

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 Complete Formulary
Alphabetical Index
Last Updated 1/1/2025**

| 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 tabs/day) | MSP-QL | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ABRYSVO INJ | VAC | EXC | VACCINES |
| ABSORICA CAP | - | EXC | DERMATOLOGICALS |
| ABSTRAL SL TAB (QL= 120 tabs/30 days; Dosage limits may apply) | PA-QL | 3 | ANALGESICS - OPIOID |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv) | - | 1 | ANTIDIABETICS |
| ACCU-CHEK AVIVA PLUS METER | OTC | \$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 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 |
| acyclovir cap (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir oint (ZOVIRAX equiv) | - | 1 | DERMATOLOGICALS |
| acyclovir susp (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| ADACEL/BOOSTRIX INJ | VAC | EXC | TOXOIDS |
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |

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

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| ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days;) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| 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 |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv) | - | 2 | DERMATOLOGICALS |
| ADBRY INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| ADBRY INJ (QL= 4 inj/28 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 2 | ANTIVIRALS |
| ADEMPAS TAB (QL= 3 tabs/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| ADVAIR HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVATE, KOVALTRY INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| ADYNOVATE INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| AEROCHAMBER | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| AFSTYLA KIT | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| 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 neb soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL NEBULIZER SOLN | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate syrup | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | 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 | MEDICAL DEVICES AND SUPPLIES |

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| 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 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 |
| aliskiren tab (TEKTURNA equiv) | - | 2 | ANTIHYPERTENSIVES |
| allopurinol tab (ZYLOPRIM 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. |
| ALPHANATE, HUMATE-P INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| ALPHANINE SD INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| alprazolam ER tab (XANAX XR equiv) | - | 2 | ANTIANSIETY AGENTS |
| alprazolam ODT (NIRAVAM equiv) | - | 3 | ANTIANSIETY AGENTS |
| alprazolam tab (XANAX equiv) | - | 1 | ANTIANSIETY AGENTS |
| ALPROLIX INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| ALTUVIIIIO INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| 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; Only available through Lumicera 855-847-3553) | LD-PA-QL | 1 | 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/HCTZ TAB | - | 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 |
| 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 (ACCUTANE equiv) | - | 2 | DERMATOLOGICALS |

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| | | | generic = small letters | | BRANDS = CAPITAL LETTERS |

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|---|---------------------|-------------|---|
| amoxapine tab (AMOXAPINE equiv) | - | 1 | ANTIDEPRESSANTS |
| amoxicillin cap (TRIMOX equiv) | - | 1 | PENICILLINS |
| AMOXICILLIN CHEW TAB | - | 1 | PENICILLINS |
| amoxicillin susp (TRIMOX equiv) | - | 1 | PENICILLINS |
| amoxicillin tab (AMOXIL equiv) | - | 1 | PENICILLINS |
| AMOXICILLIN/CLAVULANATE ER TAB | - | 3 | PENICILLINS |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ampicillin cap (AMPICILLIN equiv) | - | 1 | PENICILLINS |
| anagrelide cap (AGRYLIN equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| ANALPRAM-E KIT | - | 3 | ANORECTAL AGENTS |
| ANALPRAM-HC CREAM | - | 3 | ANORECTAL AND RELATED PRODUCTS |
| 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 |
| 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 |
| APAP/CODEINE SOLN | - | 1 | ANALGESICS - OPIOID |
| APRACLONIDINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| 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 |
| 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 |
| AREXVY INJ | VAC | EXC | VACCINES |
| 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 |
| ARNUIITY 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 |

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| aspirin/codeine tab (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| aspirin/dipyridamole cap (AGGRENEX 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 equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ATORVALIQ SUSP (Members age 9 or older require Prior Authorization) | PA | 3 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab (LIPITOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| atovaquone susp (MEPRON equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 | ANTIMALARIALS |
| atropine ophth oint | - | 1 | OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| atropine sulfate inj (ATROPINE SULFATE equiv) | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| ATROPINE SULFATE OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| ATROVENT HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AUGTYRO CAP (QL= 8 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AUGTYRO CAP 160MG (QL= 2 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AURYXIA TAB | PA | 3 | GASTROINTESTINAL AGENTS - MISC. |
| AUSTEDO TAB (QL= 4 tabs/day) | MSP-PA-QL | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days) | MSP-PA-QL | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days) | MSP-PA-QL | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AVAR GEL | - | 2 | DERMATOLOGICALS |
| AVAR PAD | - | EXC | DERMATOLOGICALS |
| AVONEX INJ | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AYVAKIT TAB (QL= 1 tab/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| BACLOFEN ORAL SOLN 10 MG/5ML (Prior Authorization Required for members age 9 and older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization Required for members age 9 and older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen oral soln 5mg/5ml (Prior Authorization Required for members age 9 and older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen susp (BACLOFEN equiv) (Prior Authorization Required for members age 9 or older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen tab (BACLOFEN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| 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 | ANTIDIABETICS |
| 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 |
| BCG INJ | VAC | EXC | VACCINES |
| BD ECLIPSE NEEEDLE/25G X | OTC | 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 | ANTIHYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| BENEFIX INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| 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 (Restricted to Infectious Disease Specialist) | RS | 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 |
| betamethasone dipropionate lotion | - | 1 | DERMATOLOGICALS |

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

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| betamethasone dipropionate oint | - | 1 | DERMATOLOGICALS |
| betamethasone valerate cream | - | 1 | DERMATOLOGICALS |
| betamethasone valerate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone valerate oint | - | 1 | DERMATOLOGICALS |
| BETASERON INJ | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BETAXOLOL OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 | OPHTHALMIC AGENTS |
| betaxolol tab (KERLONE equiv) | - | 1 | BETA BLOCKERS |
| bethanechol tab (URECHOLINE equiv) | - | 1 | URINARY ANTISPASMODICS |
| BETIMOL OPHTH SOLN 0.25% | - | 2 | OPHTHALMIC AGENTS |
| BETOPTIC-S OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| bexarotene cap (TARGRETIN equiv) | MSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| bexarotene gel (TARGRETIN equiv) | MSP-PA | MSP | DERMATOLOGICALS |
| BEYFORTUS INJ | VAC | EXC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| 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 ophth soln | - | EXC | DERMATOLOGICALS |
| 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; Only available through Lumicera 855-847-3553) | LD-PA-QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| BOSULIF CAP | MSP-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 |
| BREO ELLIPTA INHALER 50-25 MCG/ACT | - | 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 tartrate ophth soln 0.1% (ALPHAGAN equiv) | - | 2 | OPHTHALMIC AGENTS |
| 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 |

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|--|---------------------|-------------|---|
| bromocriptine cap (PARLODEL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| BRUKINSA CAP (QL= 4 caps/day) | MSP-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 rectal foam (UCERIS RECTAL FOAM equiv) | PA | 3 | ANORECTAL AND RELATED PRODUCTS |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 | CORTICOSTEROIDS |
| bumetanide tab (BUMEX equiv) | - | 1 | DIURETICS |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 3 | ANALGESICS - OPIOID |
| buprenorphine SL tab (SUBUTEX equiv) | - | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) | - | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 | ANALGESICS - OPIOID |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion XL tab (WELLBUTRIN XL equiv) (QL= 1 tab/day) | QL | 1 | ANTIDEPRESSANTS |
| bupirone tab (BUSPAR equiv) | - | 1 | ANTIANKXIETY 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; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 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 (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 2 | DERMATOLOGICALS |
| calcipotriene oint | - | 2 | DERMATOLOGICALS |
| CALCIPOTRIENE SOLN | - | 2 | DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 | DERMATOLOGICALS |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | 3 | DERMATOLOGICALS |

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| calcitonin nasal spray (MIACALCIN equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTROL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol soln (ROCALTROL 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 |
| capecitabine tab (XELODA equiv) | MSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPEX SHAMPOO | - | 3 | DERMATOLOGICALS |
| CAPRELSA TAB (QL= 2 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPRELSA TAB 300MG (QL= 1 tab/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| captopril tab (CAPOTEN equiv) | - | 2 | ANTIHYPERTENSIVES |
| CAPVAXIVE INJ | VAC | EXC | VACCINES |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 | ANTICONSULTANTS |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 | ANTICONSULTANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 | ANTICONSULTANTS |
| carbamazepine susp (TEGRETOL equiv) | - | 1 | ANTICONSULTANTS |
| carbamazepine tab (TEGRETOL equiv) | - | 1 | ANTICONSULTANTS |
| 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 |
| 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 |
| CARTEOLOL OPHTH 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 |

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| cefaclor cap (CECLOR equiv) | - | 3 | CEPHALOSPORINS |
| CEFACTOR ER TAB | - | 3 | CEPHALOSPORINS |
| CEFACTOR 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 |
| celecoxib cap (CELEBREX equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| 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 | ANTIANSIETY AGENTS |
| 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 OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |

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| 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. |
| 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 | - | 3 | FLUOROQUINOLONES |
| CIPROFLOXACIN 100MG TAB | - | 3 | FLUOROQUINOLONES |
| ciprofloxacin hcl otic soln (CETRAXAL equiv) | - | 2 | OTIC AGENTS |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | 2 | FLUOROQUINOLONES |
| ciprofloxacin tab (CIPRO equiv) | - | 1 | FLUOROQUINOLONES |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 | OTIC AGENTS |
| citalopram 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 |
| CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill) | QL | 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) (QL=1 tube/fill) | QL | 1 | VAGINAL PRODUCTS |
| CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill) | QL | 2 | VAGINAL AND RELATED 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 |
| clomiphene citrate tab (CLOMID equiv) | INF | 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 |

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|---|---------------------|-------------|---|
| clonazepam tab (KLONOPIN equiv) | - | 1 | ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 | ANTIHYPERTENSIVES |
| clonidine tab (CATAPRES equiv) | - | 1 | ANTIHYPERTENSIVES |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| 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 |
| clozapine tab (CLOZARIL equiv) | - | 2 | ANTIpsychOTICS/ANTIMANIC AGENTS |
| COAGADEX INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| 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 |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 | GOUT AGENTS |
| colesevelam pack (WELCHOL equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| colesevelam tab (WELCHOL equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| colestipol granule (COLESTID equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| colestipol powder packet (COLESTID equiv) | - | 3 | ANTIHYPERLIPIDEMICS |
| colestipol tab (COLESTID equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| COLY-MYCIN S OTIC SUSP | - | 2 | OTIC AGENTS |
| COMBIPATCH | - | 2 | ESTROGENS |
| COMBIVENT RESPIMAT INHALER | - | 2 | ANTIASHMATIC AND BRONCHODILATOR AGENTS |
| COMETRIQ KIT | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COMIRNATY INJ 30MCG/0.3ML | VAC | EXC | VACCINES |
| COMPLERA TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| CONCEPT DHA CAP | PA | 2 | MULTIVITAMINS |
| 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 |
| CORIFACT KIT | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| CORLANOR SOLN | 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 | OTC | EXC | DIAGNOSTIC PRODUCTS |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) | VAC | EXC | VACCINES |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) | VAC | EXC | VACCINES |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) | VAC | EXC | VACCINES |
| CREON CAP | - | 2 | DIGESTIVE AIDS |
| CRINONE GEL | - | EXC | VAGINAL PRODUCTS |
| CRIXIVAN CAP | - | 2 | ANTIVIRALS |
| cromolyn conc (GASTROCROM equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |

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| cromolyn ophth soln (CROLOM equiv) | - | 1 | OPHTHALMIC AGENTS |
| CROMOLYN SODIUM OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| cryselle tab | - | \$0 | CONTRACEPTIVES |
| CUE COVID-19 INJ TEST CARTRIDGE | OTC | EXC | DIAGNOSTIC PRODUCTS |
| CUE HEALTH MONITOR | OTC | EXC | DIAGNOSTIC PRODUCTS |
| cyanocobalamin inj | - | 1 | HEMATOPOIETIC AGENTS |
| cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv) | - | 3 | 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 |
| CYCLOGYL OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| CYCLOMYDRIL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| cyclophosphamide cap | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE TAB | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 1 | OPHTHALMIC AGENTS |
| 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; Restricted to Neurology Specialist) | MSP-QL-RS | 1 | 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 |
| darunavir tab (PREZISTA equiv) | - | 2 | ANTIVIRALS |
| dasatinib tab (SPRYCEL equiv) | MSP-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| DDAVP NASAL SOLN | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| deferasirox granules packet (JADENU equiv) | MSP | MSP | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab (JADENU equiv) | MSP | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab for oral susp (EXJADE equiv) | MSP | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferiprone tab (FERRIPROX equiv) | LD-PA | MSP | ANTIDOTES AND SPECIFIC ANTAGONISTS |

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| DEGLUDEC FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| DEGLUDEC INJ | - | 2 | ANTIDIABETICS |
| DELSTRIGO TAB | - | 2 | ANTIVIRALS |
| demeclocycline tab (DECLOMYCIN equiv) | - | 3 | TETRACYCLINES |
| DENGVAXIA SUSP | VAC | EXC | VACCINES |
| DEPLIN CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ | - | 3 | CORTICOSTEROIDS |
| 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 |
| 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; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME | MEDICAL DEVICES AND SUPPLIES |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine soln (PROCENTRA equiv) | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |

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| 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= 4 doses/fill) | QL | 1 | ANTICONVULSANTS |
| diazepam conc (VALIUM equiv) | - | 1 | ANTIAXIETY AGENTS |
| DIAZEPAM GEL (QL= 4 doses/fill) | QL | 2 | ANTICONVULSANTS |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv) | - | 1 | ANTIAXIETY AGENTS |
| diazepam rectal gel (QL= 4 doses/fill) | QL | 1 | ANTICONVULSANTS |
| diazepam tab (VALIUM equiv) | - | 1 | ANTIAXIETY AGENTS |
| diazoxide susp (PROGLYCEM equiv) | - | 3 | ANTIDIABETICS |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | QL | 2 | DERMATOLOGICALS |
| diclofenac gel 1% OTC | OTC | 1 | 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 |
| 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 or Firvanq solution) | QL-ST | 2 | MACROLIDES |
| DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution) | QL-ST | 2 | MACROLIDES |
| diflunisal tab (DOLOBID equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| difluprednate ophth emulsion (DUREZOL equiv) | - | 2 | OPHTHALMIC AGENTS |
| digoxin soln (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| DIGOXIN SOLN 0.05MG/ML | - | 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 (DILACOR XR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (TIAZAC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 2 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 | CALCIUM CHANNEL BLOCKERS |
| diltiazem tab (CARDIZEM equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| dimethyl fumarate DR cap (TECFIDERA equiv) | MSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| 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 | ANTIARRHYTHMIC AGENTS |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 | ANTIARRHYTHMICS |
| DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ | VAC | EXC | TOXOIDS |
| dipyridamole tab (PERSANTINE equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| disopyramide cap (NORPACE equiv) | - | 1 | ANTIARRHYTHMICS |
| disulfiram tab (ANTABUSE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIURIL SUSP | - | 2 | DIURETICS |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 | ANTICONSULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 | ANTICONSULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 | ANTICONSULSANTS |
| 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. |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| 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 |
| doxercalciferol cap (HECTOROL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| doxycycline (rosacea) cap delayed release (ORACEA equiv) | - | 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) | - | \$0 | 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 PEN INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| dutasteride cap (AVODART equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| econazole cream (SPECTAZOLE equiv) | - | 1 | DERMATOLOGICALS |

