | \$0 |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | \$0 |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 |
| drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | 3 |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | 3 |

COMBINATION CONTRACEPTIVES - TRANSDERMAL

| | | |
|-----------------------------|---|-----|
| TWIRLA PATCH | - | \$0 |
| zafemy patch (XULANE equiv) | - | \$0 |

COMBINATION CONTRACEPTIVES - VAGINAL

| | | |
|---------------------------------|----|-----|
| ANNOVERA RING (QL= 1 ring/year) | QL | \$0 |
| NUVARING | - | \$0 |

EMERGENCY CONTRACEPTIVES

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|--|--------------|------|
| CONTRACEPTIVES Cont. | | |
| ELLA TAB | - | \$0 |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA INJ (QL= 1 inj/90 days) | QL | \$0 |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NORA-QD equiv) | - | \$0 |
| SLYND TAB | - | \$0 |

CORTICOSTEROIDS

| GLUCOCORTICOSTEROIDS | | |
|--|-------|-----|
| DEXAMETHASONE CONC | - | 1 |
| dexamethasone elixir | - | 1 |
| dexamethasone sodium phosphate inj | - | 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 |
| methylprednisolone sod succinate inj (SOLU-MEDROL equiv) | - | 1 |
| prednisolone soln | - | 1 |
| prednisolone soln (PEDIAPRED equiv) | - | 1 |
| prednisone tab (DELTASONE equiv) | - | 1 |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 |
| CORTISONE ACETATE TAB | - | 2 |
| PREDNISONE SOLN | - | 2 |
| SOLU-CORTEF INJ (QL= 1 vial/fill) | QL | 2 |
| SOLU-CORTEF INJ 100MG (QL= 2 vials/fill) | QL | 2 |
| SOLU-MEDROL INJ 2GM | - | 2 |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 3 |
| prednisolone ODT (ORAPRED equiv) | - | 3 |
| PREDNISOLONE ODT TAB | - | 3 |
| PREDNISOLONE SOLN | - | 3 |
| RAYOS TAB | - | EXC |
| MINERALOCORTICIDS | | |
| fludrocortisone tab (FLORINEF equiv) | - | 1 |

COUGH/COLD/ALLERGY

| ANTITUSSIVES | | |
|--|--------|---|
| benzonatate cap (TESSALON equiv) | - | 1 |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 |
| 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 (PHENERGAN VC equiv) | - | 1 |

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

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GHC-SCW 4-Tier FEHB Complete Formulary

Category/Class

Last Updated* 3/1/2023

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|--|---------------------|-------------|
| COUGH/COLD/ALLERGY Cont. | | |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 3 |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | QL | 3 |
| NEOTUSS PLUS LIQUID | - | 3 |
| EXPECTORANTS | | |
| potassium iodide oral soln (SSKI equiv) | - | 2 |
| MISC. RESPIRATORY INHALANTS | | |
| sodium chloride neb soln (HYPER-SAL equiv) | - | 1 |
| NEBUSAL NEB SOLN | - | 2 |
| MUCOLYTICS | | |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 |
| DERMATOLOGICALS | | |
| ACNE PRODUCTS | | |
| benzoyl peroxide gel (BENZAC equiv) | OTC | 1 |
| benzoyl peroxide lotion (BENZAC equiv) | - | 1 |
| benzoyl peroxide wash kit (BENZAC equiv) | - | 1 |
| 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% | OTC | 1 |
| erythromycin pad | - | 1 |
| erythromycin soln | - | 1 |
| adapalene cream (DIFFERIN equiv) | - | 2 |
| adapalene gel 0.3% (DIFFERIN equiv) | - | 2 |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | - | 2 |
| amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | 2 |
| AVAR GEL | - | 2 |
| ERY PAD | - | 2 |
| erythromycin gel | - | 2 |
| PRASCION RA CREAM | - | 2 |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 2 |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | 2 |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv) | - | 2 |
| tretinoin cream | - | 2 |
| tretinoin gel (RETIN-A GEL equiv) | - | 2 |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 3 |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 3 |
| ABSORICA CAP | - | EXC |
| AVAR PAD | - | EXC |
| clindamycin foam (EVOCLIN equiv) | - | EXC |

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|---|--------------|------|
| DERMATOLOGICALS Cont. | | |
| EVOCLIN FOAM | - | EXC |
| AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES | | |
| RENOVA CREAM | - | EXC |
| ANTIBIOTICS - TOPICAL | | |
| gentamicin sulfate cream | - | 1 |
| gentamicin sulfate oint | - | 1 |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 |
| CENTANY OINT | - | 3 |
| CORTISPORIN CREAM | - | 3 |
| CORTISPORIN OINT | - | 3 |
| ANTIFUNGALS - TOPICAL | | |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 |
| ciclopirox nail soln (PENLAC equiv) | - | 1 |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 |
| econazole cream (SPECTAZOLE equiv) | - | 1 |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 |
| nystatin oint | - | 1 |
| nystatin topical powder | - | 1 |
| nystatin/triamcinolone cream | - | 1 |
| nystatin/triamcinolone oint | - | 1 |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 |
| clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv) | - | 2 |
| EXELDERM SOLN | - | 3 |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | 3 |
| MENTAX CREAM | - | 3 |
| NAFTIFINE CREAM | - | 3 |
| naftifine cream (NAFTIN equiv) | - | 3 |
| naftifine gel (NAFTIN equiv) | - | 3 |
| NAFTIN GEL 1% | - | 3 |
| JUBLIA SOLN | - | EXC |
| KERYDIN SOLN | - | EXC |
| tavorole soln (KERYDIN equiv) | - | EXC |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill) | QL | 3 |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | QL | 2 |
| FLUOROURACIL SOLN | - | 2 |
| FLUOROURACIL CREAM 0.5% | - | 3 |
| PICATO GEL (QL= 1 box/fill) | QL | 3 |

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**GHC-SCW 4-Tier FEHB Complete Formulary
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Last Updated* 3/1/2023

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|---|--------------|------|
| DERMATOLOGICALS Cont. | | |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 |
| fluocinolone acetonide cream | - | 1 |
| fluocinolone acetonide oint | - | 1 |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | 1 |
| fluocinonide gel | - | 1 |
| fluocinonide oint | - | 1 |
| fluocinonide soln | - | 1 |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 |
| hydrocortisone lotion (HYTONE equiv) | - | 1 |
| hydrocortisone oint | - | 1 |
| mometasone cream (ELOCON equiv) | - | 1 |
| mometasone oint (ELOCON equiv) | - | 1 |
| mometasone soln (ELOCON equiv) | - | 1 |
| triamcinolone cream | - | 1 |
| triamcinolone lotion | - | 1 |
| triamcinolone oint | - | 1 |
| alclometasone cream (ACLOVATE equiv) | - | 2 |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 2 |
| clobetasol lotion (CLOBEX equiv) | - | 2 |
| desonide cream (DESOWEN equiv) | - | 2 |
| desonide lotion | - | 2 |
| desonide oint (DESOWEN equiv) | - | 2 |
| desoximetasone cream 0.025% (TOPICORT CREAM equiv) | - | 2 |
| desoximetasone gel (TOPICORT equiv) | - | 2 |
| desoximetasone oint 0.25% (TOPICORT equiv) | - | 2 |
| EPIFOAM AEROSOL | - | 2 |
| fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) | - | 2 |
| fluocinolone acetonide soln | - | 2 |
| fluocinonide emollient cream | - | 2 |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 2 |
| PRAMOSONE CREAM 1-1% | - | 2 |
| PRAMOSONE E CREAM | - | 2 |
| PRAMOSONE OINT | - | 2 |
| PREDNICARBATE CREAM | - | 2 |
| PREDNICARBATE OIN | - | 2 |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | 3 |
| CAPEX SHAMPOO | - | 3 |
| clobetasol foam (CLOBEX equiv) | - | 3 |
| clobetasol shampoo (CLOBEX equiv) | - | 3 |
| CLODERM CREAM | - | 3 |

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Last Updated* 3/1/2023

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|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| desoximetasone cream 0.05% (TOPICORT equiv) | - | 3 |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | 3 |
| hydrocortisone valerate cream | - | 3 |
| PRAMOSONE LOTION | - | 3 |
| TEXACORT SOLN | - | 3 |
| triamcinolone spray (KENALOG equiv) | - | 3 |
| ECZEMA AGENTS | | |
| OPZELURA CREAM (QL= 12 tubes/year) | PA-QL | 3 |
| ADBRY INJ (QL= 4 inj/28 days) | MSP-PA-QL | MSP |
| CIBINQO TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| DUPIXENT INJ (QL= 2 inj/ 28 days) | MSP-PA-QL | MSP |
| DUPIXENT INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| EMOLLIENT/KERATOLYTIC AGENTS | | |
| urea cream () | - | 1 |
| urea lotion (KERALAC LOTION equiv) | - | 1 |
| EMOLLIENTS | | |
| ammonium lactate cream (LAC-HYDRIN equiv) | OTC | 1 |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC | 1 |
| LAC-HYDRIN LOTION 5% | OTC | 1 |
| ENZYMES - TOPICAL | | |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 |
| vasolex oint (XENADERM equiv) | - | 2 |
| XENADERM OINT | - | 2 |
| HAIR GROWTH AGENTS | | |
| bimatoprost topical soln (LATISSE equiv) | - | EXC |
| finasteride tab (PROPECIA equiv) | - | EXC |
| LATISSE SOLN | - | EXC |
| HAIR REDUCTION AGENTS | | |
| VANIQA CREAM | - | EXC |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream (ALDARA equiv) | - | 1 |
| ZYCLARA CREAM | - | EXC |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 2 |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| PODOCON SOLN | - | 2 |
| podofilox soln (CONDYLOX equiv) | - | 2 |
| salicylic acid shampoo (SALEX equiv) | - | 2 |
| CONDYLOX GEL | - | 3 |
| SALEX SHAMPOO | - | 3 |
| LOCAL ANESTHETICS - TOPICAL | | |
| lidocaine cream | OTC | 1 |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 |

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|-------------------------------------|--------------|------|
| DIAGNOSTIC PRODUCTS Cont. | | |
| CUE HEALTH MONITOR (QL= 1 kit/year) | OTC-QL | \$0 |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | DME |
| ACCU-CHEK GUIDE TEST STRIP | OTC | DME |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | DME |
| ACCU-CHEK TEST STRIP | OTC | DME |
| CLINISTIX TEST STRIP | OTC | DME |
| KETO-DIASTIX TEST STRIP | OTC | DME |
| KETOSTIX | OTC | DME |
| ONETOUCH TEST STRIP | OTC | DME |
| ONETOUCH VERIO TEST STRIP | OTC | DME |
| TEST STRIP (all other test strips) | OTC-PA | DME |

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

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

DIGESTIVE AIDS

DIGESTIVE ENZYMES

| | | |
|-----------|---|---|
| CREON CAP | - | 2 |
|-----------|---|---|

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

| | | |
|--|---|---|
| acetazolamide tab | - | 1 |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 2 |
| methazolamide tab (NEPTAZANE equiv) | - | 2 |

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 |

LOOP DIURETICS

| | | |
|--------------------------------|---|---|
| bumetanide tab (BUMEX equiv) | - | 1 |
| FUROSEMIDE SOLN | - | 1 |
| furosemide soln (LASIX equiv) | - | 1 |
| furosemide tab (LASIX equiv) | - | 1 |
| torseamide tab (DEMADEX equiv) | - | 1 |

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|---|--------------|------|
| DIURETICS Cont. | | |
| ethacrynic tab (EDECIN equiv) | - | 2 |
| POTASSIUM SPARING DIURETICS | | |
| amiloride tab (MIDAMOR equiv) | - | 1 |
| spironolactone tab (ALDACTONE equiv) | - | 1 |
| triamterene cap (DYRENIUM equiv) | - | 2 |
| CAROSPIR SUSP (Prior Authorization required for members age 9 or older) | PA | 3 |
| 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 10MG (QL= 6 tabs/day) | LD-PA-QL | MSP |
| ISTURISA TAB 1MG (QL= 8 tabs/day) | LD-PA-QL | MSP |
| ISTURISA TAB 5MG (QL= 2 tabs/day) | LD-PA-QL | MSP |
| BONE DENSITY REGULATORS | | |
| ALENDRONATE SOLN | - | 1 |
| 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 |
| FORTICAL NASAL SPRAY | - | 2 |
| risedronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate.) | ST | 2 |
| alendronate sodium oral soln (FOSAMAX equiv) | - | 3 |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 3 |
| TYMLOS INJ | MSP-PA | MSP |
| FERTILITY REGULATORS | | |
| CLOMID TAB | - | 2 |
| CLOMIPHENE TAB | - | 2 |
| GNRH/LHRH ANTAGONISTS | | |
| ORILISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 |
| ORILISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT INJ | LD-PA | MSP |
| GROWTH HORMONE RELEASING HORMONES (GHRH) | | |
| EGRIFTA INJ | - | EXC |
| GROWTH HORMONES | | |
| NORDITROPIN INJ | MSP-PA | MSP |

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|--|---------------------|-------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| HORMONE RECEPTOR MODULATORS | | |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older) | - | 1 |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX INJ | LD-PA | MSP |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| SYNAREL NASAL SOLN | - | 2 |
| METABOLIC MODIFIERS | | |
| calcitriol cap (ROCALTROL equiv) | - | 1 |
| calcitriol soln (ROCALTROL SOLN equiv) | - | 1 |
| levocarnitine soln (CARNITOR equiv) | - | 1 |
| levocarnitine tab (CARNITOR equiv) | - | 1 |
| cinacalcet tab (SENSIPAR equiv) | - | 2 |
| doxercalciferol cap (HECTOROL equiv) | - | 2 |
| paricalcitol cap (ZEMPLAR equiv) | - | 2 |
| PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523) | LD | 2 |
| betaine powder for oral solution (CYSTADANE equiv) | LD | MSP |
| carglumic acid tab (CARBAGLU equiv) | LD-PA | MSP |
| PALYNZIQ INJ (QL= 1 inj/day) | LD-PA-QL-SF | MSP |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | MSP-PA | MSP |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | MSP-PA | MSP |
| sodium phenylbutyrate powder (BUPHENYL equiv) | MSP-PA | MSP |
| sodium phenylbutyrate tab (BUPHENYL equiv) | MSP-PA | MSP |
| STRENSIQ INJ | LD-PA | MSP |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| KERENDIA TAB (QL= 1 tab/day) | PA-QL | 3 |
| NATRIURETIC PEPTIDES | | |
| VOXZOGO INJ (QL= 1 vial/day) | LD-PA-QL | MSP |
| POSTERIOR PITUITARY HORMONES | | |
| desmopressin acetate tab (DDAVP equiv) | - | 2 |
| STIMATE NASAL SOLN | - | 2 |
| DDAVP NASAL SOLN | - | 3 |
| PROGESTERONE RECEPTOR ANTAGONISTS | | |
| mifepristone tab (MIFIPREX equiv) | - | 1 |
| PROLACTIN INHIBITORS | | |
| cabergoline tab (DOSTINEX equiv) | - | 1 |
| SOMATOSTATIC AGENTS | | |
| octreotide inj (SANDOSTATIN equiv) | - | 2 |
| OCTREOTIDE INJ 100MCG | - | 2 |
| SIGNIFOR INJ (QL= 2 vials/day) | LD-PA-QL | MSP |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| JYNARQUE PAK (QL= 2 tabs/day) | LD-PA-QL | MSP |
| JYNARQUE TAB (QL= 2 tabs/day) | LD-PA-QL | MSP |

ESTROGENS

ESTROGEN COMBINATIONS

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| | | | | |
|-------------|--|--------------------------------|-----------|--|
| EXC | NC = Not Covered | generic = small letters | LD | BRANDS = CAPITAL LETTERS |
| MSP | NC/3P = Not Covered, Third Party Reviewer | INF | PA | Limited Distribution |
| QL | Plan Exclusion | OTC | SF | Prior Authorization |
| SMKG | Mandatory Specialty Pharmacy Program | RS | ST | Limited to two 15 day fills per month for first 3 months |
| VAC | Quantity Limit | SP | | Step Therapy |
| | Smoking Cessation | ¢ | | |
| | Vaccine Program | | | |
| | | | | |
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| | | | | |

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Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|---|---------------|------|
| ESTROGENS Cont. | | |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 1 |
| jinteli tab (FEMHRT equiv) | - | 1 |
| MYFEMBREE TAB (QL= 1 tab/day) | PA-QL | 2 |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 |
| PREMPHASE TAB, PREMPRO TAB | - | 2 |
| PREFEST TAB | - | 3 |
| ESTROGENS | | |
| estradiol patch (CLIMARA equiv) (QL= 1 patch/week) | QL | 1 |
| estradiol patch (VIVELLE-DOT equiv) (QL= 2 patches/week) | QL | 1 |
| estradiol tab (ESTRACE equiv) | - | 1 |
| estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill) | QL | 2 |
| PREMARIN TAB | - | 2 |
| ALORA PATCH | - | 3 |
| MENEST TAB | - | 3 |
| 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 |
| GASTROINTESTINAL AGENTS - MISC. | | |
| 5-HT4 RECEPTOR AGONISTS | | |
| MOTEGRITY TAB | PA | 3 |
| AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) | | |
| TRULANCE TAB | - | 2 |
| FARNESOID X RECEPTOR (FXR) AGONISTS | | |
| OCALIVA TAB (QL= 1 tab/day) | LD-PA-QL-SF-¢ | MSP |
| GALLSTONE SOLUBILIZING AGENTS | | |
| ursodiol cap (ACTIGALL equiv) | - | 1 |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| cromolyn conc (GASTROCROM equiv) | - | 2 |
| GASTROINTESTINAL STIMULANTS | | |
| metoclopramide soln (REGLAN equiv) | - | 1 |
| metoclopramide tab (REGLAN equiv) | - | 1 |
| METZOZOLV ODT | - | EXC |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS | | |
| BYLVAY CAP 1200MCG (QL= 5 caps/day) | LD-PA-QL | MSP |

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| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

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| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| BYLVAY CAP 400MCG (QL= 15 caps/day) | LD-PA-QL | MSP |
| BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day) | LD-PA-QL | MSP |
| BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day) | LD-PA-QL | MSP |
| LIVMARLI SOLN (QL= 90ml/30 days) | LD-PA-QL | MSP |
| INFLAMMATORY BOWEL AGENTS | | |
| balsalazide cap (COLAZAL equiv) | - | 1 |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 |
| mesalamine DR cap (DELZICOL equiv) | - | 2 |
| mesalamine DR tab (LIALDA equiv) | - | 2 |
| mesalamine enema (ROWASA equiv) | - | 2 |
| mesalamine ER cap (APRISO equiv) | - | 2 |
| mesalamine supp (CANASA equiv) | - | 2 |
| DIPENTUM CAP | - | 3 |
| mesalamine tab (ASACOL equiv) | - | 3 |
| CIMZIA INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year) | MSP-PA-QL | MSP |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days) | MSP-PA-QL | MSP |
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days) | MSP-PA-QL | MSP |
| INTESTINAL ACIDIFIERS | | |
| lactulose soln | - | 1 |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| LINZESS CAP | - | 2 |
| alosetron tab (LOTROXEX equiv) | ¢ | 3 |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTIK TAB | PA | 2 |
| SYMPROIC TAB | PA | 2 |
| PHOSPHATE BINDER AGENTS | | |
| calcium acetate cap (PHOSLO equiv) | - | 1 |
| FOSRENOL POWDER PACK | - | 2 |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 |
| sevelamer powder pak (RENVELA equiv) | - | 2 |
| sevelamer tab (RENVELA TAB equiv) | - | 2 |
| AURYXIA TAB | PA | 3 |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ALKALINIZERS | | |
| CYTRA K CRYSTALS | - | 1 |
| 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 (UROKIT-K TAB equiv) | - | 2 |
| CYSTINOSIS AGENTS | | |

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|--|--------------|------|
| GENITOURINARY AGENTS - MISCELLANEOUS Cont. | | |
| CYSTAGON CAP | - | 3 |
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON CAP | - | 2 |
| PROSTATIC HYPERTROPHY AGENTS | | |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 |
| dutasteride cap (AVODART equiv) | - | 1 |
| finasteride tab (PROSCAR equiv) | - | 1 |
| silodosin cap (RAPAFLO equiv) | - | 1 |
| tamsulosin cap (FLOMAX equiv) | - | 1 |
| dutasteride/tamsulosin cap (JALYN equiv) | - | 2 |
| URINARY ANALGESICS | | |
| phenazopyridine tab (PYRIDIDIUM equiv) | - | 1 |
| phenazopyridine tab 95mg (AZO equiv) | OTC | 1 |
| phenazopyridine tab 97.5mg (AZO equiv) | OTC | 1 |
| phenazopyridine tab 99.5mg (AZO equiv) | OTC | 1 |
| URINARY STONE AGENTS | | |
| LITHOSTAT TAB | - | 3 |
| tiopronin tab (THIOLA equiv) | MSP-PA | MSP |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 |
| GOUT AGENTS | | |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 |
| colchicine tab (COLCRYS equiv) | - | 2 |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-¢ | 2 |
| GLOPERBA SOLN (Prior Authorization required for members age 9 or older) | PA | 3 |
| URICOSURICS | | |
| probenecid tab (BENEMID equiv) | - | 1 |
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| HEMLIBRA INJ | MSP-PA | MSP |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| icatibant inj (FIRAZYR equiv) | MSP-PA | MSP |
| COMPLEMENT INHIBITORS | | |
| BERINERT INJ | LD-PA | MSP |
| CINRYZE INJ (QL= 16 vials/28 days) | LD-PA-QL | MSP |
| EMPAVELI INJ (QL= 160ml/28 days) | LD-PA-QL | MSP |
| HAEGARDA INJ | LD-PA | MSP |
| RUCONEST INJ | LD-PA | MSP |
| TAVNEOS CAP (QL= 6 caps/day) | LD-PA-QL | MSP |
| HEMATAOLOGIC - TYROSINE KINASE INHIBITORS | | |
| TAVALISSE TAB (QL= 2 tabs/day) | LD-PA-QL-SF | MSP |
| HEMATORHEOLOGIC AGENTS | | |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 |

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|--|--------------|------|
| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| PLASMA KALLIKREIN INHIBITORS | | |
| TAKHZYRO INJ (QL= 2 inj/28 days) | LD-PA-QL | MSP |
| TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days) | LD-PA-QL | MSP |
| PLATELET AGGREGATION INHIBITORS | | |
| anagrelide cap (AGRYLIN equiv) | - | 1 |
| cilostazol tab (PLETAL equiv) | - | 1 |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 |
| dipyridamole tab (PERSANTINE equiv) | - | 1 |
| prasugrel tab (EFFIENT equiv) | - | 1 |
| aspirin/dipyridamole cap (AGGRENEX equiv) | - | 2 |
| BRILINTA TAB | - | 2 |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 2 |
| CABLIVI INJ KIT (QL= 1 vial/day) | LD-PA-QL | MSP |
| PYRUVATE KINASE ACTIVATORS | | |
| PYRUKYND TAB (QL= 2 tabs/day) | LD-PA-QL | MSP |
| PYRUKYND TAPER PACK (QL= 1 tab/day) | LD-PA-QL | MSP |
| HEMATOPOIETIC AGENTS | | |
| AGENTS FOR GAUCHER DISEASE | | |
| miglustat cap (ZAVESCA equiv) | LD-PA | MSP |
| AGENTS FOR SICKLE CELL ANEMIA | | |
| DROXIA CAP | - | 2 |
| AGENTS FOR SICKLE CELL DISEASE | | |
| ENDARI POWDER PACK (QL= 6 packets/day) | MSP-PA-QL | MSP |
| OXBRYTA TAB (QL= 3 tabs/day) | LD-PA-QL | MSP |
| OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day) | LD-PA-QL | MSP |
| COBALAMINS | | |
| cyanocobalamin inj | - | 1 |
| NASCOBAL NASAL SPRAY | - | 3 |
| FOLIC ACID/FOLATES | | |
| folic acid tab 1mg (Covered at \$0 for females only) | - | 1 |
| HEMATOPOIETIC GROWTH FACTORS | | |
| DOPTELET TAB (QL= 2 tabs/day) | LD-PA-QL | MSP |
| FULPHILA INJ | MSP | MSP |
| NIVESTYM INJ | MSP | MSP |
| PROMACTA POWDER | MSP-PA | MSP |
| PROMACTA TAB | MSP-PA | MSP |
| RETACRIT INJ | MSP | MSP |
| ZARXIO INJ | MSP | MSP |
| ZIEXTENZO INJ | MSP | MSP |
| HEMATOPOIETIC MIXTURES | | |
| ferrex 150 forte cap | - | 1 |
| folbee tab | - | 1 |
| MULTIGEN FOLIC TAB | - | 1 |
| MULTIGEN PLUS TAB | - | 1 |

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| HEMATOPOIETIC AGENTS Cont. | | |
| MULTIGEN TAB | - | 1 |
| tricon cap (TRINSICON equiv) | - | 1 |
| NEPHRON FA TAB | - | 2 |

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

| | | |
|---------------------------------------|---|---|
| tranexamic acid tab (LYSTEDA equiv) | - | 2 |
| aminocaproic acid soln (AMICAR equiv) | - | 3 |

HYPNOTICS

NON-BARBITURATE HYPNOTICS

| | | |
|-----------------------------|---|---|
| midazolam hcl syrup | - | 1 |
| zolpidem tab (AMBIEN equiv) | - | 1 |

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

| | | |
|----------------------|---|---|
| phenobarbital elixir | - | 1 |
| phenobarbital tab | - | 1 |
| SECONAL CAP | - | 2 |
| BUTISOL TAB | - | 3 |

NON-BARBITURATE HYPNOTICS

| | | |
|--|----|-----|
| estazolam tab (PROSOM equiv) | - | 1 |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 |
| FLURAZEPAM CAP | - | 1 |
| midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist) | RS | 1 |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 |
| triazolam tab (HALCION equiv) | - | 1 |
| zaleplon cap (SONATA equiv) (QL= 2 caps/day) | QL | 1 |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | 2 |
| SOMNOTE CAP | - | 3 |
| temazepam cap 22.5mg (RESTORIL equiv) | - | 3 |
| temazepam cap 7.5mg (RESTORIL equiv) | - | 3 |
| EDLUAR SL TAB | - | EXC |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | EXC |
| ZOLPIDEM TARTRATE SL TAB 1.75MG | - | EXC |
| ZOLPIDEM TARTRATE SL TAB 3.5MG | - | EXC |
| ZOLPIMIST SPRAY | - | EXC |

SELECTIVE MELATONIN RECEPTOR AGONISTS

| | | |
|---|----|---|
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day) | QL | 2 |
|---|----|---|

LAXATIVES

LAXATIVE COMBINATIONS

| | | |
|--|----|---|
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year) | QL | 1 |
| GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year) | QL | 1 |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | 1 |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year) | QL | 1 |

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|--|---------------------|-------------|
| LAXATIVES Cont. | | |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | 1 |
| CLENPIQ SOLN | - | 2 |
| LAXATIVES - MISCELLANEOUS | | |
| lactulose soln | - | 1 |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| azithromycin susp (ZITHROMAX equiv) | - | 1 |
| azithromycin tab (ZITHROMAX equiv) | - | 1 |
| ZITHROMAX POWDER PACK | - | 3 |
| CLARITHROMYCIN | | |
| clarithromycin tab (BIAXIN equiv) | - | 1 |
| CLARITHROMYC SUSP | - | 2 |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 3 |
| ERYTHROMYCINS | | |
| erythromycin DR cap (ERYC equiv) | - | 2 |
| ERYTHROMYCIN EC CAP | - | 2 |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 2 |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 2 |
| erythromycin tab (ERY-TAB equiv) | - | 3 |
| PCE TAB | - | 3 |
| FIDAXOMICIN | | |
| DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST | 2 |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST | 2 |
| MEDICAL DEVICES AND SUPPLIES | | |
| CONTRACEPTIVES | | |
| CERVICAL CAP | - | \$0 |
| DIAPHRAGM | - | \$0 |
| FEMALE CONDOMS (QL= 12 condoms/fill) | OTC-QL | \$0 |
| MALE CONDOMS (QL= 12 condoms/fill) | OTC-QL | \$0 |
| DIABETIC SUPPLIES | | |
| ACCU-CHEK AVIVA PLUS METER | OTC | \$0 |
| ACCU-CHEK GUIDE CARE METER | OTC | \$0 |
| ACCU-CHEK GUIDE ME KIT | OTC | \$0 |
| ACCU-CHEK NANO METER | OTC | \$0 |
| ONETOUCH METER | OTC | \$0 |
| ONETOUCH VERIO FLEX METER | OTC | \$0 |
| ONETOUCH VERIO IQ METER | OTC | \$0 |
| ONETOUCH VERIO METER | OTC | \$0 |
| ONETOUCH VERIO REFLECT METER | OTC | \$0 |
| CALIBRATION LIQUID | OTC | 1 |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year) | PA-QL | DME |