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| EDLUAR SL TAB | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| EDURANT TAB | - | 2 | ANTIVIRALS |
| EFAVIRENZ CAP | - | 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 (RELPAX 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 |
| ELOCTATE INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| EMADINE OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| 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 |
| 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 |

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| EPIVIR HBV SOLN | - | 2 | ANTIVIRALS |
| eplerenone tab (INSPIRA equiv) | - | 1 | ANTIHYPERTENSIVES |
| EPONTIA SOLN (Members age 9 or older require Prior Authorization) | PA | 3 | ANTICONVULSANTS |
| ERGOTAMINE/CAFFEINE TAB | - | 2 | MIGRAINE PRODUCTS |
| 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 |
| ERLEADA TAB 240MG (QL= 1 tab/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab (TARCEVA equiv) (QL= 1 tab/day) | MSP-PA-QL | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day) | MSP-PA-QL | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERY PAD | - | 2 | DERMATOLOGICALS |
| ERYTHROMYCIN CAP DR | - | 2 | MACROLIDES |
| 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 |
| 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/ANTICHOLINEFCS |
| ESPEROCT INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| 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 |

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| 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 (AFINITOR equiv) (QL= 1 tab/day) | MSP-PA-QL | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| everolimus tab (ZORTRESS equiv) | PA | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day) | 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 |
| EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 9 years and older) | PA | 3 | ANTIHYPERTENSIVES |
| ezetimibe tab (ZETIA equiv) | - | 1 | ANTIHYPERTENSIVES |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 3 | ANTIHYPERTENSIVES |
| 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/ANTICHOLINERGICS |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST | 1 | GOUT AGENTS |
| FEIBA INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| felbamate susp (FELBATOL equiv) | - | 2 | ANTICONVULSANTS |
| felbamate tab (FELBATOL equiv) | - | 2 | ANTICONVULSANTS |
| felodipine ER tab (PLENDIL equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| FEM PH GEL | - | 3 | VAGINAL PRODUCTS |
| FEMALE CONDOMS (QL= 12 condoms/fill) | OTC-QL | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FEMLYV TAB | - | \$0 | CONTRACEPTIVES |
| FEMRING (3 copays per Rx) | - | 3 | VAGINAL PRODUCTS |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 | ANTIHYPERTENSIVES |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 | ANTIHYPERTENSIVES |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 | ANTIHYPERTENSIVES |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 | ANTIHYPERTENSIVES |
| FENTANYL BUCCAL TAB (QL= 120 tabs/30 days; Dosage limits may apply) | PA-QL | 3 | ANALGESICS - OPIOID |

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| FENTANYL CITRATE LOLLIPOP (QL= 120 lozenges/30 days; Dosage limits may apply) | PA-QL | 2 | ANALGESICS - OPIOID |
| 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; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 2 | ANALGESICS - OPIOID |
| FENTORA 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, FIASP PUMP CARTRIDGE | - | 2 | ANTIDIABETICS |
| FIBRYGA, RIASTAP INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| FILSPARI TAB (QI= 1 tab/day) | MSP-PA-QL | MSP | GENITOURINARY AGENTS - MISCELLANEOUS |
| FINACEA FOAM | - | 2 | DERMATOLOGICALS |
| finasteride tab (PROSCAR equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| finasteride tab (PROPECIA equiv) | - | EXC | DERMATOLOGICALS |
| fingolimod hcl cap 0.5mg (GILENYA equiv) | 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 25MG/ML | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| FIRVANQ SOLN 50MG/ML | - | 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 |
| FLOLIPID SUSP (Members age 9 or older require Prior Authorization) | PA | 3 | ANTIHYPERTENSIVES |
| FLONASE SENSIMIST NASAL SPRAY | OTC | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| FLUBLOK INJ | VAC | EXC | VACCINES |
| FLUCELVAX INJ | VAC | EXC | VACCINES |
| fluconazole susp (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | 2 | ANTIFUNGALS |
| fludrocortisone tab (FLORINEF equiv) | - | 1 | CORTICOSTEROIDS |
| FLUMIST NASAL | VAC | EXC | VACCINES |
| 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 |

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| 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 |
| fluorouracil soln (FLUOROURACIL equiv) | - | 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 |
| 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, wixela inhaler (ADVAIR equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT (AIRDUO equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT (AIRDUO equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT (AIRDUO equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluvastatin cap (LESCOL equiv) (QL= 2 caps/day) | QL | 2 | ANTIHYPERTENSIVES |
| fluvastatin ER tab (LESCOL XL equiv) | - | 3 | ANTIHYPERTENSIVES |
| 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 |
| FOLBEE PLUS CZ TAB | - | 1 | MULTIVITAMINS |
| folbee tab | - | 1 | HEMATOPOIETIC AGENTS |
| folic acid tab 1mg (Covered at \$0 for females only) | - | 1 | HEMATOPOIETIC AGENTS |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 | 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 |
| fosamprenavir tab (LEXIVA equiv) | - | 2 | ANTIVIRALS |

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

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| 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 |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME | MEDICAL DEVICES AND SUPPLIES |
| FRUZAQLA CAP 1MG (QL= 84 caps/28 days) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FRUZAQLA CAP 5MG (QL= 21 caps/28 days) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FULPHILA INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| FUROSEMIDE SOLN | - | 1 | DIURETICS |
| furosemide soln (LASIX equiv) | - | 1 | DIURETICS |
| furosemide tab (LASIX equiv) | - | 1 | DIURETICS |
| 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; All other members covered at generic copy) | QL | \$0 | LAXATIVES |
| GAVRETO CAP (QL= 4 caps/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| gefitinib tab (IRESSA equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation | ST | Step Therapy |
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|---|---------------------|-------------|---|
| gemfibrozil tab (LOPID equiv) | - | 1 | ANTHYPERLIPIDEMICS |
| GENTAK OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | 1 | DERMATOLOGICALS |
| gentamicin sulfate oint | - | 1 | DERMATOLOGICALS |
| GENVOYA TAB (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 EMR INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GLUCAGON KIT (QL= 2 inj/fill, 1 fill/30 days) | QL | 2 | ANTIDIABETICS |
| GLYBURID MCR TAB | - | 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; All other members covered at generic copay) | QL | \$0 | 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 |

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|--|---------------------|-------------|--|
| HADLIMA INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA PUSH INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| 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 |
| haloperidol tab (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| HC PRAMOXINE CREAM 1-2.5% | - | 2 | DERMATOLOGICALS |
| HEMLIBRA INJ | MSP-PA | MSP | HEMATOLOGICAL AGENTS - MISC. |
| HEMOPIL M, KOATE INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| HEXALEN CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HIZENTRA INJ | MSP-PA | MSP | PASSIVE IMMUNIZING AGENTS |
| HOMATROPINE OPTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| HUMULIN R INJ U-500 | - | 2 | ANTIDIABETICS |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 | ANTIDIABETICS |
| HYCANTIN CAP | MSP-PA | MSP | ANTINEOPLASTICS |
| HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days) | QL | 3 | COUGH/COLD/ALLERGY |
| hydralazine tab (APRESOLINE equiv) | - | 1 | ANTIHYPERTENSIVES |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 | DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 | DIURETICS |
| 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 |
| HYDROCODONE/IBUPROFEN TAB 10-200MG | - | 3 | ANALGESICS - OPIOID |
| HYDROCORTISONE ACETATE/PRAMOXINE CREAM | - | 1 | ANORECTAL AND RELATED PRODUCTS |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone enema (CORTENEMA equiv) | - | 2 | ANORECTAL AGENTS |
| hydrocortisone lotion (HYTONE equiv) | - | 1 | DERMATOLOGICALS |
| HYDROCORTISONE LOTION 2.5% | - | 1 | DERMATOLOGICALS |
| hydrocortisone oint | - | 1 | DERMATOLOGICALS |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 2 | DERMATOLOGICALS |
| hydrocortisone succinate inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill) | QL | 2 | CORTICOSTEROIDS |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 | ANORECTAL AGENTS |
| hydrocortisone tab (CORTEF equiv) | - | 1 | CORTICOSTEROIDS |

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| hydrocortisone valerate cream | - | 3 | DERMATOLOGICALS |
| hydromorphone ER tab (EXALGO equiv) (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 3 | ANALGESICS - OPIOID |
| hydromorphone tab (DILAUDID equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| 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 | ANTIAXIETY AGENTS |
| hydroxyzine syrup (ATARAX equiv) | - | 1 | ANTIAXIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | 1 | ANTIAXIETY AGENTS |
| HYFTOR GEL (QL= 10 grams/30 days) | LD-PA-QL | MSP | DERMATOLOGICALS |
| 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 |
| HYPO NEEDDLE MIS 18GX1.5 | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| HYPODERMIC NEEDLE | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| 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. |
| 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 |
| IDELVION INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| 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 | 1 | 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) | LD-PA-QL | MSP | 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 |

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| IMOVAX INJ | VAC | EXC | VACCINES |
| 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. |
| 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. |
| INGREZZA PACK 40-80MG (QL= 1 pack/28 days) | LD-PA-QL | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INGREZZA SPRINKLE 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 | - | 2 | ANTIDIABETICS |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART PENFILL INJ | - | 2 | ANTIDIABETICS |
| INSULIN GLARGINE SOLN PEN-INJ | - | 2 | ANTIDIABETICS |
| INSULIN LISPRO INJ (HUMALOG 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 | - | 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 |
| 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 (ISONIAZID equiv) | - | 3 | ANTIMYCOBACTERIAL AGENTS |
| isoniazid tab | - | 1 | ANTIMYCOBACTERIAL AGENTS |

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| ISOPTO CARBACHOL OPHTH SOLN | - | 2 | OPHTHALMIC 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 |
| ISTURISA TAB (QL= 12 tabs/day) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| itraconazole cap (SPORANOX equiv) | - | 2 | ANTIFUNGALS |
| itraconazole soln (SPORANOX equiv) | PA | 3 | ANTIFUNGALS |
| ivabradine hcl tab (CORLANOR equiv) | PA | 1 | CARDIOVASCULAR AGENTS - MISC. |
| ivermectin tab (STROMEKTOL equiv) | - | 2 | ANTHELMINTICS |
| IWILFIN TAB (QL= 8 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IXIARO INJ | VAC | EXC | VACCINES |
| IXINITY INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| 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- ϕ | 2 | ANTIDIABETICS |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| JAYPIRCA TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 |
| JIVI INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| JUBLIA SOLN | - | EXC | DERMATOLOGICALS |
| JULUCA TAB | - | 2 | ANTIVIRALS |
| JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 or older) | PA | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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. |
| JYNNEOS INJ | VAC | EXC | VACCINES |
| KALYDECO PAK (QL= 2 packets/day) | LD-PA-QL | MSP | RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day) | LD-PA-QL | 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 |
| KENALOG INJ, TRIAMCINOLONE ACE INJ | - | 3 | CORTICOSTEROIDS |
| KERENDIA TAB (QL= 1 tab/day) | PA-QL | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KERYDIN SOLN | - | EXC | DERMATOLOGICALS |

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| KESIMPTA INJ | MSP-PA | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole shampoo (NIZORAL 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 |
| KISQALI PAK (QL= 91 tabs/28 days) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KISQALI TAB (QL= 63 tabs/28 days) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KLOXXADO NASAL SPRAY | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| KOGENATE FS INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| 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 |
| KRAZATI TAB (QL= 6 tabs/day) | LD-PA-QL-SF | 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 | ANTICONSULSANTS |
| lacosamide tab (VIMPAT equiv) | - | 1 | ANTICONSULSANTS |
| lactulose soln | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| LAGEVRIO CAP (EUA) (QL= 40 caps/fill) | QL | \$0 | ANTIVIRALS |
| LAGEVRIO CAP 200MG (QL= 40 caps/fill) | QL | 2 | ANTIVIRALS |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 | ANTICONSULSANTS |
| 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 | ANTICONSULSANTS |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 3 | ANTICONSULSANTS |
| lamotrigine starter kit (LAMICTAL STARTER KIT equiv) | - | 3 | ANTICONSULSANTS |
| lamotrigine tab (LAMICTAL equiv) | - | 1 | ANTICONSULSANTS |
| LAMPIT TAB (Restricted to Infectious Disease Specialist) | RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |

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| 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/ANTICHOLINEFCS |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| lapatinib ditosylate tab (TYKERB equiv) | MSP-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LASTACRAFT 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) | PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSE |
| LENVIMA CAP (QL= 3 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| letrozole tab (FEMARA equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| leucovorin tab | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product) | QL-ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| levalbuterol neb soln (XOPENEX equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| 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 OPHTH SOLN 0.5% | - | 1 | OPHTHALMIC AGENTS |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 | CONTRACEPTIVES |
| levonorgestrel/ethinyl estradiol tab (LOSEASONIQUE equiv) | - | \$0 | CONTRACEPTIVES |
| levonorgestrel/ethinyl estradiol tab (QUARTETTE equiv) | - | \$0 | CONTRACEPTIVES |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv) | - | \$0 | CONTRACEPTIVES |
| levothyroxine tab (SYNTHROID equiv) | - | 1 | THYROID AGENTS |
| LEXIVA SUSP | - | 2 | ANTIVIRALS |
| l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day) | MSP-PA-QL | MSP | HEMATOPOIETIC AGENTS |
| LIDOCAINE CREAM | OTC | 1 | DERMATOLOGICALS |

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| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine cream 4% | OTC | 1 | DERMATOLOGICALS |
| lidocaine gel (GLYDO equiv) | - | 1 | 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 |
| LIKMEZ SUSP (Prior Authorization required for members age 9 or older) | PA | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| 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 |
| liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| lisdexamfetamine dimesylate cap (VYVANSE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| lisdexamfetamine dimesylate chew tab (VYVANSE equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| LITFULO CAP (QL= 1 cap/day) | LD-PA-QL | MSP | DERMATOLOGICALS |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate tab | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium oral solution (LITHIUM equiv) (Prior Authorization Required for members age 9 and older) | PA | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LITHOSTAT TAB | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| LIVMARLI SOLN (QL= 90ml/30 days) | LD-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| LIVMARLI SOLN 19MG/ML (QL= 60ml/30 days) | LD-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| 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 |
| lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days) | PA-QL | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LOKELMA PAK (QL= 1 packet/day) | PA-QL | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| LONGHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER) | ST | 2 | ANTI-ASTHMATIC 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 |

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| loratadine syrup (CLARITIN equiv) | OTC | 1 | ANTIHISTAMINES |
| loratadine tab (CLARITIN equiv) | OTC | 1 | ANTIHISTAMINES |
| lorazepam conc (ATIVAN equiv) | - | 1 | ANTIANSIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | 1 | ANTIANSIETY 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 OINT | - | 2 | OPHTHALMIC AGENTS |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 2 | OPHTHALMIC AGENTS |
| loteprednol ophth susp (LOTEMAX, ALREX equiv) | - | 2 | OPHTHALMIC AGENTS |
| lovastatin tab (MEVACOR equiv) | - | \$0 | ANTHYPERLIPIDEMICS |
| loxapine cap (LOXITANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day) | PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| LUMAKRAS TAB (QL= 8 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMAKRAS TAB 240MG (QL= 4 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMAKRAS TAB 320MG (QL= 3 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 equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LUVIRA CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| LYNPARZA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYSODREN TAB | LD | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYTGOBI THERAPY PACK (QL= 5 tabs/day) | LD-PA-QL-SF | 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 |
| 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. |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation | ST | Step Therapy |
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|--|---------------------|-------------|---|
| 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 SUSP | - | 3 | PROGESTINS |
| megestrol tab (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST SOLN | MSP-PA | MSP | 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 |
| MELPHALAN TAB | - | 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 |
| mercaptopurine tab (PURINETHOL equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| mesalamine DR cap (DELZICOL equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine DR tab (LIALDA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine enema (ROWASA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (APRISO equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine supp (CANASA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine tab (ASACOL equiv) | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| MESNEX TAB | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| METANX CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| 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 |

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|--|---------------------|-------------|---|
| metformin XL tab (GLUCOPHAGE XR equiv) | - | 1 | ANTIDIABETICS |
| METHADONE SOLN (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 1 | ANALGESICS - OPIOID |
| methadone tab (DOLOPHINE equiv) (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 1 | ANALGESICS - OPIOID |
| methadose tab (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 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 |
| methsuximide cap (CELONTIN equiv) | - | 2 | ANTICONVULSANTS |
| METHYLDOPA TAB | - | 1 | ANTIHYPERTENSIVES |
| methyl dopa tab (ALDOMET equiv) | - | 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) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER cap (RITALIN LA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| METHYLPHENIDATE ER TAB | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER tab (CONCERTA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate soln (METHYLIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate tab (RITALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylprednisolone acetate inj (DEPO-MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methylprednisolone tab (MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methylprednisolone sod succinate inj (SOLU-MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| 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 |

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|--|---------------------|-------------|--|
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 2 | ANTIHYPERTENSIVES |
| METOSOLV 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 |
| MIEBO OPTH SOLN (QL= 1 bottle/30 days) | PA-QL | 2 | OPHTHALMIC AGENTS |
| mifepristone tab (KORLYM equiv) (QL= 4 tabs/day) | MSP-PA-QL | MSP | ANTI-DIABETICS |
| mifepristone tab 200mg (MIFIPREX equiv) | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIFIPREX TAB | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIGLITOL TAB | - | 3 | ANTI-DIABETICS |
| miglitol tab (MIGLITOL equiv) | - | 3 | ANTI-DIABETICS |
| 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 |
| 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 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast granule pack (SINGULAIR equiv) | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast tab (SINGULAIR equiv) | - | 1 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| morphine sulfate ER tab (MS CONTIN equiv) (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 1 | ANALGESICS - OPIOID |
| morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| MORPHINE SULFATE SOLN (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |

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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 (QL= 1 tab/day) | PA-QL | 3 | GASTROINTESTINAL AGENTS - MISC. |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| MOVANTIK TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | 2 | FLUOROQUINOLONES |
| MRESVIA INJ | VAC | EXC | VACCINES |
| MULTAQ TAB | - | 2 | ANTIARRHYTHMICS |
| MULTIGEN FOLIC TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN PLUS TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML | - | 1 | MULTIVITAMINS |
| 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) | OTC | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE HCL SOLN 0.4MG/ML | - | 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 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 |
| NARCAN NASAL SPRAY | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NARCAN NASAL SPRAY (OTC) | OTC | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NARDIL TAB 15MG | - | 3 | ANTIDEPRESSANTS |

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| NATACYN OPHTH SUSP (QL= 15ml/fill) | QL | 2 | OPHTHALMIC AGENTS |
| NATAZIA TAB | - | \$0 | CONTRACEPTIVES |
| nateglinide tab (STARLIX equiv) | - | 2 | ANTIDIABETICS |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 | DERMATOLOGICALS |
| NAYZILAM SPRAY (QL= 4 doses/fill; Restricted to Neurology Specialist) | QL-RS | 2 | ANTICONVULSANTS |
| nebivolol hcl tab (BYSTOLIC equiv) | ¢ | 2 | BETA BLOCKERS |
| NEBUSAL NEB SOLN | - | 2 | COUGH/COLD/ALLERGY |
| NEEDLE (DISP) 18 G | - | DME | MEDICAL DEVICES AND SUPPLIES |
| NEEDLES | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| NEFAZODONE TAB | - | 1 | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | 1 | ANTIDEPRESSANTS |
| neomycin tab | - | 1 | AMINOGLYCOSIDES |
| NEOMYCIN/POLYMIXIN/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 |
| NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTIHYPERLIPIDEMICS |
| NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTIHYPERLIPIDEMICS |
| 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 CAP | 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. |

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| 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 | 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 (QL= 6 tabs/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| 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 |
| NORDITROPIN INJ | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone tab (NORA-QD equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone tab (AYGESTIN equiv) | - | 1 | PROGESTINS |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | \$0 | CONTRACEPTIVES |
| 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 |
| NORVIR CAP | - | 2 | ANTIVIRALS |
| NORVIR POWDER PACK | - | 2 | ANTIVIRALS |
| NORVIR SOLN | - | 2 | ANTIVIRALS |
| NOVAVAX INJ | VAC | EXC | VACCINES |

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| NOVOEIGHT INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| 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 | OTC | 2 | ANTIDIABETICS |
| NOVOLIN R RELION INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG MIX FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG MIX INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG PENFILL INJ | - | 2 | ANTIDIABETICS |
| NOVOSEVEN RT INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| 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 |
| 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; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 2 | ANALGESICS - OPIOID |
| NUCYNTA TAB (Dosage limits may apply) | - | 3 | ANALGESICS - OPIOID |
| NUEDEXTA 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 | \$0 | LAXATIVES |
| NUQUIN HP GEL | - | EXC | DERMATOLOGICALS |
| NUVAIL SOLN | - | EXC | DERMATOLOGICALS |
| NUVARING | - | \$0 | CONTRACEPTIVES |
| NUWIQ INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| NUWIQ KIT | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| 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 |
| NYVEPRIA INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| OBIZUR INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| OICALIVA TAB (QL= 1 tab/day) | LD-PA-QL-SF-¢ | MSP | GASTROINTESTINAL AGENTS - MISC. |
| octreotide inj (SANDOSTATIN equiv) | - | 1 | 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. |

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|---|---------------------|-------------|---|
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 | OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 | OTIC AGENTS |
| ofloxacin tab (FLOXIN equiv) | - | 1 | FLUOROQUINOLONES |
| OGSIVEO TAB (QL= 2 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OGSIVEO TAB 50MG (QL= 6 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OJEMDA SUSP (QL= 96ml/28 days) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OJEMDA TAB (QL= 24 tabs/28 days) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OJJAARA TAB (QL= 1 tab/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 G6 INTRO KIT (QL= 1 kit/year) | QL | DME | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G6 PODS MISC (QL= 10 pods/30 days) | QL | DME | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year) | QL | DME | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days) | QL | DME | MEDICAL DEVICES AND SUPPLIES |
| 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 |
| 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 |
| OMNITROPE INJ | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OMNITROPE INJ (Required through specialty pharmacy: GHC, UW Specialty c Lumicera Specialty) | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ondansetron soln (ZOFTRAN equiv) | - | 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 |

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| 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 |
| OPILL TAB | OTC | \$0 | CONTRACEPTIVES |
| opium tincture | - | 3 | ANTIDIARRHEALS |
| OPSUMIT TAB (QL= 1 tab/day) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| OPVEE NASAL SPRAY | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| OPZELURA CREAM (QL= 12 tubes/year) | PA-QL | 3 | DERMATOLOGICALS |
| ORACEA CAP | - | EXC | DERMATOLOGICALS |
| ORACIT SOLN | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| 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) | PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 | ESTROGENS |
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day) | LD-PA-QL | MSP | RESPIRATORY AGENTS - MISC. |
| ORKAMBI TAB (QL= 4 tabs/day) | LD-PA-QL | MSP | RESPIRATORY AGENTS - MISC. |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| ORSERDU TAB (QL= 3 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORSERDU TAB 345MG (QL= 1 tab/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 |
| oxaprozin tab (DAYPRO equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| oxazepam cap (SERAX equiv) | - | 2 | ANTI-ANXIETY AGENTS |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 | ANTICONSULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 | ANTICONSULSANTS |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin syrup | - | 1 | URINARY ANTISPASMODICS |
| 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 |

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| 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; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| paliperidone ER tab (INVEGA equiv) (QL= 2 tabs/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. |
| 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 0.7% | - | 1 | OPHTHALMIC AGENTS |
| PAXLOVID TAB 150-100MG (QL= 20 tabs/fill) | QL | 2 | ANTIVIRALS |
| PAXLOVID TAB 300-100MG (QL= 30 tabs/fill) | QL | 2 | ANTIVIRALS |
| pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PCE TAB | - | 3 | MACROLIDES |
| PEAK FLOW METER | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| PEDIARIX INJ | VAC | EXC | TOXOIDS |
| pediatric multiple vitamins/fluoride soln | - | 1 | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 | MULTIVITAMINS |
| PEDVAXHIB INJ | VAC | EXC | VACCINES |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay) | QL | \$0 | LAXATIVES |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 | LAXATIVES |
| peg 3350/electrolytes 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 | \$0 | 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 |
| PENBRAYA INJ | VAC | EXC | VACCINES |
| 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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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
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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 | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| phenazopyridine tab (PYRIDIUM 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) | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| phentermine tab (ADIPEX equiv) | - | EXC | 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 | 1 | RESPIRATORY AGENTS - MISC. |

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|---|---------------------|-------------|---|
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | MSP-PA-QL | 1 | RESPIRATORY AGENTS - MISC. |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | MSP-PA-QL | 1 | RESPIRATORY AGENTS - MISC. |
| piroxicam cap (FELDENE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST-¢ | 2 | ANTHYPERLIPIDEMICS |
| 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 gel (CONDYLOX equiv) | - | 3 | DERMATOLOGICALS |
| PODOFILOX 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 (UROCIT-K TAB equiv) | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| 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 |
| 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 | ANTHYPERLIPIDEMICS |

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| 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 |
| PRED-G OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PREDNICARBATE CREAM | - | 2 | DERMATOLOGICALS |
| PREDNICARBATE OIN | - | 2 | DERMATOLOGICALS |
| prednisolone acetate ophth susp (PRED FORTE equiv) | - | 1 | OPHTHALMIC AGENTS |
| prednisolone ODT (ORAPRED equiv) | - | 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 |
| prednisone 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 cap 225mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 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 |
| PREVNAR 20 INJ | VAC | EXC | VACCINES |
| PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days) | 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 |
| PROAIR RESPICLICK INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pay 1 copay per inhaler) | QL | 1 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| probenecid tab (BENEMID equiv) | - | 1 | GOUT AGENTS |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

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|---|---------------------|-------------|---|
| prochlorperazine tab (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PROCTOFOAM HC FOAM | - | 2 | ANORECTAL AGENTS |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 | ANORECTAL AGENTS |
| PROFILNINE INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| progesterone cap (PROMETRIUM equiv) | - | 1 | PROGESTINS |
| progesterone oil inj | - | 1 | PROGESTINS |
| PROLENSA OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PROMACTA POWDER (QL= 1 packet/day) | MSP-PA-QL | MSP | HEMATOPOIETIC AGENTS |
| PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP | HEMATOPOIETIC AGENTS |
| PROMACTA TAB 50MG (QL= 2 tabs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP | HEMATOPOIETIC AGENTS |
| PROMACTA TAB 75MG (QL= 2 tabs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP | HEMATOPOIETIC AGENTS |
| promethazine DM syrup | - | 1 | COUGH/COLD/ALLERGY |
| promethazine supp (PHENERGAN equiv) | - | 2 | ANTIHISTAMINES |
| promethazine syrup | - | 1 | ANTIHISTAMINES |
| promethazine tab (PHENERGAN equiv) | - | 1 | ANTIHISTAMINES |
| PROMETHAZINE VC SYRUP | - | 1 | COUGH/COLD/ALLERGY |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 | COUGH/COLD/ALLERGY |
| PROMETHAZINE VC/CODEINE SYRUP | - | 1 | COUGH/COLD/ALLERGY |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 | COUGH/COLD/ALLERGY |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 | COUGH/COLD/ALLERGY |
| PROMETHEGAN SUPP | - | 2 | ANTIHISTAMINES |
| propafenone ER cap (RYTHMOL SR equiv) | - | 2 | ANTIARRHYTHMICS |
| propafenone tab (RYTHMOL equiv) | - | 1 | ANTIARRHYTHMICS |
| PROPANTHELINE TAB | - | 2 | ULCER DRUGS |
| proparacaine ophth soln (ALCAINE equiv) | - | 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 |
| propylthiouracil tab | - | 1 | THYROID AGENTS |
| protriptyline tab (VIVACTIL equiv) | - | 3 | ANTIDEPRESSANTS |
| PULMOZYME INH SOLN | MSP-PA | MSP | RESPIRATORY AGENTS - MISC. |
| PURIXAN SUSP (Members age 9 or older require Prior Authorization) | PA | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |

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| quetiapine tab (SEROQUEL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quinapril tab (ACCUPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| quinidine gluconate CR tab | - | 2 | ANTIARRHYTHMICS |
| quinidine sulfate tab | - | 1 | ANTIARRHYTHMICS |
| QVAR REDIHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| RABAVERT INJ | VAC | EXC | VACCINES |
| 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 |
| REBIF INJ () | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REBINYN INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| RECOMBINATE INJ | - | EXC | HEMATOLOGICAL 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; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTIHYPERLIPIDEMICS |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTIHYPERLIPIDEMICS |
| RESCRIPTOR TAB | - | 2 | ANTIVIRALS |
| RETACRIT INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| RETEVMO CAP (QL= 2 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO CAP 40MG (QL= 3 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO TAB (QL= 2 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO TAB 40MG (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETIN-A CREAM | - | 2 | DERMATOLOGICALS |
| REVLIMID CAP (QL= 1 cap/day) | 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 |
| REZDIFFRA TAB (QL= 1 tab/day) | LD-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| REZLIDHIA CAP (QL= 2 caps/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| 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) | MSP | 1 | ANTIVIRALS |
| RIBAVIRIN CAP | MSP | MSP | ANTIVIRALS |
| RIBAVIRIN TAB | - | 2 | ANTIVIRALS |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| RIFAMATE CAP | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| rifampin cap (RIFADIN equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| riluzole tab (RILUTEK equiv) | - | 2 | NEUROMUSCULAR AGENTS |
| RIMANTADINE TAB | - | 3 | ANTIVIRALS |
| RINVOQ ER TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| RINVOQ ORAL SOLN (QL= 12ml/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| 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. |
| RIVIVE, REXTOVY SPRAY | OTC | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| RIXUBIS INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| ROCKLATAN OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| roflumilast tab | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ropinirole ER tab (REQUIP XL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| ropinirole tab (REQUIP equiv) | - | 1 | ANTIPARKINSON AGENTS |
| 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 | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ROZLYTREK PAK (QL= 6 packs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | 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 | ANTICONVULSANTS |
| rufinamide tab (BANZEL TAB equiv) | PA | 2 | ANTICONVULSANTS |
| RUKOBIA ER TAB | PA | 2 | ANTIVIRALS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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|--|---------------------|-------------|---|
| RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 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. |
| SCEMBLIX TAB (QL= 2 tabs/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SCEMBLIX TAB 100 MG (QL= 4 tabs/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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 |
| 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. |
| SEVENFACT INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| SHINGRIX INJ | VAC | EXC | VACCINES |
| SIGNIFOR INJ (QL= 2 vials/day) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization) | PA | 2 | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab (VIAGRA equiv) (QL= 8 tabs/fill) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) | - | 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 |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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|---|---------------------|-------------|---|
| SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| 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 | ANTIHYPERLIPIDEMICS |
| 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. |
| SKYCLARYS CAP | MSP-PA | MSP | NEUROMUSCULAR AGENTS |
| 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. |
| 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 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 lotion (KLARON equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 | DERMATOLOGICALS |
| 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/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay) | QL | \$0 | LAXATIVES |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | ANTIVIRALS |