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| SMKG | Mandatory Specialty Pharmacy Program | RS | ST | Limited to two 15 day fills per month for first 3 months |
| VAC | Quantity Limit | SP | | Step Therapy |
| | Smoking Cessation | ¢ | | |
| | Vaccine Program | | | |

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**GHC-SCW 4-Tier FEHB Complete Formulary
Category/Class**

Last Updated* 3/1/2023

| DrugName | Special Code | Tier |
|--|--------------|------|
| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| DEXCOM G6 SENSOR (QL= 9 sensors/90 days) | PA-QL | DME |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days) | PA-QL | DME |
| FREESTYLE LANCETS | OTC | DME |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year) | PA-QL | DME |
| FREESTYLE LIBRE 2 SENSOR (QL= 6 sensors/84 days) | PA-QL | DME |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days) | PA-QL | DME |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year) | PA-QL | DME |
| FREESTYLE LIBRE SENSOR (10-DAY) (QL= 9 sensors/90 days) | PA-QL | DME |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 6 sensors/84 days) | PA-QL | DME |
| LANCETS | OTC | DME |
| OMNIPOD 5 INTRO KIT (QL= 1 kit/year) | QL | DME |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | QL | DME |
| OMNIPOD DASH INTRO KIT (QL= 1 kit/year) | QL | DME |
| OMNIPOD DASH PODS (QL= 10 pods/month) | QL | DME |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | DME |
| V-GO INJ KIT (QL= 1 kit/day) | QL | DME |
| MISC. DEVICES | | |
| ALCOHOL SWABS | OTC | DME |
| PARENTERAL THERAPY SUPPLIES | | |
| BD ECLIPSE NEEEDLE/25G X | - | DME |
| BD HYPO NEEDLE MIS 18Gx1.5" | - | DME |
| B-D INSULIN SYRINGE | --OTC | DME |
| B-D PEN NEEDLE | OTC | DME |
| CARETOUCH MIS | OTC | DME |
| HYPODERMIC NEEDLES | OTC | DME |
| INSULIN SYRINGE | OTC | DME |
| NOVOFINE PEN NEEDLE | OTC | DME |
| NOVOTWIST PEN NEEDLE | OTC | DME |
| SYRINGE LUER-LOK | OTC | DME |
| TB SYRINGE | OTC | DME |
| RESPIRATORY THERAPY SUPPLIES | | |
| AEROCHAMBER | OTC | DME |
| PEAK FLOW METER | OTC | DME |
| MIGRAINE PRODUCTS | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | | |
| AJOVY INJ (QL= 1 pack/28 days) | PA-QL | 2 |
| MIGRAINE COMBINATIONS | | |
| ergotamine/caffeine tab (CAFERGOT equiv) | - | 2 |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | 2 |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | 2 |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES | | |
| AIMOVIG INJ (QL= 1 pack/28 days) | PA-QL | 2 |
| AJOVY INJ (QL= 1 pack/28 days) | PA-QL | 2 |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | 2 |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | PA-QL | 2 |

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| MIGRAINE PRODUCTS Cont. | | |
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year) | PA-QL | 2 |
| MIGRAINE PRODUCTS - NSAIDS | | |
| CAMBIA POWDER | - | EXC |
| diclofenac potassium (migraine) packet (CAMBIA equiv) | - | EXC |
| SEROTONIN AGONISTS | | |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| eletriptan tab (RELPAX 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 |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 |
| SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 3 |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 |
| MINERALS & ELECTROLYTES | | |
| FLUORIDE | | |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger) | - | 1 |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger) | - | 1 |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger) | - | 1 |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger) | - | 2 |
| PHOSPHATE | | |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 |
| potassium phosphate monobasic tab (K-PHOS equiv) | - | 2 |
| POTASSIUM | | |
| K-TAB | - | 1 |
| POT/CHLORIDE EFFER TAB | - | 1 |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 |
| potassium chloride ER tab (K-TAB equiv) | - | 1 |
| potassium chloride micro tab (K-DUR equiv) | - | 1 |
| POTASSIUM CHLORIDE TAB ER | - | 1 |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 |
| potassium chloride soln | - | 2 |
| ZINC | | |
| zinc sulfate cap | - | 1 |
| GALZIN CAP | - | 2 |

MISCELLANEOUS THERAPEUTIC CLASSES

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| MISCELLANEOUS THERAPEUTIC CLASSES Cont. | | |
| CHELATING AGENTS | | |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 |
| trientine cap (SYPRINE equiv) (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | MSP |
| IMMUNOMODULATORS | | |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day) | MSP-PA-QL | MSP |
| REVLIMID CAP (QL= 1 cap/day) | LD-PA-QL | MSP |
| REZUROCK TAB (QL= 1 tab/day) | LD-PA-QL | MSP |
| IMMUNOSUPPRESSIVE AGENTS | | |
| everolimus tab (ZORTRESS equiv) | PA | 2 |
| sirolimus soln (RAPAMUNE equiv) | - | 2 |
| ENSPRYNG INJ (QL= 1 inj/28 days) | MSP-PA-QL | MSP |
| LUPKYNIS CAP (QL= 6 caps/day) | LD-PA-QL | MSP |
| PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS | | |
| VIJOICE TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| VIJOICE TAB 250MG (QL= 2 tabs/day) | MSP-PA-QL | MSP |
| POTASSIUM REMOVING AGENTS | | |
| SPS SUSP | - | 1 |
| LOKELMA PAK | PA | 2 |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS | | |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | MSP-PA-QL | MSP |
| BENLYSTA INJ (QL= 4 inj/28 day) | MSP-PA-QL | MSP |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv) | - | 1 |
| 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 | | |
| FLUORIDEX SENSITIVITY PASTE | - | 1 |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger) | - | 1 |
| 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 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger) | - | 2 |
| PREVIDENT PASTE | - | 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 |

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|--|--------------|------|
| 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 |
| MULTIPLE VITAMINS W/ MINERALS | | |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 |
| PED MULTI VITAMINS W/FL & FE | | |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 |
| PED MV W/ FLUORIDE | | |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | 1 |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | 1 |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | 1 |
| pediatric multiple vitamins/fluoride chew tab | - | 1 |
| pediatric multiple vitamins/fluoride soln | - | 1 |
| QUFLORA PEDIATRIC CHEW TAB | - | 3 |
| PRENATAL VITAMINS | | |
| PRENATAL 19 CHEW TAB | - | 1 |
| CONCEPT DHA CAP | PA | 2 |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| CENTRAL MUSCLE RELAXANTS | | |
| baclofen tab (BACLOFEN equiv) | - | 1 |
| carisoprodol tab (SOMA equiv) | - | 1 |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 |
| methocarbamol tab (ROBAXIN equiv) | - | 1 |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 |
| tizanidine tab (ZANAFLEX equiv) | - | 1 |
| chlorzoxazone tab 500mg | - | 2 |
| tizanidine cap (ZANAFLEX equiv) | - | 2 |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 3 |
| FLEQSUVY SUSP (Prior Authorization required for members age 9 or older) | PA | 3 |
| LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization) | PA | 3 |
| metaxalone tab (SKELAXIN equiv) | - | 3 |
| METAXALONE TAB 400MG | - | 3 |
| OZOBAX SOLN, BACLOFEN SOLN | PA | 3 |
| carisoprodol tab 250mg (SOMA equiv) | - | EXC |
| DIRECT MUSCLE RELAXANTS | | |
| dantrolene cap (DANTRIUM equiv) | - | 2 |

NASAL AGENTS - SYSTEMIC AND TOPICAL

| | | |
|-----------------------------|-----|-----|
| NASAL AGENTS - MISC. | | |
| ALCOHOL SWABS | OTC | DME |
| NASAL ANTIALLERGY | | |

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| NASAL AGENTS - SYSTEMIC AND TOPICAL Cont. | | |
| azelastine nasal spray 0.1% (ASTELIN equiv) | - | 1 |
| azelastine nasal spray 0.15% (ASTEPRO equiv) (OTC covered only) | OTC | 1 |
| olopatadine nasal spray (PATANASE equiv) | - | 2 |
| 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 |
| FLONASE SENSIMIST NASAL SPRAY | OTC | 1 |
| flunisolide nasal soln (QL= 2 bottles/fill) | QL | 1 |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 |
| triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill) | OTC-QL | 1 |
| mometasone nasal spray (NASONEX equiv) (Step Therapy requires trial of two: fluticasone, triamcinolone OTC, or budesonide) | ST | 2 |
| NEUROMUSCULAR AGENTS | | |
| ALS AGENTS | | |
| riluzole tab (RILUTEK equiv) | - | 2 |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days) | LD-PA-QL | MSP |
| RADICAVA ORS SUSP (QL= 50mL/28 days) | LD-PA-QL | MSP |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) | | |
| EVRYSDI SOLN (QL= 6.67ml/day) | LD-PA-QL | MSP |
| OPHTHALMIC AGENTS | | |
| BETA-BLOCKERS - OPHTHALMIC | | |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 |
| CARTEOLOL OPHTH SOLN | - | 1 |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 |
| LEVOBUNOLOL OPHTH SOLN | - | 1 |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 |
| BETIMOL OPHTH SOLN | - | 2 |
| BETOPTIC-S OPHTH SOLN | - | 2 |
| brimonidine/timolol ophth soln (COMBIGAN equiv) | - | 2 |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 |
| ISTALOL OPHTH SOLN | - | 2 |
| METIPRANOLOL OPHTH SOLN | - | 2 |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) | - | 3 |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) | - | 3 |
| CYCLOPLEGIC MYDRIATICS | | |
| atropine ophth oint | - | 1 |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 |

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| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 |
| CYCLOMYDRIL OPHTH SOLN | - | 2 |
| HOMATROPINE OPHTH SOLN | - | 2 |
| MIOTICS | | |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| brimonidine ophth soln 0.2% | - | 1 |
| ALPHAGAN P OPHTH SOLN 0.1% | - | 2 |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 2 |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 |
| IOPIDINE OPHTH SOLN 1% | - | 2 |
| SIMBRINZA OPHTH SUSP | - | 2 |
| OPHTHALMIC ANTI-INFECTIVES | | |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 |
| erythromycin ophth oint (Covered at \$0 for members 1 year or younger) | - | 1 |
| GENTAK OPHTH OINT | - | 1 |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN | - | 1 |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 |
| tobramycin ophth soln (TOBREX equiv) | - | 1 |
| AZASITE SOLN | - | 2 |
| BACITRACIN OPHTH OINT | - | 2 |
| CILOXAN OPHTH OINT | - | 2 |
| gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA) | ST | 2 |
| NATACYN OPHTH SUSP (QL= 15ml/fill) | QL | 2 |
| TOBREX OPHTH OINT | - | 2 |
| TRIFLURIDINE OPHTH SOLN | - | 2 |
| ZIRGAN OPHTH GEL | - | 2 |
| OPHTHALMIC IMMUNOMODULATORS | | |
| RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist) | RS | 2 |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA OPHTH SOLN | - | 2 |
| ROCKLATAN OPHTH SOLN | - | 2 |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 |
| OPHTHALMIC STEROIDS | | |

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| OPHTHALMIC AGENTS Cont. | | |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 |
| DEXAMETHASONE OPHTH SOLN | - | 1 |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 |
| PREDNISOLONE OPHTH SUSP | - | 1 |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 1 |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 |
| ALREX OPHTH SUSP | - | 2 |
| BLEPHAMIDE OPHTH SOLN | - | 2 |
| difluprednate ophth emulsion (DUREZOL equiv) | - | 2 |
| LOTEMAX OPHTH GEL | - | 2 |
| LOTEMAX OPHTH OINT | - | 2 |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 2 |
| loteprednol ophth susp (LOTEMAX equiv) | - | 2 |
| MAXIDEX OPHTH SOLN | - | 2 |
| PRED FORTE OPHTH SUSP 1% | - | 2 |
| PRED MILD OPHTH SOLN | - | 2 |
| PRED-G OPHTH SOLN | - | 2 |
| TOBRADEX OPHTH OINT | - | 2 |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 |
| BLEPHAMIDE S.O.P. OPHTH OINT | - | 3 |
| FLAREX OPHTH SUSP | - | 3 |
| FML FORTE OPHTH SUSP | - | 3 |
| FML S.O.P. OPHTH OINT | - | 3 |
| PRED FORTE OPHTH SUSP | - | 3 |
| TOBRADEX ST OPHTH SUSP | - | 3 |
| OPHTHALMICS - MISC. | | |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 |
| cromolyn ophth soln (CROLOM equiv) | - | 1 |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 |
| ketotifen ophth soln (ZADITOR equiv) (OTC covered only) | OTC | 1 |
| olopatadine ophth soln 0.1% (PATANOL equiv) | OTC | 1 |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | OTC-QL | 1 |
| PATADAY ER OPHTH SOLN 0.7% | - | 1 |
| ALOCRILOPHTH SOLN | - | 2 |
| ALOMIDOPHTH SOLN | - | 2 |
| brinzolamide ophth susp (AZOPT equiv) | - | 2 |
| bromfenac ophth soln (BROMDAY equiv) | - | 2 |
| FLURBIPROFEN OPHTH SOLN | - | 2 |
| ILEVRO OPHTH SUSP | - | 2 |
| NEVANAC OPHTH SUSP | - | 2 |

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| | | | | | |
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| SMKG | Smoking Cessation | SP | Available through Specialty Pharmacy Program | ST | Step Therapy |
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|-----------------|---------------------|-------------|

OPHTHALMIC AGENTS Cont.

| | | |
|--|----------|-----|
| PROLENSA OPHTH SOLN | - | 2 |
| bepotastine ophth soln (BEPREVE equiv) | - | 3 |
| EMADINE OPHTH SOLN | - | 3 |
| epinastine ophth soln (ELESTAT equiv) | - | 3 |
| LASTACFT OPHTH SOLN (QL= 3ml/30 days) | QL | 3 |
| CYSTADROPS SOLN (QL= 4 bottles/28 days) | LD-PA-QL | MSP |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days) | LD-PA-QL | MSP |
| 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 |

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

| | | |
|--|---|---|
| acetic acid otic soln (VOSOL equiv) | - | 1 |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 |

OTIC ANTI-INFECTIVES

| | | |
|------------------------------------|---|---|
| ofloxacin otic soln (FLOXIN equiv) | - | 1 |
| CIPROFLOXACIN OTIC SOLN | - | 2 |