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| | | |
|---|--------------------------------|---------------------------------|
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| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter | PA Prior Authorization |
| QL Quantity Limit | RDX Restricted to Diagnosis | RS Restricted to Specialist |
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|---|---------------------|-------------|---|
| SOGROYA INJ | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| 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-MEDROL INJ 2GM | - | 2 | CORTICOSTEROIDS |
| SOMAVERT INJ | LD-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| 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 |
| SPIKEVAX INJ | VAC | EXC | VACCINES |
| SPIKEVAX INJ 50MCG/0.5ML | VAC | EXC | VACCINES |
| 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 (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), or DULERA (MOMETASONE/FORMOTEROL) | QL-ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 or older) | PA | 3 | DIURETICS |
| spironolactone tab (ALDACTONE equiv) | - | 1 | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 | DIURETICS |
| sprintec 28 tab (ORTHO-CYCLLEN equiv) | - | \$0 | CONTRACEPTIVES |
| SPS | - | 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 | ANTIASTHMATIC 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 | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| sucrafate susp (CARAFATE equiv) | - | 2 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| sucrafate tab (CARAFATE equiv) | - | 1 | ULCER DRUGS |
| SUFLAVE SOLN (QL= 2 fills/calendar year) | QL | 2 | LAXATIVES |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 | OPHTHALMIC AGENTS |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv) | - | 2 | DERMATOLOGICALS |

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|---|---------------------|-------------|---|
| 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 6mg/0.5ml auto-injector (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ (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 |
| SYMDEKO TAB (QL= 2 tabs/day) | LD-PA-QL | MSP | RESPIRATORY AGENTS - MISC. |
| SYMFI (LO) TAB | - | 3 | ANTIVIRALS |
| 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 (DISPOSABLE) 3 ML | - | DME | MEDICAL DEVICES AND SUPPLIES |
| 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/fill) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab (PAH) (ADCIRCA equiv) | - | 1 | 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 | 3 | CARDIOVASCULAR AGENTS - MISC. |
| TAFINLAR CAP (QL= 4 caps/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAFINLAR TAB | MSP-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAGRISSE TAB (QL= 1 tab/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAKHZYRO INJ (QL= 2 inj/28 days) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |

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

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|---|---------------------|-------------|---|
| 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 |
| TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| TALTZ INJ 40 MG/0.5ML (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 |
| TAVNEOS CAP (QL= 6 caps/day) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |
| tazarotene cream 0.05% (TAZORAC equiv) | PA | 3 | DERMATOLOGICALS |
| tazarotene cream 0.1% (TAZORAC equiv) | PA | 2 | DERMATOLOGICALS |
| TAZVERIK TAB (QL= 8 tabs/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TB SYRINGE | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| TEKTURNA 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 | 1 | 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 |
| teriflunomide tab (AUBAGIO equiv) | MSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| 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 (QL= 1 packet/day) | PA-QL | 3 | ANDROGENS-ANABOLIC |

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|---|---------------------|-------------|--|
| testosterone gel 1% 50mg (QL= 2 packets/day) | PA-QL | 3 | 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 | 1 | 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 |
| THEOPHYLLINE TAB ER | - | 2 | 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 |
| timolol ophth soln (BETIMOL equiv) | - | 2 | OPHTHALMIC AGENTS |
| tinidazole tab (TINDAMAX equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| tiopronin tab (THIOLA equiv) | MSP-PA | MSP | GENITOURINARY AGENTS - MISCELLANEOUS |
| tiopronin tab delayed release (THIOLA EC equiv) | MSP-PA | 1 | 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) (Restricted to Infectious Disease or Pulmonology Specialist) | MSP-RS | 1 | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBEX equiv) | - | 1 | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 | OPHTHALMIC AGENTS |
| TOBEX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| TODAY SPONGE | OTC | \$0 | VAGINAL PRODUCTS |

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|--|---------------------|-------------|---|
| TOLAZAMIDE TAB | - | 1 | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | 2 | ANTIDIABETICS |
| tolcapone tab (TASMAR equiv) | - | 3 | ANTIPARKINSON AGENTS |
| tolterodine SR cap (DETRON LA equiv) | - | 2 | URINARY ANTISPASMODICS |
| tolterodine tab (DETRON 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 |
| torsemide 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; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 3 | ANALGESICS - OPIOID |
| TRAMADOL HCL ER TAB (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 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 |
| TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| TRESIBA FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| TRESIBA INJ | - | 2 | ANTIDIABETICS |
| tretinoin cap (VESANOID equiv) | MSP | 1 | ANTINEOPLASTICS |
| tretinoin gel (RETIN-A GEL equiv) | - | 2 | DERMATOLOGICALS |
| TRETTON INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| triamcinolone acetonide inj (KENALOG equiv) | - | 1 | CORTICOSTEROIDS |
| 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 |

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|--|---------------------|-------------|--|
| tricon cap (TRINSICON equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| trientine cap (SYPRINE equiv) | MSP | 2 | 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 |
| 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. |
| TRIKAFTA THERAPY PACK | LD-PA-QL | MSP | RESPIRATORY AGENTS - MISC. |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 | CONTRACEPTIVES |
| TRI-LUMA CREAM | - | EXC | DERMATOLOGICALS |
| trimethobenzamide cap (TIGAN equiv) | - | 1 | ANTIEMETICS |
| TRIMETHOPRIM TAB | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| trimipramine cap (SURMONTIL equiv) | - | 3 | ANTIDEPRESSANTS |
| TRINTELLIX TAB (QL= 1 tab/day) | 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 |
| TRI-VITAMIN FLUORIDE DROPS | - | 1 | MULTIVITAMINS |
| TRIZIVIR TAB | - | 2 | ANTIVIRALS |
| 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; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| TRUQAP TAB (QL= 64 tabs/28 days) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRUQAP THERAPY PACK (QL= 64 tabs/28 days) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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. |
| TYPHIM VI INJ | VAC | EXC | VACCINES |
| 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. |

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| TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO INH SOLN 0.6 MG/ML (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 |
| 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 |
| 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 |
| VALTOCO NASAL SPRAY (QL= 4 doses/fill; Restricted to Neurology Specialist) | QL-RS | 2 | ANTICONVULSANTS |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill) | QL | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| VANFLYTA TAB (QL= 1 tab/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VANFLYTA TAB 26.5MG (QL= 2 tabs/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VANIQA CREAM | - | EXC | DERMATOLOGICALS |
| varденаfil tab (LEVITRA equiv) | - | EXC | CARDIOVASCULAR 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. |
| varenicline tartrate tab starter pack (VARENICLINE PAK 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 |
| VAXCHORA SUSP | VAC | EXC | VACCINES |
| VAXNEUVANCE INJ | VAC | EXC | VACCINES |
| v-c forte cap (V-C FORTE equiv) | - | 3 | MULTIVITAMINS |
| VELIVET PAK | - | \$0 | CONTRACEPTIVES |
| velivet tab (CYCLESSA equiv) | - | \$0 | CONTRACEPTIVES |
| VELTASSA POWDER (QL= 1 packet/day) | PA-QL | 2 | ASSORTED CLASSES |
| VELTASSA POWDER 1GM (QL= 4 packets/day) | PA-QL | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| VEMLIDY TAB (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. |

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

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| VENTOLIN HFA INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| VEOZAH TAB | PA | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| verapamil SR cap (VERELAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL SR CAP 360mg | - | 2 | 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 |
| 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 GRANULES PACKET (QL= 1 packet/day) | MSP-PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSES |
| 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 |
| vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step Therapy requires a trial of 1 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine) | QL-ST | 2 | ANTIDEPRESSANTS |
| VIMOVO TAB | - | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 | CONTRACEPTIVES |
| 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 (QL= 4 caps/fill) | QL-VAC | 2 | VACCINES |
| VIZIMPRO TAB (QL= 1 tab/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VONVENDI INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| 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 |
| VOWST CAP (QL= 12 caps/fill) | LD-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| VOXZOGO INJ (QL= 1 vial/day) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VOYDEYA TAB (QL= 6 tabs/day) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| 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. |
| warfarin tab (COUMADIN equiv) | - | 1 | ANTICOAGULANTS |
| WEGOVY INJ | EXC | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WEGOVY INJ 1.7MG/0.75ML | EXC | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WEGOVY INJ 2.4MG/0.75ML | EXC | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WELIREG TAB (QL= 3 tabs/day) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| WILATE INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| WINREVAIR INJ | LD-PA | MSP | CARDIOVASCULAR AGENTS - MISC. |
| XACIATO GEL (QL= 1 applicator/fill) | QL | 2 | VAGINAL AND RELATED PRODUCTS |
| XADAGO TAB (QL= 1 tab/day) | PA-QL | 3 | ANTIPARKINSON AGENTS |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XALKORI SPRINKLE CAP (QL= 4 caps/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | 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 |
| XCOPRI PAK 100-150MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 25MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XDEMYVY DROP (QL= 1 bottle/year) | MSP-PA-QL | MSP | OPHTHALMIC AGENTS |
| 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 (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| XIGDUO XR TAB 10-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| XIIDRA OPTH SOLN (QL= 60 vials/30 days) | PA-QL | 2 | OPHTHALMIC AGENTS |
| XOLREMDI CAP (QL= 4 caps/day) | LD-PA-QL | MSP | HEMATOPOIETIC AGENTS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| XOSPATA TAB (QL= 3 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XPHOZAH TAB (QL= 2 tabs/day) | PA-QL | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XPOVIO PAK (QL= 32 tabs/28 days) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTAMPZA ER CAP (QL= 120 caps/30 days; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 2 | ANALGESICS - OPIOID |
| XULTOPHY INJ (QL= 15ml/30 days) | QL | 2 | ANTIDIABETICS |
| XYNTHA INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| XYZBAC TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| YF-VAX INJ | VAC | EXC | VACCINES |
| 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 DISORDEF AGENTS |
| ZARXIO INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| ZEGALOGUE INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| ZEJULA CAP (QL= 3 caps/day) | PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZEJULA TAB (QL= 1 tab/day) | LD-PA-QL | 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 |
| ZIMHI SOLN | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| 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 |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| 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 |

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GHC-SCW 4-Tier Complete Formulary Cont.
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|--|---------------------|-------------|---|
| 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 |
| ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| 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. |
| ZORYVE CREAM (QL= 60 grams/30 days) | PA-QL | 2 | DERMATOLOGICALS |
| ZTALMY SUSP (QL= 1100ml/30 days) | LD-PA-QL | MSP | ANTICONVULSANTS |
| ZUBSOLV SL TAB | - | 2 | ANALGESICS - OPIOID |
| ZUPLENZ SL FILM | - | EXC | ANTIEMETICS |
| ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days) | MSP-PA-QL | MSP | ANTIDEPRESSANTS |
| ZURZUVAE CAP 30MG (QL= 14 caps/365 days) | MSP-PA-QL | MSP | ANTIDEPRESSANTS |
| 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 |
| ZYRTEC CHILD CHEW TAB | OTC | 2 | ANTIHISTAMINES |

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

Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|--|--------------|------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | 1 |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 1 |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 |
| lisdexamfetamine dimesylate cap (VYVANSE equiv) | - | 1 |
| lisdexamfetamine dimesylate chew tab (VYVANSE equiv) | - | 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) | - | EXC |
| phentermine tab (ADIPEX equiv) | - | EXC |
| QSYMIA CAP | - | EXC |
| ANTI-OBESITY AGENTS | | |
| WEGOVY INJ | EXC | EXC |
| WEGOVY INJ 1.7MG/0.75ML | EXC | EXC |
| WEGOVY INJ 2.4MG/0.75ML | EXC | EXC |
| IMCIVREE INJ (QL= 1 inj/day) | LD-PA-QL | MSP |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| atomoxetine cap (STRATTERA equiv) | - | 1 |
| clonidine ER tab (KAPVAY equiv) | - | 1 |
| guanfacine ER tab (INTUNIV equiv) | - | 1 |
| 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 ER cap (FOCALIN XR equiv) | - | 1 |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 |
| methylphenidate CD cap (METADATE CD equiv) | - | 1 |
| methylphenidate ER cap (RITALIN LA equiv) | - | 1 |
| METHYLPHENIDATE ER TAB | - | 1 |
| methylphenidate ER tab (CONCERTA equiv) | - | 1 |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv) | - | 1 |
| methylphenidate soln (METHYLIN equiv) | - | 1 |
| methylphenidate tab (RITALIN equiv) | - | 1 |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | 1 |
| methylphenidate chew tab (METHYLIN equiv) | - | 2 |
| AMEBICIDES | | |
| SOLOSEC GRANULES PACKET (QL= 1 packet/fill) | PA-QL | 3 |
| AMINOGLYCOSIDES | | |
| neomycin tab | - | 1 |

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

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**GHC-SCW 4-Tier Complete Formulary
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Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|---|--------------|------|
| AMINOGLYCOSIDES Cont. | | |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | MSP-RS | 1 |
| ARIKAYCE SUSP (QL= 1 vial/day) | LD-PA-QL | MSP |
| TOBI PODHALER | LD-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 |
| RINVOQ ORAL SOLN (QL= 12ml/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

| | | |
|--|-----------|-----|
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP |
| ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days;) | MSP-PA-QL | MSP |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| HADLIMA INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| HADLIMA PUSH INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP |
| SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | 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 |

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)

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| QL | Quantity Limit | RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| VAC | Vaccine Program | ¢ | RxCENTS | | |

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|--|--------------|------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| 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 |
| 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 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 |
| 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 |

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Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|-----------------|---------------------|-------------|
|-----------------|---------------------|-------------|

ANALGESICS - OPIOID Cont.

| | | |
|--|----|---|
| TRAMADOL HCL ER TAB (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 3 |
|--|----|---|

OPIOID COMBINATIONS

| | | |
|---|---|---|
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (Dosage limits may apply) | - | 1 |
| APAP/CODEINE SOLN | - | 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 |
| HYDROCODONE/IBUPROFEN TAB 10-200MG | - | 3 |
| LORTAB ELIXIR (Dosage limits may apply) | - | 3 |
| 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; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 3 |
| pentazocine/naloxone tab (TALWIN NX equiv) (Dosage limits may apply) | - | 3 |

ANDROGENS-ANABOLIC

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 soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 2 |
| METHITEST TAB | PA | 3 |
| testosterone gel 1% 25mg (QL= 1 packet/day) | PA-QL | 3 |
| testosterone gel 1% 50mg (QL= 2 packets/day) | PA-QL | 3 |