OTIC COMBINATIONS

| | | |
|---|---|---|
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 |
| COLY-MYCIN S OTIC SUSP | - | 2 |
| CIPRO HC OTIC SUSP | - | 3 |

OTIC STEROIDS

| | | |
|---|---|---|
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 |
| fluocinolone otic oil (DERMOTIC equiv) | - | 2 |

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 | MSP |
|--------------|--------|-----|

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

| | | |
|--------------|--------|-----|
| HIZENTRA INJ | MSP-PA | MSP |
|--------------|--------|-----|

PENICILLINS

AMINOPENICILLINS

| | | |
|---------------------------------|---|---|
| amoxicillin cap (TRIMOX equiv) | - | 1 |
| AMOXICILLIN CHEW TAB | - | 1 |
| amoxicillin susp (TRIMOX equiv) | - | 1 |
| amoxicillin tab (AMOXIL equiv) | - | 1 |

NATURAL PENICILLINS

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| | Smoking Cessation | ¢ | | |
| | Vaccine Program | | | |

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| PENICILLINS Cont. | | |
| penicillin vk tab (VEETIDS equiv) | - | 1 |
| PENICILLIN COMBINATIONS | | |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 |
| AMOXICILLIN/CLAVULANATE ER TAB | - | 3 |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 |
| PROGESTINS | | |
| PROGESTINS | | |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 |
| norethindrone tab (AYGESTIN equiv) | - | 1 |
| progesterone cap (PROMETRIUM equiv) | - | 1 |
| progesterone oil inj | - | 1 |
| megestrol ES susp (MEGACE ES equiv) | - | 3 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | |
| disulfiram tab (ANTABUSE equiv) | - | 1 |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 2 |
| LUCEMYRA TAB (QL= 96 tabs/7 days) | PA-QL | 3 |
| ANTI-CATAPLECTIC AGENTS | | |
| SODIUM OXYBATE SOLN | LD-PA | MSP |
| 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) | - | 1 |
| memantine tab (NAMENDA equiv) | - | 1 |
| rivastigmine cap (EXELON equiv) | - | 1 |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | 2 |
| galantamine ER cap (RAZADYNE ER equiv) | - | 2 |
| GALANTAMINE SOLN | - | 2 |
| memantine ER cap (NAMENDA XR equiv) | - | 2 |
| memantine soln (NAMENDA equiv) | - | 2 |
| NAMENDA XR TITRATION PACK | - | 2 |
| rivastigmine patch (EXELON equiv) | - | 2 |
| 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 |
| MOVEMENT DISORDER DRUG THERAPY | | |
| AUSTEDO TAB (QL= 4 tabs/day) | MSP-PA-QL | MSP |
| INGREZZA CAP (QL= 1 cap/day) | LD-PA-QL | MSP |

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|----------|--------------|------|
|----------|--------------|------|

RESPIRATORY AGENTS - MISC. Cont.

PULMONARY FIBROSIS AGENTS

| | | |
|--|--------------|-----|
| OFEV CAP (QL= 2 caps/day) | MSP-PA-QL-SF | MSP |
| pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day) | MSP-PA-QL-SF | MSP |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | MSP-PA-QL-SF | MSP |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP |

SULFONAMIDES

SULFONAMIDES

| | | |
|------------------|---|---|
| sulfadiazine tab | - | 3 |
|------------------|---|---|

TETRACYCLINES

TETRACYCLINES

| | | |
|---|---|-----|
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 |
| doxycycline hyclate tab 20mg, 100mg (VIBRATAB equiv) | - | 1 |
| doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv) | - | 1 |
| minocycline cap (MINOCIN equiv) | - | 1 |
| doxycycline monohydrate tab | - | 2 |
| doxycycline susp (VIBRAMYCIN equiv) | - | 2 |
| demeclocycline tab (DECLOMYCIN equiv) | - | 3 |
| tetracycline cap | - | 3 |
| VIBRAMYCIN SYRUP | - | 3 |
| minocycline ER tab (SOLODYN equiv) | - | EXC |
| MINOLIRA TAB | - | EXC |

THYROID AGENTS

ANTITHYROID AGENTS

| | | |
|----------------------------------|---|---|
| methimazole tab (TAPAZOLE equiv) | - | 1 |
| propylthiouracil tab | - | 1 |

THYROID HORMONES

| | | |
|---|-------|---|
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 |
| levothyroxine tab (SYNTHROID equiv) | - | 1 |
| liothyronine tab (CYTOMEL equiv) | - | 1 |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 |
| THYROLAR TAB | - | 2 |
| SYNTHROID TAB | - | 3 |
| TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older) | PA-QL | 3 |

TOXOIDS

TOXOID COMBINATIONS

| | | |
|---|-----|-----|
| ADACEL/BOOSTRIX INJ | VAC | EXC |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ | VAC | EXC |
| KINRIX PEF SYRINGE, QUADRACEL PEF SYRINGE | VAC | EXC |
| PEDIARIX INJ | VAC | EXC |
| PENTACEL INJ | VAC | EXC |

ULCER DRUGS

ANTISPASMODICS

| | | |
|--------------------------------|---|---|
| dicyclomine cap (BENTYL equiv) | - | 1 |
| dicyclomine tab (BENTYL equiv) | - | 1 |

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| | Smoking Cessation | ¢ | | |
| | Vaccine Program | | | |

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| ULCER DRUGS Cont. | | |
| hyoscyamine sulfate CR tab (LEVBIID equiv) | - | 1 |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 2 |
| dicyclomine soln (BENTYL equiv) | - | 2 |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 |
| PROPANTHELINE TAB | - | 2 |
| methscopolamine tab (PAMINE equiv) | - | 3 |
| SYMAX DUOTAB | - | 3 |
| H-2 ANTAGONISTS | | |
| cimetidine soln (CIMETIDINE equiv) | - | 1 |
| cimetidine tab (TAGAMET HB equiv) | - | 1 |
| nizatidine cap (AXID equiv) | - | 1 |
| famotidine susp (PEPCID equiv) | - | 2 |
| NIZATIDINE SOLN (Members age 9 or older require Prior Authorization) | PA | 3 |
| MISC. ANTI-ULCER | | |
| sucralfate tab (CARAFATE equiv) | - | 1 |
| PROTON PUMP INHIBITORS | | |
| esomeprazole cap (NEXIUM equiv) | OTC | 1 |
| lansoprazole cap (PREVACID equiv) | OTC | 1 |
| omeprazole DR cap (PRILLOSEC equiv) | - | 1 |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 |
| PREVACID OTC CAP | OTC | 1 |
| rabeprazole EC tab (ACIPHEX equiv) | - | 1 |
| ULCER DRUGS - PROSTAGLANDINS | | |
| misoprostol tab (CYTOTEC equiv) | - | 1 |
| ULCER THERAPY COMBINATIONS | | |
| PEPCID CHEWABLE | - | 1 |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| ANTISPASMODICS | | |
| glycopyrrolate oral soln (CUVPOSA equiv) | - | 3 |
| H-2 ANTAGONISTS | | |
| famotidine tab (PEPCID equiv) | - | 1 |
| NIZATIDINE CAP | - | 1 |
| MISC. ANTI-ULCER | | |
| sucralfate susp (CARAFATE equiv) | - | 2 |
| PROTON PUMP INHIBITORS | | |
| lansoprazole odt (PREVACID SOLUTAB equiv) (No Prior Authorization required for members 12 years and younger.) | PA | 2 |
| esomeprazole magnesium DR tab (NEXIUM equiv) | OTC | 3 |
| ULCER THERAPY COMBINATIONS | | |

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| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont. | | |
| pepcid chewable | - | 1 |
| URINARY ANTISPASMODICS | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW) | | |
| tropium chloride SR cap (SANCTURA XR equiv) | - | 2 |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | | |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 |
| oxybutynin syrup | - | 1 |
| oxybutynin tab (DITROPAN equiv) | - | 1 |
| OXYTROL PATCH (OTC) | OTC | 1 |
| solifenacin tab (VESICARE equiv) | - | 1 |
| tolterodine tab (DETROL equiv) | - | 1 |
| tropium tab (SANCTURA equiv) | - | 1 |
| darifenacin SR tab (ENABLEX equiv) | - | 2 |
| fesoterodine fumarate ER tab (TOVIAZ equiv) | - | 2 |
| tolterodine SR cap (DETROL LA equiv) | - | 2 |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| MYRBETRIQ TAB | - | 2 |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| bethanechol tab (URECHOLINE equiv) | - | 1 |

VACCINES

| DrugName | Special Code | Tier |
|--|--------------|------|
| BACTERIAL VACCINES | | |
| VIVOTIF CAP | VAC | 2 |
| ACTHIB INJ, HIBERIX INJ | VAC | EXC |
| PEDVAXHIB INJ | VAC | EXC |
| PREVNAR 20 INJ | VAC | EXC |
| VAXNEUVANCE INJ | VAC | EXC |
| VIRAL VACCINES | | |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill) | QL | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill) | QL | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill) | QL | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill) | QL | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill) | QL | \$0 |
| COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/fill) | QL | \$0 |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days) | QL | \$0 |
| COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days) | QL | \$0 |
| COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days) | QL | \$0 |
| COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days) | QL | \$0 |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days) | QL | \$0 |
| COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days) | QL | \$0 |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days) | QL | \$0 |
| COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days) | QL | \$0 |
| DENGXVAXIA SUSP | VAC | EXC |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | EXC |
| IPOL INJ | VAC | EXC |
| PREHEVBRIO SUSP | VAC | EXC |

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VACCINES Cont.

| | | |
|--------------|-----|-----|
| PRIORIX INJ | VAC | EXC |
| ROTARIX SUSP | VAC | EXC |
| ROTATEQ INJ | VAC | EXC |
| SHINGRIX INJ | VAC | EXC |
| TICOVAC INJ | VAC | EXC |

VAGINAL AND RELATED PRODUCTS

VAGINAL CONTRACEPTIVE - PH MODULATORS

| | | |
|-----------------------------|----|-----|
| PHEXXI GEL (QL= 1 box/fill) | QL | \$0 |
|-----------------------------|----|-----|

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

| | | |
|------------|---|---|
| FEM PH GEL | - | 3 |
|------------|---|---|

SPERMICIDES

| | | |
|--------------------|-----|-----|
| CONTRACEPTIVE FOAM | OTC | \$0 |
| CONTRACEPTIVE GEL | OTC | \$0 |
| TODAY SPONGE | OTC | \$0 |

VAGINAL ANTI-INFECTIVES

| | | |
|--|---|---|
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 |
| metronidazole vaginal gel (METROGEL equiv) | - | 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 |

VAGINAL PROGESTINS

| | | |
|-------------------|---|-----|
| CRINONE GEL | - | EXC |
| ENDOMETRIN INSERT | - | EXC |

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 |

VASOPRESSORS

| | | |
|----------------------------------|---|---|
| midodrine tab (PROAMATINE equiv) | - | 1 |
|----------------------------------|---|---|

VITAMINS

MISC. NUTRITIONAL FACTORS

| | | |
|----------------------------|---|---|
| PRENATAL VITAMIN (RX ONLY) | - | 1 |
|----------------------------|---|---|

OIL SOLUBLE VITAMINS

| | | |
|----------------------------------|---|---|
| vitamin D cap (RX strength only) | - | 1 |
|----------------------------------|---|---|

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

** OTC drugs are not a covered benefit.

| | | | | |
|-------------|--|--------------------------------|-----------|--|
| EXC | NC = Not Covered | generic = small letters | LD | BRANDS = CAPITAL LETTERS |
| MSP | NC/3P = Not Covered, Third Party Reviewer | INF | PA | Limited Distribution |
| QL | Plan Exclusion | OTC | SF | Prior Authorization |
| SMKG | Mandatory Specialty Pharmacy Program | RS | ST | Limited to two 15 day fills per month for first 3 months |
| VAC | Quantity Limit | SP | | Step Therapy |
| | Smoking Cessation | ¢ | | |
| | Vaccine Program | | | |

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**GHC-SCW 4-Tier FEHB Complete Formulary
Category/Class**

Last Updated* 3/1/2023

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

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| | | | | |
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| SMKG | Smoking Cessation | RS | ST | Step Therapy |
| VAC | Vaccine Program | SP | | |
| | | ¢ | | RxCENTS |

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GHC-SCW 4-Tier FEHB Complete Formulary
Prior Authorization Drug List
Last Updated* 3/1/2023

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|----------------------------|--|
| ABSTRAL SL TAB | 3 |
| ACTEMRA ACTPEN INJ | MSP |
| ACTEMRA SC INJ | MSP |
| ACTIMMUNE INJ | MSP |
| ADBRY INJ | MSP |
| ADEMPAS TAB | MSP |
| AIMOVIG INJ | 2 |
| AJOVY INJ | 2 |
| ALECENSA CAP | MSP |
| ALFERON-N INJ | MSP |
| ALINIA SUSP | 2 |
| ALUNBRIG TAB 30MG | MSP |
| ALUNBRIG TAB 90MG, 180MG | MSP |
| ambrisentan tab | MSP |
| ANDRODERM PATCH | 3 |
| ARIKAYCE SUSP | MSP |
| AURYXIA TAB | 3 |
| AUSTEDO TAB | MSP |
| AYVAKIT TAB | MSP |
| BALVERSA TAB 3MG | MSP |
| BALVERSA TAB 4MG | MSP |
| BALVERSA TAB 5MG | MSP |
| BARACLUDE SOLN | 3 |
| BENLYSTA AUTO-INJECTOR | MSP |
| BENLYSTA INJ | MSP |
| BENZNIDAZOLE TAB | 2 |
| BERINERT INJ | MSP |
| bexarotene gel | MSP |
| bosentan tab | MSP |
| BOSULIF TAB | MSP |
| BRAFTOVI CAP 75MG | MSP |
| BRUKINSA CAP | MSP |
| budesonide ER tab | 3 |
| BYLVAY CAP 1200MCG | MSP |
| BYLVAY CAP 400MCG | MSP |
| BYLVAY SPRINKLE CAP 200MCG | MSP |
| BYLVAY SPRINKLE CAP 600MCG | MSP |
| CABLIVI INJ KIT | MSP |
| CABOMETYX TAB | MSP |
| CALQUENCE CAP | MSP |
| CALQUENCE TAB | MSP |
| CAMZYOS CAP | MSP |