ANORECTAL AGENTS

INTRARECTAL STEROIDS

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|------------|---|-------------|-------------------------|-----------|--------------------------|
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|--|--------------|------|
| ANORECTAL AGENTS Cont. | | |
| hydrocortisone enema (CORTENEMA equiv) | - | 2 |
| CORTIFOAM | - | 3 |
| RECTAL COMBINATIONS | | |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | 1 |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 2 |
| PROCTOFOAM HC FOAM | - | 2 |
| 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 |
| ANORECTAL AND RELATED PRODUCTS | | |
| INTRARECTAL STEROIDS | | |
| budesonide rectal foam (UCERIS RECTAL FOAM equiv) | PA | 3 |
| RECTAL COMBINATIONS | | |
| HYDROCORTISONE ACETATE/PRAMOXINE CREAM | - | 1 |
| ANALPRAM-HC CREAM | - | 3 |
| ANTHELMINTICS | | |
| ANTHELMINTICS | | |
| albendazole tab (ALBENZA equiv) | - | 2 |
| BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist) | RS | 2 |
| ivermectin tab (STROMEKTOL equiv) | - | 2 |
| praziquantel tab (BILTRICIDE equiv) | - | 2 |
| ANTIANGINAL AGENTS | | |
| ANTIANGINALS-OTHER | | |
| ranolazine tab (RANEXA equiv) | - | 2 |
| NITRATES | | |
| 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 |
| ANTIANGIETY AGENTS | | |
| ANTIANGIETY AGENTS - MISC. | | |
| bupirone tab (BUSPAR equiv) | - | 1 |

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| | | | RxCENTS | | |

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|---|--------------|------|
| ANTIANSIETY AGENTS Cont. | | |
| 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

| | | |
|---------------------------------------|---|---|
| ANTIARRHYTHMICS TYPE I-A | | |
| disopyramide cap (NORPACE equiv) | - | 1 |
| quinidine sulfate tab | - | 1 |
| 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 (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), or DULERA (MOMETASONE/FORMOTEROL)) | 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 |

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|---|--------------|------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| roflumilast tab | - | 1 |
| STEROID INHALANTS | | |
| ARNUITY ELLIPTA INHALER | - | 1 |
| ASMANEX HFA INHALER | - | 1 |
| ASMANEX INHALER | - | 1 |
| budesonide inh susp (PULMICORT equiv) | - | 1 |
| QVAR REDIHALER | - | 1 |
| SYMPATHOMIMETICS | | |
| albuterol neb soln | - | 1 |
| ALBUTEROL NEBULIZER SOLN | - | 1 |
| albuterol sulfate syrup | - | 1 |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 |
| FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT (AIRDUO equiv) | - | 1 |
| FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT (AIRDUO equiv) | - | 1 |
| FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT (AIRDUO equiv) | - | 1 |
| PROAIR RESPICLICK INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler) | QL | 1 |
| VENTOLIN HFA INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler) | QL | 1 |
| ADVAIR HFA INHALER | - | 2 |
| albuterol sulfate tab | - | 2 |
| ANORO ELLIPTA INHALER | - | 2 |
| arformoterol tartrate neb soln (BROVANA equiv) | - | 2 |
| BREO ELLIPTA INHALER | - | 2 |
| BREO ELLIPTA INHALER 50-25 MCG/ACT | - | 2 |
| BREZTRI AEROSPHERE INHALER | - | 2 |
| COMBIVENT RESPIMAT INHALER | - | 2 |
| DULERA INHALER | - | 2 |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) | - | 2 |
| LEVAlBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product) | QL-ST | 2 |
| levAlbuterol neb soln (XOPENEX equiv) | - | 2 |
| STIOLTO INHALER | - | 2 |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 2 |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 |
| TRELEGY ELLIPTA INHALER | - | 2 |
| formoterol fumarate neb soln (PERFOROMIST equiv) | - | 3 |
| XANTHINES | | |
| theophylline ER tab (UNIPHYL equiv) | - | 1 |
| theophylline soln | - | 1 |
| ELIXOPHYLLIN ELIXIR | - | 2 |
| theophylline er tab (THEOPHYLLINE ER equiv) | - | 2 |
| THEOPHYLLINE TAB ER | - | 2 |

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

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

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

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

Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTICOAGULANTS Cont. | | |
| 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 |
| THROMBIN INHIBITORS | | |
| dabigatran etexilate mesylate cap (PRADAXA equiv) | - | 2 |
| ANTICONVULSANTS | | |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| clobazam tab (ONFI equiv) | - | 1 |
| clonazepam tab (KLONOPIN equiv) | - | 1 |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill) | QL | 1 |
| diazepam rectal gel (QL= 4 doses/fill) | QL | 1 |
| clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization) | PA | 2 |
| DIAZEPAM GEL (QL= 4 doses/fill) | QL | 2 |
| NAYZILAM SPRAY (QL= 4 doses/fill; Restricted to Neurology Specialist) | QL-RS | 2 |
| VALTOCO NASAL SPRAY (QL= 4 doses/fill; Restricted to Neurology Specialist) | QL-RS | 2 |
| clonazepam ODT (KLONOPIN equiv) | - | 3 |
| ANTICONVULSANTS - MISC. | | |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 |
| carbamazepine susp (TEGRETOL equiv) | - | 1 |
| carbamazepine tab (TEGRETOL equiv) | - | 1 |
| gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day) | QL | 1 |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day) | QL | 1 |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day) | QL | 1 |
| lacosamide oral solution (VIMPAT equiv) | - | 1 |
| lacosamide tab (VIMPAT equiv) | - | 1 |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 |
| lamotrigine tab (LAMICTAL equiv) | - | 1 |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 |
| levetiracetam soln (KEPPRA equiv) | - | 1 |
| levetiracetam tab (KEPPRA equiv) | - | 1 |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 |
| pregabalin 25mg, 50mg, 75mg, 100mg (LYRICA equiv) (QL= 5 caps/day) | QL | 1 |
| pregabalin cap 150mg (LYRICA equiv) (QL= 4 caps/day) | QL | 1 |
| pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 |
| primidone tab (MYSOLINE equiv) | - | 1 |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 |
| topiramate tab (TOPAMAX equiv) | - | 1 |
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| | | | | | |
|------------|---|-------------|-------------------------|-----------|--------------------------|
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Last Updated* 1/1/2025

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|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| 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 starter kit (LAMICTAL STARTER KIT equiv) | - | 3 |
| ZONISADE SUSP (PA required for members age 9 years or older) | PA | 3 |
| 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 |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI TAB 25MG (QL= 1 tab/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 |
| ethosuximide cap (ZARONTIN equiv) | - | 2 |
| methsuximide cap (CELONTIN equiv) | - | 2 |

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**GHC-SCW 4-Tier Complete Formulary
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Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTICONVULSANTS Cont. | | |
| 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 |
| GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID | | |
| ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days) | MSP-PA-QL | MSP |
| ZURZUVAE CAP 30MG (QL= 14 caps/365 days) | MSP-PA-QL | MSP |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| PHENELZINE SULFATE TAB | - | 1 |
| phenelzine tab (NARDIL equiv) | - | 1 |
| MARPLAN TAB | - | 2 |
| tranylcypromine tab (PARNATE equiv) | - | 2 |
| EMSAM PATCH | - | 3 |
| NARDIL TAB 15MG | - | 3 |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| citalopram soln (CELEXA equiv) | - | 1 |
| citalopram tab (CELEXA equiv) | - | 1 |
| escitalopram tab (LEXAPRO equiv) | - | 1 |
| fluoxetine cap (PROZAC equiv) | - | 1 |
| fluoxetine soln (PROZAC equiv) | - | 1 |
| fluoxetine tab (PROZAC equiv) | - | 1 |
| fluvoxamine tab (LUVOX equiv) | - | 1 |
| paroxetine tab (PAXIL equiv) | - | 1 |
| sertraline conc (ZOLOFT equiv) | - | 1 |
| sertraline tab (ZOLOFT equiv) | - | 1 |
| escitalopram soln (LEXAPRO equiv) | - | 2 |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires 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 |

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

Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIDEPRESSANTS Cont. | | |
| trazodone tab (DESYREL equiv) | - | 1 |
| vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step Therapy requires a trial of 1 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine) | QL-ST | 2 |
| 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 (AMOXAPINE equiv) | - | 1 |
| doxepin cap (SINEQUAN equiv) | - | 1 |
| doxepin conc (SINEQUAN equiv) | - | 1 |
| imipramine tab (TOFRANIL equiv) | - | 1 |
| nortriptyline cap (PAMELOR equiv) | - | 1 |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 |
| desipramine tab (NORPRAMIN equiv) | - | 2 |
| clomipramine cap (ANAFRANIL equiv) | - | 3 |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 3 |
| protriptyline tab (VIVACTIL equiv) | - | 3 |
| trimipramine cap (SURMONTIL equiv) | - | 3 |

ANTIDIABETICS

| | | |
|---|----|---|
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| acarbose tab (PRECOSE equiv) | - | 1 |
| MIGLITOL TAB | - | 3 |
| miglitol tab (MIGLITOL equiv) | - | 3 |
| ANTIDIABETIC COMBINATIONS | | |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 |
| SOLIQUA INJ (QL= 15ml/25 days) | QL | 2 |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 10-1000MG (QL= 1 tab/day) | QL | 2 |
| 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 |

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| | | |
|---|--------------------------------|---------------------------------|
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| NC/3P = Not Covered, Third Party Reviewer | | |
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| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIDIABETICS Cont. | | |
| XULTOPHY INJ (QL= 15ml/30 days) | QL | 2 |
| 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 |
| 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 EMR INJ (QL= 2 inj/fill) | QL | 2 |
| GLUCAGON KIT (QL= 2 inj/fill, 1 fill/30 days) | 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 |
| mifepristone tab (KORLYM equiv) (QL= 4 tabs/day) | MSP-PA-QL | MSP |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| JANUVIA TAB (QL= 1 tab/day) | QL-φ | 2 |
| TRADJENTA TAB (QL= 1 tab/day) | QL | 2 |
| DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC | | |
| CYCLOSET TAB | - | 3 |
| INCRETIN MIMETIC AGENTS | | |
| liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 3 |
| INSULIN | | |
| DEGLUDEC FLEXTOUCH INJ | - | 2 |
| DEGLUDEC INJ | - | 2 |
| FIASP FLEXTOUCH INJ | - | 2 |
| FIASP INJ | - | 2 |
| FIASP PENFILL INJ, FIASP PUMP CARTRIDGE | - | 2 |
| HUMULIN R INJ U-500 | - | 2 |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 |

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Last Updated* 1/1/2025

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|---|--------------|------|
| ANTIDIABETICS Cont. | | |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART MIX FLEXPEN INJ | - | 2 |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART PENFILL INJ | - | 2 |
| INSULIN GLARGINE SOLN PEN-INJ | - | 2 |
| INSULIN LISPRO INJ (HUMALOG equiv) | - | 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 | OTC | 2 |
| NOVOLIN R RELION INJ | OTC | 2 |
| NOVOLOG FLEXPEN 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 |
| 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 | | |
| glimepiride tab (AMARYL equiv) | - | 1 |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 |
| glipizide tab (GLUCOTROL equiv) | - | 1 |
| GLYBURID MCR TAB | - | 1 |
| glyburide tab (MICRONASE equiv) | - | 1 |
| TOLAZAMIDE TAB | - | 1 |
| TOLBUTAMIDE TAB | - | 2 |
| ANTIDIARRHEAL/PROBIOTIC AGENTS | | |
| ANTIPERISTALTIC AGENTS | | |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 3 |
| ANTIDIARRHEALS | | |
| ANTIPERISTALTIC AGENTS | | |

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| | | | | | |
|-----|---|------|-------------------------|----|--------------------------|
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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIDIARRHEALS Cont. | | |
| 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 tab (JADENU equiv) | MSP | 1 |
| deferasirox tab for oral susp (EXJADE equiv) | MSP | 1 |
| deferasirox granules packet (JADENU equiv) | MSP | MSP |
| deferiprone tab (FERRIPROX equiv) | LD-PA | MSP |
| OPIOID ANTAGONISTS | | |
| naloxone hcl nasal spray (NARCAN equiv) | OTC | 1 |
| NALOXONE HCL SOLN 0.4MG/ML | - | 1 |
| naloxone inj | - | 1 |
| naloxone prefilled inj | - | 1 |
| NARCAN NASAL SPRAY | - | 1 |
| NARCAN NASAL SPRAY (OTC) | OTC | 1 |
| RIVIVE, REXTOVY SPRAY | OTC | 1 |
| KLOXXADO NASAL SPRAY | - | 2 |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 |
| OPVEE NASAL SPRAY | - | 2 |
| ZIMHI SOLN | - | 2 |

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 (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 | | |
| 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 |

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|--|--------------|------|
| ANTIEMETICS Cont. | | |
| 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 |
| ZYRTEC CHILD CHEW TAB | OTC | 2 |
| DESLORATADINE ODT | - | EXC |
| desloratadine tab (CLARINEX equiv) | - | EXC |
| ANTIHISTAMINES - PHENOTHIAZINES | | |
| promethazine syrup | - | 1 |
| promethazine tab (PHENERGAN equiv) | - | 1 |
| promethazine supp (PHENERGAN equiv) | - | 2 |
| PROMETHEGAN SUPP | - | 2 |

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|---|--------------|------|
| ANTIHISTAMINES Cont. | | |
| ANTIHISTAMINES - PIPERIDINES | | |
| cyproheptadine syrup | - | 1 |
| cyproheptadine tab | - | 1 |
| ANTIHYPERLIPIDEMICS | | |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS | | |
| NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 |
| ANTIHYPERLIPIDEMICS - COMBINATIONS | | |
| NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 3 |
| ANTIHYPERLIPIDEMICS - 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= 2 caps/day) | QL | 2 |
| pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST-φ | 2 |
| ATORVALIQ SUSP (Members age 9 or older require Prior Authorization) | PA | 3 |
| EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 9 years and older) | PA | 3 |
| FLOLIPID SUSP (Members age 9 or older require Prior Authorization) | PA | 3 |
| fluvastatin ER tab (LESCOL XL equiv) | - | 3 |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |

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|---|--------------|------|
| ANTIHYPERTENSIVES Cont. | | |
| ezetimibe tab (ZETIA equiv) | - | 1 |
| NICOTINIC ACID DERIVATIVES | | |
| niacin ER tab (NIASPAN equiv) | - | 1 |
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 |
| ANTIHYPERTENSIVES | | |
| ACE INHIBITORS | | |
| benazepril tab (LOTENSIN equiv) | - | 1 |
| enalapril tab (VASOTEC equiv) | - | 1 |
| fosinopril tab (MONOPRIL equiv) | - | 1 |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 |
| 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 |

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| ANTIHYPERTENSIVES Cont. | | |
| 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 |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 |
| amlodipine/olmesartan tab (AZOR equiv) | - | 2 |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 2 |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 2 |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | ¢ | 3 |
| TEKTURNA HCT TAB | - | 3 |
| DIRECT RENIN INHIBITORS | | |
| aliskiren tab (TEKTURNA equiv) | - | 2 |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPRA equiv) | - | 1 |
| VASODILATORS | | |
| hydralazine tab (APRESOLINE equiv) | - | 1 |
| minoxidil tab (LONITEN equiv) | - | 1 |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| metronidazole tab (FLAGYL equiv) | - | 1 |
| tinidazole tab (TINDAMAX equiv) | - | 1 |
| TRIMETHOPRIM TAB | - | 1 |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 |
| FIRST METRONIDAZOLE SUSP | - | 3 |
| LIKMEZ SUSP (Prior Authorization required for members age 9 or older) | PA | 3 |
| PRIMSOL SOLN | - | 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 | | |
| atovaquone susp (MEPRON equiv) | - | 2 |
| LAMPIT TAB (Restricted to Infectious Disease Specialist) | RS | 2 |
| NITAZOXANIDE TAB (QL= 6 tabs/3 days) | PA-QL | 2 |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 2 |
| GLYCOPEPTIDES | | |
| FIRVANQ SOLN 25MG/ML | - | 1 |
| FIRVANQ SOLN 50MG/ML | - | 1 |