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GHC-SCW 4-Tier FEHB Complete Formulary cont.
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| CAPRELSA TAB | MSP |
| carglumic acid tab | MSP |
| CAROSPIR SUSP | 3 |
| CAYSTON INH SOLN | MSP |
| CIBINQO TAB | MSP |
| CIMZIA INJ | MSP |
| CIMZIA STARTER INJ KIT | MSP |
| CINRYZE INJ | MSP |
| clobazam susp | 2 |
| COMETRIQ KIT | MSP |
| CONCEPT DHA CAP | 2 |
| COPIKTRA CAP | MSP |
| CORLANOR SOLN | 3 |
| CORLANOR TAB | 3 |
| COTELLIC TAB | MSP |
| CYSTADROPS SOLN | MSP |
| CYSTARAN OPHTH SOLN | MSP |
| deferiprone tab | MSP |
| DESCOVY TAB | 2 |
| DEXCOM G6 RECEIVER | DME |
| DEXCOM G6 SENSOR | DME |
| DEXCOM G6 TRANSMITTER | DME |
| DIACOMIT CAP | MSP |
| DIACOMIT POWDER PACK | MSP |
| DILANTIN CAP 30MG | 2 |
| DOPTELET TAB | MSP |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM | 3 |
| DUPIXENT INJ | MSP |
| DUPIXENT PEN INJ | MSP |
| EMGALITY INJ | 2 |
| EMGALITY INJ 100MG/ML | 2 |
| EMPAVELI INJ | MSP |
| enalapril maleate oral soln | 3 |
| ENBREL INJ 25MG | MSP |
| ENBREL INJ 50MG | MSP |
| ENBREL MINI INJ | MSP |
| ENBREL SURECLICK INJ 50MG | MSP |
| ENDARI POWDER PACK | MSP |
| ENSPRYNG INJ | MSP |
| EPIDIOLEX SOLN | MSP |
| EPRONTIA SOLN | 3 |
| ERIVEDGE CAP | MSP |

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Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| ERLEADA TAB | MSP |
| erlotinib tab | MSP |
| everolimus tab | 2 |
| everolimus tab for oral susp | MSP |
| EVRYSDI SOLN | MSP |
| EXKIVITY CAP | MSP |
| fentanyl citrate lollipop | 2 |
| FENTORA TAB, FENTANYL BUCCAL TAB | 3 |
| FERRIPROX SOLN | MSP |
| FINTEPLA SOLN | MSP |
| FIRDAPSE TAB | MSP |
| FLEQSUVY SUSP | 3 |
| FOTIVDA CAP | MSP |
| FREESTYLE LIBRE 2 RECEIVER | DME |
| FREESTYLE LIBRE 2 SENSOR | DME |
| FREESTYLE LIBRE 3 SENSOR | DME |
| FREESTYLE LIBRE RECEIVER | DME |
| FREESTYLE LIBRE SENSOR (10-DAY) | DME |
| FREESTYLE LIBRE SENSOR (14-DAY) | DME |
| GAVRETO CAP | MSP |
| GILOTRIF TAB | MSP |
| GLOPERBA SOLN | 3 |
| HAEGARDA INJ | MSP |
| HEMLIBRA INJ | MSP |
| HIZENTRA INJ | MSP |
| HUMIRA INJ 10MG | MSP |
| HUMIRA INJ 20MG | MSP |
| HUMIRA INJ 40MG | MSP |
| HUMIRA INJ 80MG | MSP |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | MSP |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | MSP |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | MSP |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | MSP |
| HUMIRA PEN INJ 40MG | MSP |
| HYCAMTIN CAP | MSP |
| IBRANCE CAP | MSP |
| IBRANCE TAB | MSP |
| icatibant inj | MSP |
| ICLUSIG TAB | MSP |
| icosapent ethyl cap | 2 |
| IDHIFA TAB | MSP |
| IMBRUVICA CAP 140MG | MSP |

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Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|----------------------------|--|
| IMBRUVICA CAP 70MG | MSP |
| IMBRUVICA SUSP | 2 |
| IMBRUVICA TAB 420MG, 560MG | MSP |
| IMCIVREE INJ | MSP |
| INBRIJA INH POWDER | 3 |
| INCRELEX INJ | MSP |
| INGREZZA CAP | MSP |
| INLYTA TAB | MSP |
| INQOVI TAB | MSP |
| INTRON-A INJ | MSP |
| IRESSA TAB | MSP |
| ISTURISA TAB 10MG | MSP |
| ISTURISA TAB 1MG | MSP |
| ISTURISA TAB 5MG | MSP |
| itraconazole soln | 3 |
| ivermectin tab | 2 |
| JAKAFI TAB | MSP |
| JYNARQUE PAK | MSP |
| JYNARQUE TAB | MSP |
| KALYDECO PAK | MSP |
| KALYDECO TAB | MSP |
| KATERZIA SUSP | 3 |
| KERENDIA TAB | 3 |
| KESIMPTA INJ | MSP |
| KEVZARA INJ | MSP |
| KINERET INJ | MSP |
| KORLYM TAB | MSP |
| KOSELUGO CAP | MSP |
| KOSELUGO CAP 10MG | MSP |
| LAMPIT TAB | 2 |
| lansoprazole odt | 2 |
| lapatinib ditosylate tab | MSP |
| LAZANDA NASAL SPRAY | 3 |
| LEDIPASVIR/SOFOSBUVIR TAB | MSP |
| lenalidomide cap | MSP |
| LENVIMA CAP | MSP |
| LIVMARLI SOLN | MSP |
| LIVTENCITY TAB | MSP |
| LOKELMA PAK | 2 |
| LONSURF TAB | MSP |
| LORBRENA TAB 100MG | MSP |
| LORBRENA TAB 25MG | MSP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-----------------------------|--|
| LUCEMYRA TAB | 3 |
| LUMAKRAS TAB | MSP |
| LUPKYNIS CAP | MSP |
| LYNPARZA CAP | MSP |
| LYNPARZA TAB | MSP |
| LYVISPAH GRANULE PACKET | 3 |
| MAVYRET PAK | MSP |
| MAVYRET TAB | MSP |
| MEKINIST TAB 0.5MG | MSP |
| MEKINIST TAB 2MG | MSP |
| MEKTOVI TAB | MSP |
| METHITEST TAB | 3 |
| miglustat cap | MSP |
| MOTEGRITY TAB | 3 |
| MOVANTIK TAB | 2 |
| MYFEMBREE TAB | 2 |
| NERLYNX TAB | MSP |
| NINLARO CAP | MSP |
| nitazoxanide tab | 2 |
| nitrofurantoin susp | 3 |
| NIZATIDINE SOLN | 3 |
| NORDITROPIN INJ | MSP |
| NORLIQVA ORAL SOLN | 3 |
| NOXAFIL PAK | 3 |
| NUBEQA TAB | MSP |
| NUEDEXTA CAP | 2 |
| OCALIVA TAB | MSP |
| ODOMZO CAP | MSP |
| OFEV CAP | MSP |
| OLUMIANT TAB | MSP |
| ONGENTYS CAP | 3 |
| OPSUMIT TAB | MSP |
| OPZELURA CREAM | 3 |
| ORENCIA CLICK INJ | MSP |
| ORENCIA SC INJ 125MG/ML | MSP |
| ORENCIA SC INJ 50MG/0.4ML | MSP |
| ORENCIA SC INJ 87.5MG/0.7ML | MSP |
| ORGOVYX TAB | MSP |
| ORIAHNN CAP | 2 |
| ORILISSA TAB 150MG | 2 |
| ORILISSA TAB 200MG | 2 |
| ORKAMBI GRANULES PACKET | MSP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| ORKAMBI TAB | MSP |
| OTEZLA STARTER PACK | MSP |
| OTEZLA TAB | MSP |
| OXBRYTA TAB | MSP |
| OXBRYTA TAB FOR ORAL SUSP | MSP |
| OZOBAX SOLN, BACLOFEN SOLN | 3 |
| PALYNZIQ INJ | MSP |
| PEGASYS INJ | MSP |
| PEMAZYRE TAB | MSP |
| phenoxybenzamine cap | MSP |
| PIQRAY TAB | MSP |
| pirfenidone cap | MSP |
| pirfenidone tab 267mg | MSP |
| pirfenidone tab 801mg | MSP |
| POMALYST CAP | MSP |
| PREVYMIS TAB | MSP |
| PROMACTA POWDER | MSP |
| PROMACTA TAB | MSP |
| PULMOZYME INH SOLN | MSP |
| pyrimethamine tab | MSP |
| PYRUKYND TAB | MSP |
| PYRUKYND TAPER PACK | MSP |
| QBRELIS SOLN | 3 |
| QINLOCK TAB | MSP |
| QSYMIA CAP | 2 |
| RADICAVA ORS STARTER KIT | MSP |
| RADICAVA ORS SUSP | MSP |
| REPATHA INJ | 2 |
| REPATHA PUSHTRONEX INJ | 2 |
| RETEVMO CAP | MSP |
| REVLIMID CAP | MSP |
| REYVOW TAB | 2 |
| REZUROCK TAB | MSP |
| RINVOQ ER TAB | MSP |
| ROZLYTREK CAP | MSP |
| RUBRACA TAB | MSP |
| RUCONEST INJ | MSP |
| rufinamide susp | 2 |
| rufinamide tab | 2 |
| RUKOBIA ER TAB | 2 |
| RYDAPT CAP | MSP |
| sapropterin dihydrochloride powder packet | MSP |

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Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| sapropterin dihydrochloride soluble tab | MSP |
| SAXENDA INJ | 3 |
| SIGNIFOR INJ | MSP |
| sildenafil susp | 2 |
| SIMPONI AUTO-INJECTOR 100MG | MSP |
| SIMPONI INJ 100MG | MSP |
| SKYRIZI INJ 150MG/ML | MSP |
| SKYRIZI INJ 180 MG/1.2ML | MSP |
| SKYRIZI INJ 360MG/2.4ML | MSP |
| SKYRIZI INJ 75MG/0.83ML | MSP |
| SODIUM OXYBATE SOLN | MSP |
| sodium phenylbutyrate powder | MSP |
| sodium phenylbutyrate tab | MSP |
| SOFOSBUVIR/VELPATASVIR TAB | MSP |
| SOLOSEC GRANULES PACKET | 3 |
| SOMAVERT INJ | MSP |
| sorafenib tosylate tab | MSP |
| SOTYLIZE SOLN 5MG/ML | 3 |
| SPRYCEL TAB | MSP |
| STELARA INJ | MSP |
| STIVARGA TAB | MSP |
| STRENSIQ INJ | MSP |
| sunitinib malate cap | MSP |
| SUNOSI TAB | 2 |
| SYMDEKO TAB | MSP |
| SYMPROIC TAB | 2 |
| TABRECTA TAB | MSP |
| TADLIQ SUSP | 3 |
| TAFINLAR CAP | MSP |
| TAGRISSO TAB | MSP |
| TAKHZYRO INJ | MSP |
| TAKHZYRO INJ 150MG/ML | MSP |
| TALTZ INJ | MSP |
| TALZENNA CAP 0.25MG | MSP |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | MSP |
| TASIGNA CAP | MSP |
| TAVALISSE TAB | MSP |
| TAVNEOS CAP | MSP |
| tazarotene cream 0.1% | 2 |
| TAZORAC CREAM 0.05% | 3 |
| TAZVERIK TAB | MSP |
| TEPMETKO TAB | MSP |

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Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| TEST STRIP (all other test strips) | DME |
| TESTOSTERONE GEL 1% 25MG | 2 |
| testosterone gel 1% 50mg | 2 |
| testosterone gel 1% pump | 2 |
| testosterone gel 1.62% 1.25gm | 3 |
| testosterone gel 1.62% 2.5gm | 3 |
| TESTOSTERONE GEL PUMP | 2 |
| testosterone gel pump 1.62% | 1 |
| testosterone soln | 2 |
| tetrabenazine tab | MSP |
| THALOMID CAP | MSP |
| TIBSOVO TAB | MSP |
| tiopronin tab | MSP |
| TIROSINT-SOL | 3 |
| TOBI PODHALER | MSP |
| tobramycin neb soln | MSP |
| TRACLEER TAB 32MG | MSP |
| TREMFYA INJ | MSP |
| trientine cap | MSP |
| TRIKAFTA TAB | MSP |
| TRINTELLIX TAB | 3 |
| TUKYSA TAB | MSP |
| TURALIO CAP | MSP |
| TYMLOS INJ | MSP |
| TYVASO DPI POWDER | MSP |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG | MSP |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG | MSP |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG | MSP |
| TYVASO INH SOLN | MSP |
| UBRELVY TAB | 2 |
| UCERIS RECTAL FOAM | 3 |
| UPTRAVI TAB | MSP |
| VALCHLOR GEL | MSP |
| VELTASSA POWDER | 2 |
| VENCLEXTA STARTER PACK | MSP |
| VENCLEXTA TAB | MSP |
| VENTAVIS INH SOLN | MSP |
| VERZENIO TAB | MSP |
| vigabatrin powder pack | MSP |
| vigabatrin tab | MSP |
| vigadrone powder pack | MSP |
| VIJOICE TAB | MSP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------------|--|
| VIJOICE TAB 250MG | MSP |
| VITRAKVI CAP 100MG | MSP |
| VITRAKVI CAP 25MG | MSP |
| VITRAKVI SOLN | MSP |
| VIZIMPRO TAB | MSP |
| VONJO CAP | MSP |
| VOSEVI TAB | MSP |
| VOTRIENT TAB | MSP |
| VOXZOGO INJ | MSP |
| VYNDAMAX CAP | MSP |
| VYNDAQEL CAP | MSP |
| WEGOVY INJ | 3 |
| WEGOVY INJ 1.7MG/0.75ML | 3 |
| WEGOVY INJ 2.4MG/0.75ML | 3 |
| WELIREG TAB | MSP |
| XADAGO TAB | 3 |
| XALKORI CAP | MSP |
| XATMEP SOLN | 3 |
| XELJANZ SOLN | MSP |
| XELJANZ TAB | MSP |
| XELJANZ XR TAB | MSP |
| XIFAXAN TAB 550MG | 3 |
| XOSPATA TAB | MSP |
| XPOVIO PAK | MSP |
| ZEJULA CAP | MSP |
| ZELBORAF TAB | MSP |
| ZEPOSIA CAP | MSP |
| ZEPOSIA STARTER PACK | MSP |
| ZOLINZA CAP | MSP |
| ZONISADE SUSP | 3 |
| ZTALMY SUSP | MSP |
| ZYDELIG TAB | MSP |
| ZYKADIA CAP | MSP |
| ZYKADIA TAB | MSP |

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Last Updated* 3/1/2023
RxCents (Cost Savings Enabled by Tablet Splitting)

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

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

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

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

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

RxCents Program Medications

| | | | |
|----------------|-------------------------------------|-------------------|-------------|
| alosetron tab | candesartan/hydrochlorothiazide tab | debumostat tab | JANUVIA TAB |
| LIVALO TAB | lurasidone hcl tab | nebivolol hcl tab | OCALIVA TAB |
| rasagiline tab | TRINTELLIX TAB | | |

** OTC drugs are not a covered benefit.

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GHC-SCW 4-Tier FEHB Complete Formulary
Last Updated* 3/1/2023
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

| | | | |
|--|---|---|--|
| ACCU-CHEK AVIVA PLUS METER | ACCU-CHEK AVIVA PLUS TEST STRIP | ACCU-CHEK GUIDE CARE METER | ACCU-CHEK GUIDE ME KIT |
| ACCU-CHEK GUIDE TEST STRIP | ACCU-CHEK NANO METER | ACCU-CHEK SMARTVIEW TEST STRIP | ACCU-CHEK TEST STRIP |
| AEROCHAMBER aspirin chew tab 81mg | ALCOHOL SWABS aspirin ec tab 81mg | ammonium lactate cream azelastine nasal spray 0.15% | ammonium lactate lotion B-D INSULIN SYRINGE |
| B-D PEN NEEDLE CARETOUCH MIS | benzoyl peroxide gel cetirizine chew tab | budesonide nasal spray cetirizine syrup | CALIBRATION LIQUID cetirizine tab |
| CLINISTIX TEST STRIP | CONTRACEPTIVE FOAM | CONTRACEPTIVE GEL | COVID-19 TEST |
| CUE COVID-19 INJ TEST CARTRIDGE | CUE HEALTH MONITOR | DIFFERIN OTC GEL 0.1% | esomeprazole cap |
| esomeprazole magnesium DR tab | FEMALE CONDOMS | FLONASE SENSIMIST NASAL SPRAY | FREESTYLE LANCETS |
| guaifenesin/codeine syrup | HYPODERMIC NEEDLES | INSULIN SYRINGE | KETO-DIASTIX TEST STRIP |
| KETOSTIX | ketotifen ophth soln | LAC-HYDRIN LOTION 5% | LANCETS |
| lansoprazole cap | levonorgestrel tab | lidocaine cream | lidocaine cream 4% |
| lidocaine rectal cream | loratadine ODT | loratadine syrup | loratadine tab |
| MALE CONDOMS | meclizine chew tab | meclizine tab | niacin cap |
| niacin CR tab | niacin tab | NIACIN TR TAB | niacinamide tab |
| nicotine gum | NICOTINE KIT | nicotine lozenge | nicotine patch |
| NOVOFINE PEN NEEDLE | NOVOLIN 70/30 INJ | NOVOLIN MIX FLEXPEN IN. | NOVOLIN N FLEXPEN INJ |
| NOVOLIN N INJ | NOVOLIN R FLEXPEN INJ | NOVOLIN R INJ | NOVOTWIST PEN NEEDLE |
| olopatadine ophth soln 0.1% | olopatadine ophth soln 0.2% | ONETOUCH METER | ONETOUCH TEST STRIP |
| ONETOUCH VERIO FLEX METER | ONETOUCH VERIO IQ METER | ONETOUCH VERIO METER | ONETOUCH VERIO REFLECT METER |
| ONETOUCH VERIO TEST STRIP | OXYTROL PATCH (OTC) | PEAK FLOW METER | phenazopyridine tab 95mg |
| phenazopyridine tab 97.5mg SYRINGE LUER-LOK | phenazopyridine tab 99.5mg TB SYRINGE | PREVACID OTC CAP TEST STRIP (all other test strips) | selenium sulfide lotion TODAY SPONGE |
| triamcinolone OTC nasal spray | | | |

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GHC-SCW 4-Tier FEHB Complete Formulary
Last Updated* 3/1/2023
Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

| | | | |
|-----------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|
| abiraterone tab 250mg | ACTEMRA ACTPEN INJ | ACTEMRA SC INJ | ACTIMMUNE INJ |
| ADBRY INJ | ADEMPAS TAB | ALECENSA CAP | ALFERON-N INJ |
| ALUNBRIG TAB 30MG | ALUNBRIG TAB 90MG, 180MG | ambrisentan tab | ARIKAYCE SUSP |
| AUBAGIO TAB | AUSTEDO TAB | AVONEX INJ | AYVAKIT TAB |
| BALVERSA TAB 3MG | BALVERSA TAB 4MG | BALVERSA TAB 5MG | BENLYSTA AUTO-INJECTOI |
| BENLYSTA INJ | BERINERT INJ | betaine powder for oral solution | bexarotene cap |
| bexarotene gel | bosentan tab | BOSULIF TAB | BRAFTOVI CAP 75MG |
| BRUKINSA CAP | BYLVAY CAP 1200MCG | BYLVAY CAP 400MCG | BYLVAY SPRINKLE CAP 200MCG |
| BYLVAY SPRINKLE CAP 600MCG | CABLIVI INJ KIT | CABOMETYX TAB | CALQUENCE CAP |
| CALQUENCE TAB | CAMZYOS CAP | capecitabine tab | CAPRELSA TAB |
| carglumic acid tab | CAYSTON INH SOLN | CIBINQO TAB | CIMZIA INJ |
| CIMZIA STARTER INJ KIT | CINRYZE INJ | COMETRIQ KIT | COPIKTRA CAP |
| COTELLIC TAB | CYSTADROPS SOLN | CYSTARAN OPHTH SOLN | deferasirox granules packet |
| deferasirox tab | deferasirox tab 180mg | deferasirox tab 90mg, 360mc | deferiprone tab |
| DIACOMIT CAP | DIACOMIT POWDER PACK | dimethyl fumarate DR cap | dimethyl fumarate DR starter pack |
| DOPTELET TAB | DUPIXENT INJ | DUPIXENT PEN INJ | EMPAVELI INJ |
| ENBREL INJ 25MG | ENBREL INJ 50MG | ENBREL MINI INJ | ENBREL SURECLICK INJ 50MG |
| ENDARI POWDER PACK | ENSPRYNG INJ | EPIDIOLEX SOLN | ERIVEDGE CAP |
| ERLEADA TAB | erlotinib tab | ETOPOSIDE CAP | everolimus tab |
| everolimus tab for oral susp | EVRYSDI SOLN | EXKIVITY CAP | EXTAVIA INJ |
| FERRIPROX SOLN | figolimod hcl cap | FINTEPLA SOLN | FIRDAPSE TAB |
| FOTIVDA CAP | FULPHILA INJ | GAVRETO CAP | GILENYA CAP 0.25MG |
| GILOTRIF TAB | glatiramer inj | HAEGARDA INJ | HEMLIBRA INJ |
| HIZENTRA INJ | HUMIRA INJ 10MG | HUMIRA INJ 20MG | HUMIRA INJ 40MG |
| HUMIRA INJ 80MG | HUMIRA INJ | HUMIRA INJ PEDIATRIC | HUMIRA INJ PEDIATRIC UC |
| | CROHNS/UC/HIDRADENITI STARTER PACK | CROHNS STARTER PACK | STARTER PACK |
| HUMIRA INJ | HUMIRA PEN INJ 40MG | HYCAMTIN CAP | IBRANCE CAP |
| PSORIASIS/UVEITIS STARTER PACK | | | |
| IBRANCE TAB | icatibant inj | ICLUSIG TAB | IDHIFA TAB |
| imatinib tab | IMBRUVICA CAP 140MG | IMBRUVICA CAP 70MG | IMBRUVICA SUSP |

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| | | | |
|---|--|---|--|
| IMBRUVICA TAB 420MG, 560MG INLYTA TAB ISTURISA TAB 10MG JYNARQUE PAK KESIMPTA INJ KOSELUGO CAP | IMCIVREE INJ INQOVI TAB ISTURISA TAB 1MG JYNARQUE TAB KEVZARA INJ KOSELUGO CAP 10MG | INCRELEX INJ INTRON-A INJ ISTURISA TAB 5MG KALYDECO PAK KINERET INJ lapatinib ditosylate tab | INGREZZA CAP IRESSA TAB JAKAFI TAB KALYDECO TAB KORLYM TAB LEDIPASVIR/SOFOSBUVIR TAB LIVTENCITY TAB LUPKYNIS CAP MAVYRET PAK MEKINIST TAB 0.5MG |
| lenalidomide cap LORBRENA TAB 100MG LYNPARZA CAP MAVYRET TAB | LENVIMA CAP LORBRENA TAB 25MG LYNPARZA TAB MAYZENT TAB | LIVMARLI SOLN LUMAKRAS TAB LYSODREN TAB MAYZENT TAB STARTER PACK MESNEX TAB nilutamide tab NUBEQA TAB OLUMIANT TAB ORENCIA SC INJ 50MG/0.4ML ORKAMBI TAB | MEKINIST TAB 2MG MYLERAN TAB NIVESTYM INJ ODOMZO CAP ORENCIA CLICK INJ |
| ORGOVYX TAB | ORKAMBI GRANULES PACKET OXBRYTA TAB | OXBRYTA TAB FOR ORAL SUSP PHEBURANE ORAL PELLETS pirfenidone tab 267mg POMALYST CAP PULMOZYME INH SOLN QINLOCK TAB | miglustat cap NINLARO CAP OCALIVA TAB OPSUMIT TAB ORENCIA SC INJ 87.5MG/0.7ML OTEZLA STARTER PACK |
| OTEZLA TAB | PEMAZYRE TAB | RETACRIT INJ RINVOQ ER TAB RYDAPT CAP | OTEZLA STARTER PACK PALYNZIQ INJ |
| PEGASYS INJ | pirfenidone cap PLEGRIDY INJ PROMACTA TAB PYRUKYND TAPER PACK | SIMPONI AUTO-INJECTOR 100MG SKYRIZI INJ 360MG/2.4ML sodium phenylbutyrate tab | phenoxybenzamine cap pirfenidone tab 801mg PREVYMIS TAB pyrimethamine tab RADICAVA ORS STARTER KIT RETEVMO CAP ROZLYTREK CAP sapropterin dihydrochloride powder packet SIMPONI INJ 100MG |
| PIQRAY TAB PLEGRIDY INJ PROMACTA POWDER PYRUKYND TAB | REBIF INJ REZUROCK TAB RUCONEST INJ | SPRYCEL TAB sunitinib malate cap TAFINLAR CAP TALTZ INJ TAVALISSE TAB | SKYRIZI INJ 75MG/0.83ML SOFOSBUVIR/VELPATASVI R TAB STELARA INJ SYMDEKO TAB TAGRISSO TAB TALZENNA CAP 0.25MG TAVNEOS CAP |
| RADICAVA ORS SUSP REVLIMID CAP RUBRACA TAB | SIGNIFOR INJ SKYRIZI INJ 180 MG/1.2ML sodium phenylbutyrate powder sorafenib tosylate tab STRENSIQ INJ tadalafil tab (PAH) TAKHZYRO INJ 150MG/ML TASIGNA CAP | TEPMETKO TAB tiopronin tab TREMIFYA INJ TURALIO CAP | RETEVMO CAP ROZLYTREK CAP sapropterin dihydrochloride powder packet SIMPONI INJ 100MG SKYRIZI INJ 75MG/0.83ML SOFOSBUVIR/VELPATASVI R TAB STELARA INJ SYMDEKO TAB TAGRISSO TAB TALZENNA CAP 0.25MG TAVNEOS CAP |
| sapropterin dihydrochloride soluble tab SKYRIZI INJ 150MG/ML SODIUM OXYBATE SOLN | temozolomide cap TIBSOVO TAB TRACLEER TAB 32MG TUKYSA TAB | | tetrabenazine tab TOBI PODHALER tretinoin cap TYMLOS INJ |
| SOMAVERT INJ STIVARGA TAB TABRECTA TAB TAKHZYRO INJ TALZENNA CAP 0.5MG, 0.75MG, 1MG TAZVERIK TAB THALOMID CAP tobramycin neb soln trientine cap TYVASO DPI POWDER | | | |

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TYVASO DPI POWDER
MAINTENANCE KIT
32-48MCG
UPTRAVI TAB

TYVASO DPI POWDER
TITRATION KIT 16-32-48MC

TYVASO DPI POWDER
TITRATION KIT 16-32MCG

TYVASO INH SOLN

VALCHLOR GEL

VENCLEXTA STARTER
PACK

VENCLEXTA TAB

VENTAVIS INH SOLN
vigadrone powder pack
VITRAKVI CAP 25MG
VOSEVI TAB
VYNDAQEL CAP
XELJANZ TAB
ZARXIO INJ
ZIEXTENZO INJ
ZYKADIA CAP

VERZENIO TAB
VIJOICE TAB
VITRAKVI SOLN
VOTRIENT TAB
WELIREG TAB
XELJANZ XR TAB
ZELBORAF TAB
ZOLINZA CAP
ZYKADIA TAB

vigabatrin powder pack
VIJOICE TAB 250MG
VIZIMPRO TAB
VOXZOGO INJ
XALKORI CAP
XOSPATA TAB
ZEPOSIA CAP
ZTALMY SUSP

vigabatrin tab
VITRAKVI CAP 100MG
VONJO CAP
VYNDAMAX CAP
XELJANZ SOLN
XPOVIO PAK
ZEPOSIA STARTER PACK
ZYDELIG TAB

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GHC-SCW 4-Tier FEHB Complete Formulary
Last Updated* 3/1/2023
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| amethyst tab | Step Therapy requires a trial of 2 preferred oral contraceptives |
| DIFICID SUSP | QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN |
| DIFICID TAB | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN |
| febuxostat tab | Step Therapy requires trial of allopurinol |
| fluvoxamine ER cap | Step Therapy requires a trial of 2 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine |
| gatifloxacin ophth soln | Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA |
| 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 |
| mometasone nasal spray | Step Therapy requires trial of two: fluticasone, triamcinolone OTC, or budesonide |
| OGESTREL TAB | Step Therapy requires a trial of 2 preferred oral contraceptives |
| risedronate DR tab | Step Therapy requires trial of alendronate |
| risedronate 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 |

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GHC-SCW 4-Tier FEHB Complete Formulary
Smoking Cessation Agents
Last Updated* 3/1/2023

| Drug Name | Tier # for Drug Copay |
|--|------------------------------|
| bupropion SR 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 |
| VARENICLINE PAK(Limited to 180 days/plan year) | \$0 |
| VARENICLINE TAB(Limited to 180 days/plan year) | \$0 |
| varenicline tartrate tab(Limited to 180 days/plan year) | \$0 |