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|--|--------------|------|
| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill) | QL | 1 |
| LEPROSTATICS | | |
| dapsone tab | - | 1 |
| LINCOSAMIDES | | |
| 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 |
| 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 |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIMYCOBACTERIAL AGENTS Cont. | | |
| 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 |
| rifampin cap (RIFADIN equiv) | - | 2 |
| isoniazid syrup (ISONIAZID equiv) | - | 3 |

ANTINEOPLASTICS

ANTINEOPLASTICS MISC.

| | | |
|--------------------------------|-----|---|
| tretinoin cap (VESANOID equiv) | MSP | 1 |
|--------------------------------|-----|---|

TOPOISOMERASE I INHIBITORS

| | | |
|--------------|--------|-----|
| HYCAMTIN CAP | MSP-PA | MSP |
|--------------|--------|-----|

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

| | | |
|----------------------------------|-----|-----|
| temozolomide cap (TEMODAR equiv) | MSP | 1 |
| cyclophosphamide cap | - | 2 |
| CYCLOPHOSPHAMIDE TAB | - | 2 |
| GLEOSTINE/LOMUSTINE CAP | - | 2 |
| HEXALEN CAP | - | 2 |
| MELPHALAN TAB | - | 2 |
| MYLERAN TAB | MSP | MSP |

ANTIMETABOLITES

| | | |
|---|-----|---|
| capecitabine tab (XELODA equiv) | MSP | 1 |
| METHOTREXATE INJ | - | 1 |
| methotrexate tab (TREXALL equiv) | - | 1 |
| mercaptopurine tab (PURINETHOL equiv) | - | 2 |
| TABLOID TAB | - | 2 |
| JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 or older) | PA | 3 |
| PURIXAN SUSP (Members age 9 or older require Prior Authorization) | PA | 3 |

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

| | | |
|--|--------------|-----|
| FRUZAQLA CAP 1MG (QL= 84 caps/28 days) | LD-PA-QL | MSP |
| FRUZAQLA CAP 5MG (QL= 21 caps/28 days) | LD-PA-QL | MSP |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL-SF | MSP |
| LENVIMA CAP (QL= 3 caps/day) | MSP-PA-QL-SF | 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) (QL= 1 tab/day) | MSP-PA-QL | 1 |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day) | MSP-PA-QL | 1 |
| gefitinib tab (IRESSA equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | MSP |
| GILOTRIF TAB (QL= 1 tab/day) | LD-PA-QL | MSP |
| TAGRISSEO TAB (QL= 1 tab/day) | LD-PA-QL-SF | MSP |

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

** OTC drugs are not a covered benefit.

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

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

Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| 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 | | |
| 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 |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day) | MSP-QL | 1 |
| 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 |
| ERLEADA TAB (QL= 4 tabs/day) | MSP-PA-QL | MSP |
| ERLEADA TAB 240MG (QL= 1 tab/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) | PA-QL | MSP |
| ORSERDU TAB (QL= 3 tabs/day) | LD-PA-QL-SF | MSP |
| ORSERDU TAB 345MG (QL= 1 tab/day) | LD-PA-QL-SF | 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) | MSP-PA-QL-SF | MSP |
| ANTINEOPLASTIC COMBINATIONS | | |
| INQOVI TAB (QL= 5 tabs/28 days) | MSP-PA-QL | MSP |
| KISQALI PAK (QL= 91 tabs/28 days) | MSP-PA-QL | MSP |
| LONSURF TAB | PA | MSP |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | MSP-PA-QL | 1 |
| imatinib tab (GLEEVEC equiv) | MSP | 1 |
| ALECENSA CAP (QL= 8 caps/day) | MSP-PA-QL | MSP |

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

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**GHC-SCW 4-Tier Complete Formulary
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Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| 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 |
| AUGTYRO CAP (QL= 8 caps/day) | MSP-PA-QL-SF | MSP |
| AUGTYRO CAP 160MG (QL= 2 caps/day) | MSP-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 CAP | MSP-PA | MSP |
| BOSULIF TAB | MSP-PA-SF | MSP |
| BRAFTOVI CAP 75MG (QL= 6 caps/day) | LD-PA-QL | MSP |
| BRUKINSA CAP (QL= 4 caps/day) | MSP-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 (QL= 2 tabs/day) | LD-PA-QL-SF | MSP |
| CAPRELSA TAB 300MG (QL= 1 tab/day) | LD-PA-QL-SF | MSP |
| 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 |
| dasatinib tab (SPRYCEL equiv) | MSP-PA | 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 |
| ICLUSIG TAB (QL= 1 tab/day) | LD-PA-QL-SF | MSP |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| IMBRUVICA CAP 140MG (QL= 3 caps/day) | MSP-PA-QL | MSP |
| IMBRUVICA CAP 70MG (QL= 1 cap/day) | MSP-PA-QL | MSP |
| IMBRUVICA SUSP (QL= 6ml/day) | LD-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 |
| JAYPIRCA TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP |
| KISQALI TAB (QL= 63 tabs/28 days) | MSP-PA-QL | MSP |
| KOSELUGO CAP (QL= 4 caps/day) | LD-PA-QL | MSP |
| KOSELUGO CAP 10MG (QL= 8 caps/day) | LD-PA-QL | MSP |
| KRAZATI TAB (QL= 6 tabs/day) | LD-PA-QL-SF | 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 |
| LUMAKRAS TAB 240MG (QL= 4 tabs/day) | LD-PA-QL-SF | MSP |
| LUMAKRAS TAB 320MG (QL= 3 tabs/day) | LD-PA-QL-SF | MSP |
| LYNPARZA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP |
| LYTGOBI THERAPY PACK (QL= 5 tabs/day) | LD-PA-QL-SF | MSP |
| MEKINIST SOLN | MSP-PA | MSP |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | MSP-PA-QL | MSP |
| MEKINIST TAB 2MG (QL= 1 tab/day) | MSP-PA-QL | MSP |

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

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Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| MEKTOVI TAB (QL= 6 tabs/day) | MSP-PA-QL | MSP |
| NERLYNX TAB (QL= 6 tabs/day) | LD-PA-QL-SF | MSP |
| NINLARO CAP | PA | MSP |
| OGSIVEO TAB (QL= 2 tabs/day) | LD-PA-QL-SF | MSP |
| OGSIVEO TAB 50MG (QL= 6 tabs/day) | LD-PA-QL-SF | MSP |
| OJEMDA SUSP (QL= 96ml/28 days) | LD-PA-QL-SF | MSP |
| OJEMDA TAB (QL= 24 tabs/28 days) | LD-PA-QL | MSP |
| OJJAARA TAB (QL= 1 tab/day) | LD-PA-QL | MSP |
| pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day) | MSP-PA-QL-SF | 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= 2 caps/day) | MSP-PA-QL-SF | MSP |
| RETEVMO CAP 40MG (QL= 3 caps/day) | MSP-PA-QL-SF | MSP |
| RETEVMO TAB (QL= 2 tabs/day) | MSP-PA-QL-SF | MSP |
| RETEVMO TAB 40MG (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP |
| REZLIDHIA CAP (QL= 2 caps/day) | LD-PA-QL-SF | MSP |
| ROZLYTREK CAP (QL= 3 caps/day) | MSP-PA-QL | MSP |
| ROZLYTREK PAK (QL= 6 packs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP |
| RUBRACA TAB (QL= 4 tabs/day) | LD-PA-QL-SF | MSP |
| RYDAPT CAP (QL= 56 caps/28 days) | MSP-PA-QL | MSP |
| SCEMBLIX TAB (QL= 2 tabs/day) | LD-PA-QL | MSP |
| SCEMBLIX TAB 100 MG (QL= 4 tabs/day) | LD-PA-QL | MSP |
| sorafenib tosylate tab (NEXAVAR equiv) | 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 |
| TAFINLAR TAB | MSP-PA | 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 |
| TIBSOVO TAB (QL= 2 tabs/day) | LD-PA-QL | MSP |
| TRUQAP TAB (QL= 64 tabs/28 days) | LD-PA-QL | MSP |
| TRUQAP THERAPY PACK (QL= 64 tabs/28 days) | LD-PA-QL | MSP |
| TURALIO CAP (QL= 4 caps/day) | LD-PA-QL-SF | MSP |
| VANFLYTA TAB (QL= 1 tab/day) | LD-PA-QL | MSP |
| VANFLYTA TAB 26.5MG (QL= 2 tabs/day) | LD-PA-QL | 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; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | MSP |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-SF | MSP |

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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 | RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| XALKORI SPRINKLE CAP (QL= 4 caps/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL-SF | MSP |
| XOSPATA TAB (QL= 3 tabs/day) | LD-PA-QL-SF | MSP |
| ZEJULA CAP (QL= 3 caps/day) | PA-QL | MSP |
| ZEJULA TAB (QL= 1 tab/day) | LD-PA-QL | 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. | | |
| bexarotene cap (TARGRETIN equiv) | MSP | 1 |
| hydroxyurea cap (HYDREA equiv) | - | 1 |
| MATULANE CAP | - | 2 |
| ACTIMMUNE INJ | LD-PA | MSP |
| ALFERON-N INJ | MSP-PA | MSP |
| INTRON-A INJ | MSP-PA | MSP |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| leucovorin tab | - | 1 |
| MESNEX TAB | MSP | MSP |
| CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS | | |
| IWILFIN TAB (QL= 8 tabs/day) | LD-PA-QL-SF | 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 |
| amantadine tab | - | 2 |
| bromocriptine cap (PARLODEL equiv) | - | 2 |
| bromocriptine tab (PARLODEL equiv) | - | 2 |

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| | | | | | |
|-----|---|------|-------------------------|----|--------------------------|
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| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIPARKINSON AGENTS Cont. | | |
| 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 |
| lithium oral solution (LITHIUM equiv) (Prior Authorization Required for members age 9 and older) | PA | 3 |
| ANTIPSYCHOTICS - MISC. | | |
| lurasidone hcl tab (LATUDA equiv) | - | 1 |
| ziprasidone cap (GEODON equiv) | - | 1 |
| BENZISOXAZOLES | | |
| risperidone soln (RISPERDAL equiv) | - | 1 |
| risperidone tab (RISPERDAL equiv) | - | 1 |
| paliperidone ER tab (INVEGA equiv) (QL= 2 tabs/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 |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | QL | 2 |

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

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

Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| 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 |
| darunavir tab (PREZISTA equiv) | - | 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 | - | 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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Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| EVOTAZ TAB | - | 2 |
| fosamprenavir tab (LEXIVA equiv) | - | 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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| SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

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**GHC-SCW 4-Tier Complete Formulary
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Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|--|--------------|------|
| ASSORTED CLASSES | | |
| CHELATING AGENTS | | |
| 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 (QL= 1 packet/day) | PA-QL | 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

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Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|---|--------------|------|
| CALCIUM CHANNEL BLOCKERS Cont. | | |
| CALCIUM CHANNEL BLOCKERS | | |
| amlodipine tab (NORVASC equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 |
| diltiazem ER cap (TIAZAC equiv) | - | 1 |
| 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 tab (CALAN SR, ISOPTIN SR equiv) | - | 1 |
| verapamil tab (CALAN equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 2 |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 |
| VERAPAMIL SR CAP 360mg | - | 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 (LANOXIN equiv) | - | 1 |
| DIGOXIN SOLN 0.05MG/ML | - | 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/fill) | QL | 1 |
| tadalafil tab (CIALIS equiv) (QL= 8 tabs/fill) | QL | 1 |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day) | QL | 1 |
| LEVITRA TAB | - | EXC |
| vardenafil 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 |

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

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| DrugName | Special Code | Tier |
|--|--------------|------|
| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| 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 0.6 MG/ML (QL= 1 ampule/day) | LD-PA-QL | MSP |
| VENTAVIS INH SOLN (QL= 9 ampules/day) | LD-PA-QL | MSP |
| PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR | | |
| WINREVAIR INJ | LD-PA | MSP |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | 1 |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | 1 |
| 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) | - | 1 |
| tadalafil tab (PAH) (ADCIRCA equiv) | - | 1 |
| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization) | PA | 2 |
| TADLIQ SUSP (Members age 9 years or older require Prior Authorization) | PA | 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 | | |
| ivabradine hcl tab (CORLANOR equiv) | PA | 1 |
| CORLANOR SOLN | 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 |

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|--|--------------|------|
| CEPHALOSPORINS Cont. | | |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefдинир cap (OMNICEF equiv) | - | 1 |
| cefдинир susp (OMNICEF equiv) | - | 1 |
| cefподoxime proxetil susp (VANTIN equiv) | - | 2 |
| cefподoxime proxetil tab (VANTIN equiv) | - | 2 |
| 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 |
| cryselle tab | - | \$0 |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | \$0 |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 |
| FEMLYV TAB | - | \$0 |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 |
| kelnor tab (DEMULEN equiv) | - | \$0 |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | \$0 |
| levonorgestrel/ethinyl estradiol tab (LOSEASONIQUE equiv) | - | \$0 |
| levonorgestrel/ethinyl estradiol tab (QUARTETTE equiv) | - | \$0 |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv) | - | \$0 |
| LO LOESTRIN TAB | - | \$0 |
| NATAZIA TAB | - | \$0 |
| NEXTSTELLIS TAB | - | \$0 |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | \$0 |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | - | \$0 |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv) | - | \$0 |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | \$0 |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | \$0 |
| nortrel tab (OVCON 35 equiv) | - | \$0 |
| 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 |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |

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|--|--------------|------|
| CONTRACEPTIVES Cont. | | |
| TWIRLA PATCH | - | \$0 |
| zafemy patch (XULANE equiv) | - | \$0 |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| ANNOVERA RING (QL= 1 ring/year) | QL | \$0 |
| NUVARING | - | \$0 |
| EMERGENCY CONTRACEPTIVES | | |
| 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 |
| OPILL TAB | OTC | \$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 acetate inj (DEPO-MEDROL equiv) | - | 1 |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 |
| methylprednisolone tab (MEDROL equiv) | - | 1 |
| methylprednisolone sod succinate inj (SOLU-MEDROL equiv) | - | 1 |
| prednisolone soln | - | 1 |
| prednisolone soln (PEDIAPRED equiv) | - | 1 |
| prednisone tab (DELTASONE equiv) | - | 1 |
| triamcinolone acetonide inj (KENALOG equiv) | - | 1 |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 |
| CORTISONE ACETATE TAB | - | 2 |
| hydrocortisone succinate inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill) | QL | 2 |
| PREDNISONE SOLN | - | 2 |
| SOLU-CORTEF INJ (QL= 1 vial/fill) | QL | 2 |
| SOLU-MEDROL INJ 2GM | - | 2 |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 3 |
| DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ | - | 3 |
| KENALOG INJ, TRIAMCINOLONE ACE INJ | - | 3 |
| prednisolone ODT (ORAPRED equiv) | - | 3 |
| PREDNISOLONE ODT TAB | - | 3 |
| PREDNISOLONE SOLN | - | 3 |
| RAYOS TAB | - | EXC |