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GHC-SCW 4-Tier FEHB Complete Formulary
Last Updated* 3/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------|--|
| abiraterone tab 250mg | QL= 4 tab/day; |
| ABSTRAL SL TAB | QL= 120 tabs/30 days; Dosage limits may apply |
| ACTEMRA ACTPEN INJ | QL= 2 inj/28 days |
| ACTEMRA SC INJ | QL= 2 inj/28 days |
| ADBRY INJ | QL= 4 inj/28 days |
| ADEMPAS TAB | QL= 3 tabs/day |
| AIMOVIJ INJ | QL= 1 pack/28 days |
| AJOVY INJ | QL= 1 pack/28 days |
| AKYNZEO CAP | QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist |
| albuterol HFA inhaler | QL= 2 inhalers/30 days |
| ALECENSA CAP | QL= 8 caps/day |
| ALINIA SUSP | QL= 60ml/3 days |
| ALUNBRIG TAB 30MG | QL= 4 tabs/day |
| ALUNBRIG TAB 90MG, 180MG | QL= 1 tab/day |
| ambrisentan tab | QL= 1 tab/day |
| ANDRODERM PATCH | QL= 1 patch/day |
| ANNOVERA RING | QL= 1 ring/year |
| ANZEMET TAB | QL= 9 tabs/fill |
| aprepitant cap | QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist |
| aprepitant pak | QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist |
| ARIKAYCE SUSP | QL= 1 vial/day |
| armodafinil tab | QL= 1 tab/day |
| asenapine maleate SL tab | QL= 2 tabs/day |
| AUSTEDO TAB | QL= 4 tabs/day |
| AYVAKIT TAB | QL= 1 tab/day |
| BALVERSA TAB 3MG | QL= 3 tabs/day |
| BALVERSA TAB 4MG | QL= 2 tabs/day |
| BALVERSA TAB 5MG | QL= 1 tab/day |
| BAQSIMI NASAL POWDER | QL= 2 inhalations/fill |
| 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 |
| bimatoprost ophth soln | QL= 2.5ml/30 days |
| bosentan tab | QL= 2 tabs/day |
| BRAFTOVI CAP 75MG | QL= 6 caps/day |
| BRUKINSA CAP | QL= 4 caps/day |
| budesonide ER tab | QL=1 tab/day |
| budesonide nasal spray | QL= 2 bottles/fill |
| buprenorphine patch | QL= 4 patches/28 days; Dosage limits may apply |
| bupropion SR tab | Limited to 180 days/plan year |
| bupropion XL tab | QL= 1 tab/day |
| butorphanol nasal spray | QL= 1 bottle/fill, 2 fills/30 days; Dosage limits may apply |
| BYDUREON BCISE AUTO INJ | QL= 4 inj/28 days |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.
Last Updated* 3/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--------------------------|
| BYDUREON INJ | QL= 4 inj/28 days |
| BYDUREON PEN INJ | QL= 4 inj/28 days |
| BYETTA INJ | QL= 1 pen/30 days |
| BYLVAY CAP 1200MCG | QL= 5 caps/day |
| BYLVAY CAP 400MCG | QL= 15 caps/day |
| BYLVAY SPRINKLE CAP 200MCG | QL= 8 caps/day |
| BYLVAY SPRINKLE CAP 600MCG | QL= 4 caps/day |
| CABLIVI INJ KIT | QL= 1 vial/day |
| CABOMETYX TAB | QL= 1 tab/day |
| CALQUENCE CAP | QL= 2 caps/day |
| CALQUENCE TAB | QL= 2 tabs/day |
| CAMZYOS CAP | QL= 1 cap/day |
| CIBINQO TAB | QL= 1 tab/day |
| CIMZIA INJ | QL= 2 inj/28 days |
| CIMZIA STARTER INJ KIT | QL= 1 kit/plan year |
| CINRYZE INJ | QL= 16 vials/28 days |
| COMPLERA TAB | QL= 1 tab/day |
| COPIKTRA CAP | QL= 2 caps/day |
| COTELLIC TAB | QL= 3 tabs/day |
| COVID-19 TEST | QL= 8 tests/30 days |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) | QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) | QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) | QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) | QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) | QL= 1 inj/fill |
| COVID-19 VACCINE BOOSTER INJ (MODERNA) | QL= 1 inj/fill |
| COVID-19 VACCINE INJ (JANSSEN) | QL= 1 dose/45 days |
| COVID-19 VACCINE INJ (MODERNA) | QL= 1 dose/24 days |
| COVID-19 VACCINE INJ (NOVAVAX) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ (PFIZER) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ 6-11Y (MODERNA) | QL= 1 dose/24 days |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ 6M-5Y (MODERNA) | QL= 1 dose/24 days |
| CUE COVID-19 INJ TEST CARTRIDGE | QL= 8 cartridges/30 days |
| CUE HEALTH MONITOR | QL= 1 kit/year |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.
Last Updated* 3/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| CYSTADROPS SOLN | QL= 4 bottles/28 days |
| CYSTARAN OPTH SOLN | QL= 4 bottles/28 days |
| dalfampridine ER tab | QL= 2 tabs/day |
| DEPO-PROVERA INJ | QL= 1 inj/90 days |
| DEPO-PROVERA SC INJ 104MG | QL= 1 inj/90 days |
| DEXCOM G6 RECEIVER | QL= 1 receiver/year |
| DEXCOM G6 SENSOR | QL= 9 sensors/90 days |
| DEXCOM G6 TRANSMITTER | QL= 1 transmitter/90 days |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | QL= 2 packs/fill |
| diclofenac gel | QL= 300gm/30 days |
| diclofenac gel 1% | QL= 5 tubes/fill |
| DICLOFENAC PATCH, FLECTOR PATCH | QL= 30 patches/fill |
| diclofenac soln 1.5% | QL= 3 bottles/fill |
| DIFICID SUSP | QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN |
| DIFICID TAB | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN |
| donepezil ODT | QL= 1 tab/day |
| donepezil tab | QL= 2 tabs/day |
| donepezil tab 23mg | QL= 1 tab/day |
| DOPTELET TAB | QL= 2 tabs/day |
| DUPIXENT INJ | QL= 2 inj/ 28 days |
| DUPIXENT PEN INJ | QL= 2 inj/28 days |
| efavirenz/emtricitabine/tenofovir df tab | QL= 1 tab/day |
| eletriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| EMGALITY INJ | QL= 1 inj/28 days |
| EMGALITY INJ 100MG/ML | QL= 3 inj/fill, 6 fills/year |
| EMPAVELI INJ | QL= 160ml/28 days |
| ENBREL INJ 25MG | QL= 8 inj/28 days |
| ENBREL INJ 50MG | QL= 4 inj/28 days |
| ENBREL MINI INJ | QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG | QL= 4 inj/28 days |
| ENDARI POWDER PACK | QL= 6 packets/day |
| ENSPRYNG INJ | QL= 1 inj/28 days |
| entecavir tab | QL= 1 tab/day |
| ENTRESTO TAB | QL= 2 tabs/day |
| epinephrine pen inj 0.15mg, 0.3mg | QL= 2 inj/fill |
| ERLEADA TAB | QL= 4 tabs/day |
| estradiol patch | QL= 2 patches/week |
| estradiol vaginal tab, yuvafem vaginal tab | QL= 8 tabs/28 days (18 tabs on first fill) |
| estradiol valerate inj | QL= 5ml/fill |
| eszopiclone tab | QL= 1 tab/day |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.
Last Updated* 3/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------------|---|
| everolimus tab | QL= 1 tab/day |
| everolimus tab for oral susp | QL= 1 tab/day |
| EVRYSDI SOLN | QL= 6.67ml/day |
| EXKIVITY CAP | QL= 4 caps/day |
| ezetimibe/simvastatin tab | QL= 1 tab/day (10-80mg is Not Covered) |
| FARXIGA TAB | QL= 1 tab/day |
| FEMALE CONDOMS | QL= 12 condoms/fill |
| fentanyl citrate lollipop | QL= 120 lozenges/30 days; Dosage limits may apply |
| FENTORA TAB, FENTANYL BUCCAL TAB | QL= 120 tabs/30 days; Dosage limits may apply |
| FINTEPLA SOLN | QL= 12ml/day |
| flunisolide nasal soln | QL= 2 bottles/fill |
| fluticasone nasal spray | QL= 2 bottles/fill |
| fluvastatin cap | QL= 1 cap/day |
| FOTIVDA CAP | QL= 21 caps/28 days |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE 2 SENSOR | QL= 6 sensors/84 days |
| FREESTYLE LIBRE 3 SENSOR | QL= 2 sensors/28 days |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE SENSOR (10-DAY) | QL= 9 sensors/90 days |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 6 sensors/84 days |
| gabapentin cap | QL= 9 caps/day |
| gabapentin soln | QL= 72 mls/day |
| gabapentin tab 600mg | QL= 6 tabs/day |
| gabapentin tab 800mg | QL= 4.5 tabs/day |
| GAVILYTE-C SOLN | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year |
| GAVRETO CAP | QL= 4 caps/day |
| GENVOYA TAB | QL= 1 tab/day |
| GILOTRIF TAB | QL= 1 tab/day |
| GLUCAGEN HYPOKIT INJ | QL= 1 kit/fill, 2 fills/30 days |
| GLUCAGEN INJ | QL= 1 kit/fill, 2 fills/30 days |
| glucagon (rdna) for inj kit | QL= 1 kit/fill, 2 fills/30 days |
| GLUCAGON EMR INJ | QL= 2 inj/fill |
| GLYXAMBI TAB | QL= 1 tab/day |
| GOLYTELY SOLN | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year |
| granisetron tab | QL= 14 tabs/fill |
| GRANISOL SOLN | QL= 60ml/fill |
| GUAIFENESIN/CODEINE SYRUP | QL= 240ml/fill |
| GVOKE INJ | QL= 2 inj/fill |
| GVOKE INJ KIT | QL= 2 inj/fill |
| GVOKE PFS INJ | QL= 2 inj/fill |
| HUMIRA INJ 10MG | QL= 2 syringes/28 days |
| HUMIRA INJ 20MG | QL= 2 syringes/28 days |
| HUMIRA INJ 40MG | QL= 2 syringes/28 days |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.
Last Updated* 3/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| HUMIRA INJ 80MG | QL= 2 syringes/28 days |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA PEN INJ 40MG | QL= 2 pens/28 days |
| hydrocodone bitartrate ER cap | QL= 2 caps/day |
| hydrocodone/chlorpheniramine CR susp | QL= 120ml/fill; 2 fills/30 days |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid | QL= 120ml/fill, 2 fills/month |
| ibandronate tab 150mg | QL= 1 tab/30 days |
| IBRANCE CAP | QL= 21 caps/28 days |
| IBRANCE TAB | QL= 21 caps/28 days |
| ICLUSIG TAB | QL= 1 tab/day |
| IDHIFA TAB | QL= 1 tab/day |
| IMBRUVICA CAP 140MG | QL= 3 caps/day |
| IMBRUVICA CAP 70MG | QL= 1 cap/day |
| IMBRUVICA SUSP | QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA TAB 420MG, 560MG | QL= 1 tab/day |
| IMCIVREE INJ | QL= 1 inj/day |
| IMITREX INJ | QL= 4 inj/fill, 2 fills/30 days |
| INBRIJA INH POWDER | QL= 10 caps/day |
| INGREZZA CAP | QL= 1 cap/day |
| INLYTA TAB | QL= 8 tabs/day |
| INQOVI TAB | QL= 5 tabs/28 days |
| ISTURISA TAB 10MG | QL= 6 tabs/day |
| ISTURISA TAB 1MG | QL= 8 tabs/day |
| ISTURISA TAB 5MG | QL= 2 tabs/day |
| 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 |
| JYNARQUE TAB | QL= 2 tabs/day |
| KALYDECO PAK | QL= 2 packets/day |
| KALYDECO TAB | QL= 2 tabs/day |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.
Last Updated* 3/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| KERENDIA TAB | QL= 1 tab/day |
| ketorolac inj 15mg/ml | QL= 20ml/5 days |
| ketorolac inj 30mg/ml | QL= 20ml/5 days |
| ketorolac inj 60mg/2ml | QL= 20ml/5 days |
| ketorolac tab | QL= 20 tabs/5 days |
| KEVZARA INJ | QL= 2 inj/28 days |
| KINERET INJ | QL= 1 inj/day |
| KORLYM TAB | QL= 4 tabs/day |
| KOSELUGO CAP | QL= 4 caps/day |
| KOSELUGO CAP 10MG | QL= 8 caps/day |
| LASTACAFT OPTH SOLN | QL= 3ml/30 days |
| latanoprost ophth soln | QL= 2.5ml/30 days |
| LAZANDA NASAL SPRAY | QL= 15 bottles/30 days; Dosage limits may apply |
| LEDIPASVIR/SOFOSBUVIR TAB | QL= 1 tab/ day |
| lenalidomide cap | QL= 1 cap/day |
| LENVIMA CAP | QL= 3 caps/day |
| LEVALBUTEROL INHALER, XOPENEX HF INHALER | QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler |
| lidocaine oint | QL= 107gm/30 days |
| lidocaine patch | QL= 3 patches/day |
| lidocaine patch 5% | QL= 3 patches/day |
| LIVMARLI SOLN | QL= 90ml/30 days |
| LIVTENCITY TAB | QL= 4 tabs/day |
| LORBRENA TAB 100MG | QL= 1 tab/day |
| LORBRENA TAB 25MG | QL= 3 tabs/day |
| LUCEMYRA TAB | QL= 96 tabs/7 days |
| LUMAKRAS TAB | QL= 8 tabs/day |
| LUMIGAN OPTH SOLN | QL= 2.5ml/30 days |
| LUPKYNIS CAP | QL= 6 caps/day |
| lurasidone hcl tab | QL= 1 tab/day |
| LYNPARZA CAP | QL= 16 caps/day |
| LYNPARZA TAB | QL= 4 tabs/day |
| malathion lotion | QL= 2 bottles/fill |
| MALE CONDOMS | QL= 12 condoms/fill |
| MAVYRET PAK | QL= 5 packs/day |
| MAVYRET TAB | QL= 3 tabs/day |
| medroxyprogesterone inj | QL= 1 inj/90 days |
| MEKINIST TAB 0.5MG | QL= 3 tabs/day |
| MEKINIST TAB 2MG | QL= 1 tab/day |
| MEKTOVI TAB | QL= 6 tabs/day |
| methylergonovine tab | QL= 28 tabs/fill, 1 fill/365 days |
| modafinil tab | QL= 2 tabs/day |
| MOLNUPIRAVIR CAP | QL= 40 caps/fill |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.
Last Updated* 3/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------|--|
| MOUNJARO INJ | QL= 4 inj/28 days |
| MYFEMBREE TAB | QL= 1 tab/day |
| NALOXONE PREFILLED INJ | QL= 2 inj/fill |
| naratriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| NATACYN OPHTH SUSP | QL= 15ml/fill |
| NATROBA SUSP | QL= 1 bottle/fill |
| NAYZILAM SPRAY | QL= 2 packs/fill; Restricted to Neurology Specialist |
| NERLYNX TAB | QL= 6 tabs/day |
| nicotine gum | Limited to 180 days/plan year |
| NICOTINE KIT | |
| nicotine lozenge | Limited to 180 days/plan year |
| nicotine patch | Limited to 180 days/plan year |
| NICOTROL INHALER | Limited to 180 days/plan year |
| NICOTROL NASAL SPRAY | Limited to 180 days/plan year |
| nitazoxanide tab | QL= 6 tabs/3 days |
| NUBEQA TAB | QL= 4 tabs/day |
| NUCYNTA ER TAB | QL= 2 tabs/day; Dosage limits may apply |
| NUDEXTA CAP | QL= 2 caps/day |
| NULYTELY SOLN | Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year |
| OCALIVA TAB | QL= 1 tab/day |
| ODEFSEY TAB | QL= 1 tab/day |
| OFEV CAP | QL= 2 caps/day |
| olopatadine ophth soln 0.2% | QL= 2.5ml/30 days |
| OLUMIANT TAB | QL= 1 tab/day |
| OMNIPOD 5 INTRO KIT | QL= 1 kit/year |
| OMNIPOD 5 PACK PODS | QL= 10 pods/month |
| OMNIPOD DASH INTRO KIT | QL= 1 kit/year |
| OMNIPOD DASH PODS | QL= 10 pods/month |
| OMNIPOD STARTER KIT | QL= 1 kit/year |
| ONGENTYS CAP | QL= 1 tab/day, 30 tabs per fill |
| OPSUMIT TAB | QL= 1 tab/day |
| OPZELURA CREAM | QL= 12 tubes/year |
| ORENCIA CLICK INJ | QL= 4 inj/28 days |
| ORENCIA SC INJ 125MG/ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 50MG/0.4ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 87.5MG/0.7ML | QL= 4 inj/28 days |
| ORGOVYX TAB | QL= 30 tabs/28 days |
| ORIAHNN CAP | QL= 2 caps/day |
| ORILISSA TAB 150MG | QL= 1 tab/day |
| ORILISSA TAB 200MG | QL= 2 tabs/day |
| ORKAMBI GRANULES PACKET | QL= 2 packets/day |
| ORKAMBI TAB | QL= 4 tabs/day |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.
Last Updated* 3/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------------|---|
| oseltamivir cap | QL= 10 caps/fill |
| oseltamivir cap 30mg | QL= 20 caps/fill |
| oseltamivir susp | QL= 250ml/fill |
| OTEZLA STARTER PACK | QL= 2 tabs/day |
| OTEZLA TAB | QL= 2 tabs/day |
| OXBRYTA TAB | QL= 3 tabs/day |
| OXBRYTA TAB FOR ORAL SUSP | QL= 5 tabs/day |
| OZEMPIC INJ | QL= 1 pack/28 days |
| paliperidone ER tab | QL= 1 tab/day |
| PALYNZIQ INJ | QL= 1 inj/day |
| PAXLOVID TAB | QL= 30 tabs/fill |
| peg 3350/electrolytes soln | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year |
| PEMAZYRE TAB | QL= 1 tab/day |
| phentermine cap | QL= 1 cap/day |
| phentermine tab | QL= 1 tab/day |
| PHEXXI GEL | QL= 1 box/fill |
| PICATO GEL | QL= 1 box/fill |
| pirfenidone cap | QL= 9 caps/day |
| pirfenidone tab 267mg | QL= 9 tabs/day |
| pirfenidone tab 801mg | QL= 3 tabs/day |
| POMALYST CAP | QL= 21 caps/28 days |
| POTIGA TAB | QL= 3 tabs/day |
| pregabalin 25mg, 50mg, 75mg, 100mg | QL= 5 caps/day |
| pregabalin cap 150mg | QL= 4 caps/day |
| pregabalin soln | QL= 30ml/day |
| PRETOMANID TAB | QL= 1 tab/day; Restricted to Infectious Disease Specialist |
| PREVYMIS TAB | QL= 1 tab/day; Limit 100 tabs/6 months |
| pyrimethamine tab | QL= 3 tabs/day |
| PYRUKYND TAB | QL= 2 tabs/day |
| PYRUKYND TAPER PACK | QL= 1 tab/day |
| QINLOCK TAB | QL= 3 tabs/day |
| QSYMIA CAP | QL= 1 cap/day |
| RADICAVA ORS STARTER KIT | QL= 70ml/365 days |
| RADICAVA ORS SUSP | QL= 50mL/28 days |
| ramelteon tab | QL= 1 tab/day |
| REGANEX 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 |
| RETEVMO CAP | QL= 4 caps/day |
| REVLIMID CAP | QL= 1 cap/day |
| REYVOW TAB | QL= 8 tabs/30 days, 6 fills/year |
| REZUROCK TAB | QL= 1 tab/day |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.
Last Updated* 3/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| 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 |
| ROZLYTREK CAP | QL= 3 caps/day |
| RUBRACA TAB | QL= 4 tabs/day |
| RYBELSUS TAB | QL=1 tab/day |
| RYDAPT CAP | QL= 56 caps/28 days |
| SANCUSO PATCH | QL= 4 patches/fill |
| SANDIMMUNE SOLN 100MG/ML | QL= 150 mL/30 days |
| SANTYL OINT | QL= 90gm/30 days |
| SAVELLA TAB | QL= 2 tabs/day |
| SAXENDA INJ | QL= 5 pens/30 days |
| scopolamine patch | QL= 5 patches/fill |
| SIGNIFOR INJ | QL= 2 vials/day |
| sildenafil tab | QL=8 tabs/30 days |
| sildenafil tab 20mg | QL= 40 tabs/30 days |
| SIMPONI AUTO-INJECTOR 100MG | QL=1 inj/28 days |
| SIMPONI INJ 100MG | QL=1 inj/28 days |
| SIVEXTRO TAB | QL= 6 tabs/fill; Restricted to Infectious Disease Specialist |
| SKYRIZI INJ 150MG/ML | QL= 1 inj/84 days |
| SKYRIZI INJ 180 MG/1.2ML | QL= 1 inj/56 days |
| SKYRIZI INJ 360MG/2.4ML | QL= 1 inj/56 days |
| SKYRIZI INJ 75MG/0.83ML | QL= 2 inj/84 days |
| SOFOSBUVIR/VELPATASVIR TAB | QL= 1 tab/ day |
| SOLIQUA INJ | QL= 15ml/25 days |
| SOLOSEC GRANULES PACKET | QL= 1 packet/fill |
| SOLU-CORTEF INJ | QL= 1 vial/fill |
| SOLU-CORTEF INJ 100MG | QL= 2 vials/fill |
| SPINOSAD SUSP | QL= 1 bottle/fill |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL |
| STELARA INJ | QL= 1 inj/84 days |
| STIVARGA TAB | QL= 4 tabs/day |
| STRIBILD TAB | QL= 1 tab/day |
| STRIVERDI RESPIMAT INHALER | QL= 1 inhaler/30 days |
| SUMATRIPTAN INJ | QL= 4 inj/fill, 2 fills/30 days |
| SUMATRIPTAN INJ 6MG/0.5ML | QL= 4 inj/fill, 2 fills/30 days |
| sumatriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| sumatriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| sumatriptan vial inj | QL= 5 inj/fill, 2 fills/30 days |
| SUNOSI TAB | QL= 1 tab/day |
| SYMDEKO TAB | QL= 2 tabs/day |
| SYMJEPI INJ | QL= 2 inj/fill |

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| SYNJARDY TAB | QL= 2 tabs/day |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG | QL= 1 tab/day |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG | QL= 2 tabs/day |
| TABRECTA TAB | QL= 4 tabs/day |
| tadalafil tab | QL= 8 tabs/30 days |
| tadalafil tab 2.5mg, 5mg | QL= 1 tab/day |
| TAFINLAR CAP | QL= 4 caps/day |
| TAGRISSO TAB | QL= 1 tab/day |
| TAKHZYRO INJ | QL= 2 inj/28 days |
| TAKHZYRO INJ 150MG/ML | QL= 2 inj/28 days |
| TALTZ INJ | QL= 1 inj/28 days |
| TALZENNA CAP 0.25MG | QL= 3 caps/day |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | QL= 1 cap/day |
| TAVALISSE TAB | QL= 2 tabs/day |
| TAVNEOS CAP | QL= 6 caps/day |
| TAZVERIK TAB | QL= 8 tabs/day |
| TEPMETKO TAB | QL= 2 tabs/day |
| TESTOSTERONE ENANTHATE INJ 200MG/ML | QL= 5ml/fill |
| testosterone gel 1% 25mg | QL= 1 packet/day |
| testosterone gel 1% 50mg | QL= 2 packets/day |
| testosterone gel 1% pump | QL= 4 bottles/30 days |
| testosterone gel 1.62% 1.25gm | QL= 1 packet/day |
| testosterone gel 1.62% 2.5gm | QL= 2 packets/day |
| TESTOSTERONE GEL PUMP | QL= 4 bottles/30 days |
| testosterone gel pump 1.62% | QL= 2 bottles/30 days |
| testosterone soln | QL= 2 bottles/30 days |
| TIBSOVO TAB | QL= 2 tabs/day |
| TIROSINT-SOL | QL=1 ml/day; Prior Authorization required for members age 9 or older |
| TRACLEER TAB 32MG | QL= 4 tabs/day |
| TRADJENTA TAB | QL= 1 tab/day |
| travoprost ophth soln | QL= 2.5ml/30 days |
| TREMFYA INJ | QL= 1 inj/56 days |
| triamcinolone OTC nasal spray | 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 |
| trilyte soln | Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year |

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GHC-SCW 4-Tier FEHB Complete Formulary Cont.
Last Updated* 3/1/2023
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| TRINTELLIX TAB | QL= 1 tab/day |
| TRIUMEQ PD TAB | QL= 1 tab/day |
| TRIUMEQ TAB | QL= 1 tab/day |
| TRULICITY INJ | QL= 4 pens/28 days |
| TUKYSA TAB | QL= 4 tabs/day |
| TURALIO CAP | QL= 4 caps/day |
| TYVASO DPI POWDER | QL= 4 cartridges/day |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG | QL= 224 cartridges/28 days |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG | QL= 252 cartridges/28 days |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG | QL= 196 cartridges/28 days |
| TYVASO INH SOLN | QL= 1 ampule/day |
| UBRELVY TAB | QL= 10 tabs/30 days, 6 fills/year |
| UPTRAVI TAB | QL= 2 tabs/day |
| VALCHLOR GEL | QL= 4 tubes/30 days |
| vancomycin cap | QL= 56 caps/fill |
| VARENICLINE PAK | Limited to 180 days/plan year |
| VARENICLINE TAB | Limited to 180 days/plan year |
| varenicline tartrate tab | Limited to 180 days/plan year |
| VARUBI TAB | QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist |
| VEMLIDY TAB | QL= 1 tab/day |
| VENTAVIS INH SOLN | QL= 9 ampules/day |
| VENTOLIN HFA INHALER | QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler |
| VERQUVO TAB | QL= 1 tab/day; Restricted to Cardiology Specialist |
| VERZENIO TAB | QL= 2 tabs/day |
| V-GO INJ KIT | QL= 1 kit/day |
| VICTOZA INJ | QL= 9ml/30 days |
| VIJOICE TAB | QL= 1 tab/day |
| VIJOICE TAB 250MG | QL= 2 tabs/day |
| VITRAKVI CAP 100MG | QL= 2 caps/day |
| VITRAKVI CAP 25MG | QL= 6 caps/day |
| VITRAKVI SOLN | QL= 10ml/day |
| VIZIMPRO TAB | QL= 1 tab/day |
| VONJO CAP | QL= 4 caps/day |
| VOSEVI TAB | QL= 1 tab/day |
| VOXZOGO INJ | QL= 1 vial/day |
| VYNDAMAX CAP | QL= 1 cap/day |
| VYNDAQEL CAP | QL= 4 caps/day |
| WEGOVY INJ | QL= 4 pens/28 days |
| WEGOVY INJ 1.7MG/0.75ML | QL= 4 pens/28 days |
| WEGOVY INJ 2.4MG/0.75ML | QL= 4 pens/28 days |

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

GHC-SCW 4-Tier FEHB Complete Formulary Cont.
Last Updated* 3/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| WELIREG TAB | QL= 3 tabs/day |
| XADAGO TAB | QL= 1 tab/day |
| XALKORI CAP | QL= 2 caps/day |
| XCOPRI PAK 100-150MG | QL= 2 tabs/day |
| XCOPRI PAK 150-200MG | QL= 2 tabs/day |
| XCOPRI PAK 50-200MG | QL= 2 tabs/day |
| XCOPRI TAB 150MG, 200MG | QL= 2 tabs/day |
| XCOPRI TAB 50MG, 100MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 12.5-25MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 150-200MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 50-100MG | QL= 1 tab/day |
| XELJANZ SOLN | QL= 10ml/day |
| XELJANZ TAB | QL= 2 tabs/day |
| XELJANZ XR TAB | QL= 1 tab/day |
| XENLETA TAB | QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist |
| XIFAXAN TAB 200MG | QL= 9 tabs/3 days |
| 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 |
| XOSPATA TAB | QL= 3 tabs/day |
| XPOVIO PAK | QL= 32 tabs/28 days |
| XTAMPZA ER CAP | QL= 120 caps/30 days; Dosage limits may apply |
| XULTOPHY INJ | QL= 15ml/30 days |
| zaleplon cap | QL= 2 caps/day |
| ZEGALOGUE INJ | QL= 2 inj/fill |
| ZEJULA CAP | QL= 3 caps/day |
| ZELBORAF TAB | QL= 8 tabs/day |
| ZEPOSIA CAP | QL= 1 cap/day |
| ZEPOSIA STARTER PACK | QL= 1 cap/day |
| zolmitriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| zolmitriptan ODT | QL= 9 tabs/fill, 2 fills/30 days |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY | QL= 6 sprays/fill, 2 fills/30 days |
| zolmitriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| zolpidem ER tab | QL= 1 tab/day |
| ZTALMY SUSP | QL= 1100ml/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) |

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