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

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

Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|--|--------------|------|
| CORTICOSTEROIDS Cont. | | |
| 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 | - | 1 |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 |
| PROMETHAZINE VC/CODEINE SYRUP | - | 1 |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 |
| HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days) | QL | 3 |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 3 |
| 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 |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv) | - | 2 |
| amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv) | - | 2 |
| AVAR GEL | - | 2 |

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**GHC-SCW 4-Tier Complete Formulary
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Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| ERY PAD | - | 2 |
| erythromycin gel | - | 2 |
| PRASCION RA CREAM | - | 2 |
| RETIN-A CREAM | - | 2 |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 |
| sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv) | - | 2 |
| sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 2 |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv) | - | 2 |
| tretinoin 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 |
| 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 |
| ketconazole cream (NIZORAL CREAM equiv) | - | 1 |
| ketconazole shampoo (NIZORAL equiv) | - | 1 |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 |
| nystatin oint | - | 1 |
| nystatin topical powder | - | 1 |
| nystatin/triamcinolone cream | - | 1 |
| nystatin/triamcinolone oint | - | 1 |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 |
| EXELDERM SOLN | - | 3 |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | 3 |

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**GHC-SCW 4-Tier Complete Formulary
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Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|---|--------------|------|
| DERMATOLOGICALS Cont. | | |
| 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 |
| tavaborole soln (KERYDIN equiv) | - | EXC |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| diclofenac gel 1% OTC | OTC | 1 |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 |
| 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 soln (FLUOROURACIL equiv) | - | 2 |
| FLUOROURACIL CREAM 0.5% | - | 3 |
| PICATO GEL (QL= 1 box/fill) | QL | 3 |
| bexarotene gel (TARGRETIN equiv) | MSP-PA | MSP |
| VALCHLOR GEL (QL= 4 tubes/30 days) | LD-PA-QL | MSP |
| ANTIPSORIATICS | | |
| acitretin cap (SORIATANE equiv) | - | 2 |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 2 |
| calcipotriene oint | - | 2 |
| CALCIPOTRIENE SOLN | - | 2 |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 |
| METHOXSALEN CAP | - | 2 |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 |
| tazarotene cream 0.1% (TAZORAC equiv) | PA | 2 |
| ZORYVE CREAM (QL= 60 grams/30 days) | PA-QL | 2 |
| tazarotene cream 0.05% (TAZORAC equiv) | PA | 3 |
| SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days) | MSP-PA-QL | MSP |
| STELARA INJ (QL= 1 inj/84 days) | MSP-PA-QL | MSP |
| TALTZ INJ (QL= 1 inj/28 days) | MSP-PA-QL | MSP |
| TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days) | MSP-PA-QL | MSP |
| TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days) | MSP-PA-QL | MSP |
| TREMFYA INJ (QL= 1 inj/56 days) | MSP-PA-QL | MSP |
| TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP |
| ANTISEBORRHEIC PRODUCTS | | |
| selenium sulfide lotion | OTC | 1 |
| selenium sulfide lotion 2.5% (SELSUN equiv) | - | 1 |
| selenium sulfide shampoo (SELSEB equiv) | - | 2 |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 2 |
| OVACE PLUS CREAM | - | 3 |

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

Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| ANTIVIRALS - TOPICAL | | |
| acyclovir oint (ZOVIRAX equiv) | - | 1 |
| XERESE CREAM | - | EXC |
| BURN PRODUCTS | | |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 |
| SULFAMYLON CREAM | - | 2 |
| CORTICOSTEROIDS - TOPICAL | | |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 |
| BETAMETHASONE AUGMENTED GEL | - | 1 |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 1 |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 |
| betamethasone dipropionate lotion | - | 1 |
| betamethasone dipropionate oint | - | 1 |
| betamethasone valerate cream | - | 1 |
| betamethasone valerate lotion | - | 1 |
| betamethasone valerate oint | - | 1 |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 1 |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 1 |
| 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 LOTION 2.5% | - | 1 |
| hydrocortisone oint | - | 1 |
| mometasone cream (ELOCON equiv) | - | 1 |
| mometasone oint (ELOCON equiv) | - | 1 |
| mometasone soln (ELOCON equiv) | - | 1 |
| triamcinolone cream | - | 1 |
| triamcinolone lotion | - | 1 |
| triamcinolone oint | - | 1 |
| alclometasone cream (ACLOVATE equiv) | - | 2 |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 2 |
| clobetasol lotion (CLOBEX equiv) | - | 2 |
| desonide cream (DESOWEN equiv) | - | 2 |

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| | | |
|---|--------------------------------|---------------------------------|
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| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
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|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| 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 |
| HC PRAMOXINE CREAM 1-2.5% | - | 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 |
| 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= 2 inj/28 days) | MSP-PA-QL | MSP |
| 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 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 |

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|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| vasoalex oint (XENADERM equiv) | - | 2 |
| XENADERM OINT | - | 2 |
| HAIR GROWTH AGENTS | | |
| bimatoprost ophth soln | - | EXC |
| bimatoprost topical soln (LATISSE equiv) | - | EXC |
| finasteride tab (PROPECIA equiv) | - | EXC |
| LATISSE SOLN | - | EXC |
| LITFULO CAP (QL= 1 cap/day) | LD-PA-QL | MSP |
| 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 |
| HYFTOR GEL (QL= 10 grams/30 days) | LD-PA-QL | MSP |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| PODOCON SOLN | - | 2 |
| PODOFILOX SOLN | - | 2 |
| podofilox soln (CONDYLOX equiv) | - | 2 |
| salicylic acid shampoo (SALEX equiv) | - | 2 |
| podofilox gel (CONDYLOX equiv) | - | 3 |
| SALEX SHAMPOO | - | 3 |
| LOCAL ANESTHETICS - TOPICAL | | |
| LIDOCAINE CREAM | OTC | 1 |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 |
| lidocaine cream 4% | OTC | 1 |
| lidocaine gel (GLYDO equiv) | - | 1 |
| lidocaine oint (QL= 107gm/30 days) | QL | 1 |
| lidocaine soln (XYLOCAINE equiv) | - | 1 |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 |
| MISC. DERMATOLOGICAL PRODUCTS | | |
| NUVAIL SOLN | - | EXC |
| MISC. TOPICAL | | |
| DRYSOL SOLN | - | 1 |
| PIGMENTING-DEPIGMENTING AGENTS | | |
| EPIQUIN MICRO CREAM | - | EXC |
| hydroquinone cream (LUSTRA equiv) | - | EXC |
| NUQUIN HP GEL | - | EXC |
| TRI-LUMA CREAM | - | EXC |
| ROSACEA AGENTS | | |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RDX | Restricted to Diagnosis | RS | Restricted to Specialist |
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**GHC-SCW 4-Tier Complete Formulary
Category/Class**

Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont. | | |
| 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/HCTZ TAB | - | 1 |
| 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 |
| torsemide tab (DEMADEX equiv) | - | 1 |
| ethacrynic tab (EDECIN equiv) | - | 2 |
| POTASSIUM SPARING DIURETICS | | |
| amiloride tab (MIDAMOR equiv) | - | 1 |
| spironolactone tab (ALDACTONE equiv) | - | 1 |
| triamterene cap (DYRENIUM equiv) | - | 2 |
| spironolactone susp (CAROSPIR equiv) (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 |
| metolazone tab (ZAROXOLYN equiv) | - | 1 |
| DIURIL SUSP | - | 2 |

ENDOCRINE AND METABOLIC AGENTS - MISC.

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|--|--------------|------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| ADRENAL STEROID INHIBITORS | | |
| ISTURISA TAB (QL= 12 tabs/day) | LD-PA-QL | MSP |
| BONE DENSITY REGULATORS | | |
| alendronate tab (FOSAMAX equiv) | - | 1 |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 |
| ALENDRONATE TAB 40MG | - | 2 |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 |
| risedronate tab (ACTONEL equiv) (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 | | |
| clomiphene citrate tab (CLOMID equiv) | INF | 2 |
| CLOMIPHENE TAB | - | 2 |
| GNRH/LHRH ANTAGONISTS | | |
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 |
| ORLISSA 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 |
| OMNITROPE INJ | MSP-PA | MSP |
| OMNITROPE INJ (Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA | MSP |
| SOGROYA INJ | MSP-PA | MSP |
| 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 |
| MENOPAUSAL SYMPTOMS SUPPRESSANTS | | |
| VEOZAH TAB | PA | 3 |
| 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 |
| XPHOZAH TAB (QL= 2 tabs/day) | PA-QL | 3 |

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|---|--------------|------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| 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 |
| PHEBURANE ORAL PELLETS | MSP-PA | 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 200mg (MIFIPREX equiv) | - | EXC |
| MIFIPREX TAB | - | EXC |
| PROLACTIN INHIBITORS | | |
| cabergoline tab (DOSTINEX equiv) | - | 1 |
| SOMATOSTATIC AGENTS | | |
| octreotide inj (SANDOSTATIN equiv) | - | 1 |
| 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 | | |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 |
| estradiol/norethindrone tab (ACTIVELLA equiv) | - | 1 |
| jinteli tab (FEMHRT equiv) | - | 1 |
| COMBIPATCH | - | 2 |
| MYFEMBREE TAB (QL= 1 tab/day) | PA-QL | 2 |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 |
| PREMPHASE TAB, PREMPRO TAB | - | 2 |
| PREFEST TAB | - | 3 |
| 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 |

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| DrugName | Special Code | Tier |
|---|---------------|------|
| ESTROGENS Cont. | | |
| 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 | - | 3 |
| CIPROFLOXACIN 100MG TAB | - | 3 |
| GASTROINTESTINAL AGENTS - MISC. | | |
| 5-HT4 RECEPTOR AGONISTS | | |
| MOTEGRITY TAB (QL= 1 tab/day) | PA-QL | 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 CHLORIDE CHANNEL ACTIVATORS | | |
| lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day) | PA-QL | 2 |
| GASTROINTESTINAL STIMULANTS | | |
| metoclopramide soln (REGLAN equiv) | - | 1 |
| metoclopramide tab (REGLAN equiv) | - | 1 |
| METZOZOLV ODT | - | EXC |
| HEPATOTROPICS | | |
| REZDIFFRA TAB (QL= 1 tab/day) | LD-PA-QL | MSP |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS | | |
| BYLVAY CAP 1200MCG (QL= 5 caps/day) | LD-PA-QL | MSP |
| 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 |
| LIVMARLI SOLN 19MG/ML (QL= 60mL/30 days) | LD-PA-QL | MSP |
| INFLAMMATORY BOWEL AGENTS | | |
| balsalazide cap (COLAZAL equiv) | - | 1 |

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|---|--------------|------|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| 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 |
| 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 |
| LIVE FECAL MICROBIOTA | | |
| VOWST CAP (QL= 12 caps/fill) | LD-PA-QL | MSP |
| 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 | | |
| CYSTAGON CAP | - | 3 |
| IGA NEPHROPATHY (IGAN) AGENTS | | |
| FILSPARI TAB (QI= 1 tab/day) | MSP-PA-QL | MSP |
| PROSTATIC HYPERTROPHY AGENTS | | |

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| GENITOURINARY AGENTS - MISCELLANEOUS Cont. | | |
| 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 |
| 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 | | |
| tiopronin tab delayed release (THIOLA EC equiv) | MSP-PA | 1 |
| 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 |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST | 1 |
| colchicine tab (COLCRYS equiv) | - | 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 | | |
| ADVATE, KOVALTRY INJ | - | EXC |
| ADYNOVATE INJ | - | EXC |
| AFSTYLA KIT | - | EXC |
| ALPHANATE, HUMATE-P INJ | - | EXC |
| ALPHANINE SD INJ | - | EXC |
| ALPROLIX INJ | - | EXC |
| ALTUVIIIIO INJ | - | EXC |
| BENEFIX INJ | - | EXC |
| COAGADEX INJ | - | EXC |
| CORIFACT KIT | - | EXC |
| ELOCTATE INJ | - | EXC |
| ESPEROCT INJ | - | EXC |
| FEIBA INJ | - | EXC |
| FIBRYGA, RIASTAP INJ | - | EXC |
| HEMOFIL M, KOATE INJ | - | EXC |
| IDELVION INJ | - | EXC |
| IXINITY INJ | - | EXC |
| JIVI INJ | - | EXC |

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|---|--------------|------|
| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| KOGENATE FS INJ | - | EXC |
| NOVOEIGHT INJ | - | EXC |
| NOVOSEVEN RT INJ | - | EXC |
| NUWIQ INJ | - | EXC |
| NUWIQ KIT | - | EXC |
| OBIZUR INJ | - | EXC |
| PROFILNINE INJ | - | EXC |
| REBINYN INJ | - | EXC |
| RECOMBINATE INJ | - | EXC |
| RIXUBIS INJ | - | EXC |
| SEVENFACT INJ | - | EXC |
| TRETTEN INJ | - | EXC |
| VONVENDI INJ | - | EXC |
| WILATE INJ | - | EXC |
| XYNTHA INJ | - | EXC |
| 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 |
| VOYDEYA TAB (QL= 6 tabs/day) | LD-PA-QL | MSP |
| HEMATORHEOLOGIC AGENTS | | |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 |
| 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 (AGGRENOX 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

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

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

Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|---|--------------|------|
| AGENTS FOR GAUCHER DISEASE | | |
| miglustat cap (ZAVESCA equiv) | LD-PA | MSP |
| AGENTS FOR SICKLE CELL ANEMIA | | |
| DROXIA CAP | - | 2 |
| AGENTS FOR SICKLE CELL DISEASE | | |
| l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day) | MSP-PA-QL | MSP |
| COBALAMINS | | |
| cyanocobalamin inj | - | 1 |
| cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv) | - | 3 |
| FOLIC ACID/FOLATES | | |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 |
| folic acid tab 1mg (Covered at \$0 for females only) | - | 1 |
| HEMATOPOIETIC GROWTH FACTORS | | |
| FULPHILA INJ | MSP | MSP |
| NIVESTYM INJ | MSP | MSP |
| NYVEPRIA INJ | MSP | MSP |
| PROMACTA POWDER (QL= 1 packet/day) | MSP-PA-QL | MSP |
| PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP |
| PROMACTA TAB 50MG (QL= 2 tabs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP |
| PROMACTA TAB 75MG (QL= 2 tabs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty) | MSP-PA-QL | MSP |
| RETACRIT INJ | MSP | MSP |
| ZARXIO INJ | MSP | MSP |
| HEMATOPOIETIC MIXTURES | | |
| ferrex 150 forte cap | - | 1 |
| folbee tab | - | 1 |
| MULTIGEN FOLIC TAB | - | 1 |
| MULTIGEN PLUS TAB | - | 1 |
| MULTIGEN TAB | - | 1 |
| tricon cap (TRINSICON equiv) | - | 1 |
| NEPHRON FA TAB | - | 2 |
| STEM CELL MOBILIZERS | | |
| XOLREMDI CAP (QL= 4 caps/day) | LD-PA-QL | MSP |
| 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

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Last Updated* 1/1/2025

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|--|--------------|------|
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| BARBITURATE HYPNOTICS | | |
| phenobarbital elixir | - | 1 |
| phenobarbital tab | - | 1 |
| SECONAL CAP | - | 2 |
| NON-BARBITURATE HYPNOTICS | | |
| estazolam tab (PROSOM equiv) | - | 1 |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 |
| midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist) | RS | 1 |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 |
| triazolam tab (HALCION equiv) | - | 1 |
| zaleplon cap (SONATA equiv) (QL= 2 caps/day) | QL | 1 |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | 2 |
| 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; All other members covered at generic copay) | QL | \$0 |
| GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay) | QL | \$0 |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 |
| peg 3350/electrolytes 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 | \$0 |
| sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay) | QL | \$0 |
| SUFLAVE SOLN (QL= 2 fills/calendar year) | QL | 2 |

| | | |
|----------------------------------|---|---|
| LAXATIVES - MISCELLANEOUS | | |
| lactulose soln | - | 1 |

MACROLIDES

| | | |
|-------------------------------------|---|---|
| AZITHROMYCIN | | |
| azithromycin susp (ZITHROMAX equiv) | - | 1 |
| azithromycin tab (ZITHROMAX equiv) | - | 1 |

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Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| CALIBRATION LIQUID | OTC | 1 |
| DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME |
| DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME |
| FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME |
| FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | DME |
| LANCETS | OTC | DME |
| OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year) | QL | DME |
| OMNIPOD 5 G6 PODS MISC (QL= 10 pods/30 days) | QL | DME |
| OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year) | QL | DME |
| OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days) | QL | 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 | OTC | DME |
| BD HYPO NEEDLE MIS 18Gx1.5" | - | DME |
| B-D INSULIN SYRINGE | --OTC | DME |
| B-D PEN NEEDLE | OTC | DME |
| HYPO NEEEDLE MIS 18GX1.5 | OTC | DME |
| HYPODERMIC NEEDLE | OTC | DME |
| HYPODERMIC NEEDLES | OTC | DME |
| INSULIN SYRINGE | OTC | DME |
| NEEDLE (DISP) 18 G | - | DME |
| NEEDLES | OTC | DME |
| NOVOFINE PEN NEEDLE | OTC | DME |
| NOVOTWIST PEN NEEDLE | OTC | DME |
| SYRINGE (DISPOSABLE) 3 ML | - | DME |
| SYRINGE LUER-LOK | OTC | DME |
| TB SYRINGE | OTC | DME |
| RESPIRATORY THERAPY SUPPLIES | | |
| AEROCHAMBER | OTC | DME |

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Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|---|--------------|------|
| MINERALS & ELECTROLYTES Cont. | | |
| 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 | | |
| GALZIN CAP | - | 2 |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| CHELATING AGENTS | | |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 |
| trientine cap (SYPRINE equiv) | MSP | 2 |
| IMMUNOMODULATORS | | |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day) | PA-QL | MSP |
| REVLIMID CAP (QL= 1 cap/day) | 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 GRANULES PACKET (QL= 1 packet/day) | MSP-PA-QL | MSP |
| 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 | - | 1 |
| LOKELMA PAK (QL= 1 packet/day) | PA-QL | 2 |
| VELTASSA POWDER 1GM (QL= 4 packets/day) | PA-QL | 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 |

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|---|--------------|------|
| MOUTH/THROAT/DENTAL AGENTS Cont. | | |
| 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 |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger) | - | 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 |
| MULTIVITAMINS | | |
| B-COMPLEX W/ FOLIC ACID | | |
| DIALYVITE TAB | - | 1 |
| dialyvit 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 |
| v-c forte cap (V-C FORTE equiv) | - | 3 |
| PED MULTI VITAMINS W/FL & FE | | |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 |
| PED MV W/ FLUORIDE | | |
| MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML | - | 1 |
| MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML | - | 1 |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | 1 |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | 1 |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | 1 |
| pediatric multiple vitamins/fluoride soln | - | 1 |
| TRI-VITAMIN FLUORIDE DROPS | - | 1 |
| 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 |

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|---|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| BETA-BLOCKERS - OPHTHALMIC | | |
| BETAXOLOL OPHTH SOLN | - | 1 |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 |
| CARTEOLOL OPHTH SOLN | - | 1 |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 |
| LEVOBUNOLOL OPHTH SOLN | - | 1 |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 |
| BETIMOL OPHTH SOLN 0.25% | - | 2 |
| BETOPTIC-S OPHTH SOLN | - | 2 |
| brimonidine/timolol ophth soln (COMBIGAN equiv) | - | 2 |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 |
| ISTALOL OPHTH SOLN | - | 2 |
| METIPRANOLOL OPHTH SOLN | - | 2 |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 |
| timolol ophth soln (BETIMOL 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 |
| ATROPINE SULFATE OPHTH OINT | - | 1 |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 |
| CYCLOMYDRIL OPHTH SOLN | - | 2 |
| HOMATROPINE OPHTH SOLN | - | 2 |
| CYCLOGYL OPHTH SOLN | - | 3 |
| MIOTICS | | |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| brimonidine ophth soln 0.2% | - | 1 |
| APRACLONIDINE OPHTH SOLN | - | 2 |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 2 |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 |
| brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv) | - | 2 |
| IOPIDINE OPHTH SOLN | - | 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 |

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|---|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| 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 |
| LEVOFLOXACIN OPHTH SOLN 0.5% | - | 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 |
| XDEMZY DROP (QL= 1 bottle/year) | MSP-PA-QL | MSP |
| OPHTHALMIC IMMUNOMODULATORS | | |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 1 |
| OPHTHALMIC INTEGRIN ANTAGONISTS | | |
| XIIDRA OPHTH SOLN (QL= 60 vials/30 days) | PA-QL | 2 |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA OPHTH SOLN | - | 2 |
| ROCKLATAN OPHTH SOLN | - | 2 |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 |
| OPHTHALMIC STEROIDS | | |
| 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 acetate ophth susp (PRED FORTE equiv) | - | 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 |
| BLEPHAMIDE OPHTH SOLN | - | 2 |
| difluprednate ophth emulsion (DUREZOL equiv) | - | 2 |

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|---|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| LOTEMAX OPHTH OINT | - | 2 |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 2 |
| loteprednol ophth susp (LOTEMAX, ALREX 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 |
| CROMOLYN SODIUM OPHTH SOLN | - | 1 |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 |
| 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 0.7% | - | 1 |
| ALOCRIAL OPHTH SOLN | - | 2 |
| ALOMIDE OPHTH SOLN | - | 2 |
| brinzolamide ophth susp (AZOPT equiv) | - | 2 |
| bromfenac ophth soln (BROMDAY equiv) | - | 2 |
| FLURBIPROFEN OPHTH SOLN | - | 2 |
| ILEVRO OPHTH SUSP | - | 2 |
| MIEBO OPHTH SOLN (QL= 1 bottle/30 days) | PA-QL | 2 |
| NEVANAC OPHTH SUSP | - | 2 |
| 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 |

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| OPHTHALMIC AGENTS Cont. | | |
| 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 hcl otic soln (CETRAXAL equiv) | - | 2 |
| OTIC COMBINATIONS | | |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 |
| COLY-MYCIN S OTIC SUSP | - | 2 |
| CIPRO HC OTIC SUSP | - | 3 |
| 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 |
| MONOCLONAL ANTIBODIES | | |
| BEYFORTUS INJ | VAC | EXC |
| PENICILLINS | | |
| AMINOPENICILLINS | | |
| amoxicillin cap (TRIMOX equiv) | - | 1 |
| AMOXICILLIN CHEW TAB | - | 1 |
| amoxicillin susp (TRIMOX equiv) | - | 1 |
| amoxicillin tab (AMOXIL equiv) | - | 1 |
| ampicillin cap (AMPICILLIN equiv) | - | 1 |
| NATURAL PENICILLINS | | |
| penicillin vk tab (VEETIDS equiv) | - | 1 |
| PENICILLIN COMBINATIONS | | |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 |
| AMOXICILLIN/CLAVULANATE ER TAB | - | 3 |
| PENICILLINASE-RESISTANT PENICILLINS | | |

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|--|---------------------|-------------|
| PENICILLINS Cont. | | |
| 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 |
| MEGESTROL SUSP | - | 3 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | |
| disulfiram tab (ANTABUSE equiv) | - | 1 |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 2 |
| lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days) | PA-QL | 3 |
| 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 | | |
| 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 | | |
| tetrabenazine tab (XENAZINE equiv) | MSP | 1 |
| AUSTEDO TAB (QL= 4 tabs/day) | MSP-PA-QL | MSP |
| AUSTEDO XR TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days) | MSP-PA-QL | MSP |
| AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days) | MSP-PA-QL | MSP |
| INGREZZA CAP (QL= 1 cap/day) | LD-PA-QL | MSP |
| INGREZZA PACK 40-80MG (QL= 1 pack/28 days) | LD-PA-QL | MSP |
| INGREZZA SPRINKLE CAP (QL= 1 cap/day) | LD-PA-QL | MSP |

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.

MULTIPLE SCLEROSIS AGENTS

| | | |
|--|-----------|-----|
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist) | MSP-QL-RS | 1 |
| dimethyl fumarate DR cap (TECFIDERA equiv) | MSP | 1 |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | MSP | 1 |
| fingolimod hcl cap 0.5mg (GILENYA equiv) | MSP | 1 |
| glatiramer inj (COPAXONE equiv) | MSP | 1 |
| teriflunomide tab (AUBAGIO equiv) | MSP | 1 |
| AVONEX INJ | MSP | MSP |
| BETASERON INJ | MSP | MSP |
| GILENYA CAP 0.25MG | MSP | MSP |
| KESIMPTA INJ | MSP-PA | MSP |
| MAYZENT TAB | MSP | MSP |
| MAYZENT TAB STARTER PACK | MSP | MSP |
| PLEGRIDY INJ | MSP | MSP |
| PLEGRIDY PEN INJ | MSP | MSP |
| REBIF INJ () | MSP | MSP |
| ZEPOSIA CAP (QL= 1 cap/day) | MSP-PA-QL | MSP |
| ZEPOSIA STARTER PACK (QL= 1 cap/day) | MSP-PA-QL | MSP |

PSEUDOBULBAR AFFECT (PBA) AGENTS

| | | |
|-------------------------------|-------|---|
| NUEDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 |
|-------------------------------|-------|---|

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

| | | |
|--------------|---|---|
| PIMOZIDE TAB | - | 2 |
|--------------|---|---|

SMOKING DETERRENTS

| | | |
|---|-------------|-----|
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICOTINE KIT | OTC-QL-SMKG | \$0 |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| VARENICLINE TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 |

VASOMOTOR SYMPTOM AGENTS

| | | |
|----------------------------------|---|-----|
| paroxetine cap (BRISDELLE equiv) | - | EXC |
|----------------------------------|---|-----|

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

| | | |
|---|----------|-----|
| KALYDECO PAK (QL= 2 packets/day) | LD-PA-QL | MSP |
| KALYDECO TAB (QL= 2 tabs/day) | LD-PA-QL | MSP |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day) | LD-PA-QL | MSP |
| ORKAMBI TAB (QL= 4 tabs/day) | LD-PA-QL | MSP |
| PULMOZYME INH SOLN | MSP-PA | MSP |
| SYMDEKO TAB (QL= 2 tabs/day) | LD-PA-QL | MSP |
| TRIKAFTA TAB (QL= 84 tabs/28 days) | PA-QL | MSP |

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| RESPIRATORY AGENTS - MISC. Cont. | | |
| TRIKAFTA THERAPY PACK | LD-PA-QL | MSP |
| PULMONARY FIBROSIS AGENTS | | |
| pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day) | MSP-PA-QL | 1 |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | MSP-PA-QL | 1 |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | MSP-PA-QL | 1 |
| OFEV CAP (QL= 2 caps/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 |
| DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ | VAC | EXC |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ | VAC | EXC |
| KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE | VAC | EXC |
| PEDIARIX INJ | VAC | EXC |
| PENTACEL INJ | VAC | EXC |
| ULCER DRUGS | | |

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ULCER DRUGS Cont.

ANTISPASMODICS

| | | |
|---|---|---|
| dicyclomine cap (BENTYL equiv) | - | 1 |
| dicyclomine tab (BENTYL equiv) | - | 1 |
| hyoscyamine sulfate CR tab (LEVBIID equiv) | - | 1 |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 2 |
| dicyclomine soln (BENTYL equiv) | - | 2 |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 |
| PROPANTHELINE TAB | - | 2 |
| methscopolamine tab (PAMINE equiv) | - | 3 |
| SYMAX DUOTAB | - | 3 |

H-2 ANTAGONISTS

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

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 (PRILOSEC 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

| | | |
|---|---|---|
| atropine sulfate inj (ATROPINE SULFATE equiv) | - | 1 |
| 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

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

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

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

Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|---|--------------|------|
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont. | | |
| 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 | | |
| 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

| BACTERIAL VACCINES | | |
|---------------------------------------|--------|-----|
| VIVOTIF CAP (QL= 4 caps/fill) | QL-VAC | 2 |
| ACTHIB INJ, HIBERIX INJ | VAC | EXC |
| BCG INJ | VAC | EXC |
| CAPVAXIVE INJ | VAC | EXC |
| PEDVAXHIB INJ | VAC | EXC |
| PENBRAYA INJ | VAC | EXC |
| PREVNAR 20 INJ | VAC | EXC |
| TYPHIM VI INJ | VAC | EXC |
| VAXCHORA SUSP | VAC | EXC |
| VAXNEUVANCE INJ | VAC | EXC |
| VIRAL VACCINES | | |
| ABRYSCO INJ | VAC | EXC |
| AREXVY INJ | VAC | EXC |
| COMIRNATY INJ 30MCG/0.3ML | VAC | EXC |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) | VAC | EXC |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) | VAC | EXC |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) | VAC | EXC |
| DENGVAXIA SUSP | VAC | EXC |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | EXC |
| FLUBLOK INJ | VAC | EXC |

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

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

Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|--------------------------|--------------|------|
| VACCINES Cont. | | |
| FLUCELVAX INJ | VAC | EXC |
| FLUMIST NASAL | VAC | EXC |
| IMOVAX INJ | VAC | EXC |
| IPOL INJ | VAC | EXC |
| IXIARO INJ | VAC | EXC |
| JYNNEOS INJ | VAC | EXC |
| MRESVIA INJ | VAC | EXC |
| NOVAVAX INJ | VAC | EXC |
| PREHEVBRIO SUSP | VAC | EXC |
| PRIORIX INJ | VAC | EXC |
| RABAVERT INJ | VAC | EXC |
| ROTARIX SUSP | VAC | EXC |
| ROTATEQ INJ | VAC | EXC |
| SHINGRIX INJ | VAC | EXC |
| SPIKEVAX INJ | VAC | EXC |
| SPIKEVAX INJ 50MCG/0.5ML | VAC | EXC |
| TICOVAC INJ | VAC | EXC |
| YF-VAX INJ | VAC | EXC |

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

| | | |
|---|----|---|
| CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill) | QL | 2 |
| XACIATO GEL (QL= 1 applicator/fill) | QL | 2 |

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) (QL=1 tube/fill) | QL | 1 |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 |
| terconazole cream (TERAZOL equiv) | - | 1 |
| TERCONAZOLE CREAM 0.8% | - | 1 |
| terconazole supp (TERAZOL equiv) | - | 1 |
| CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill) | QL | 3 |

VAGINAL ESTROGENS

| | | |
|---|----|---|
| estradiol cream (ESTRACE equiv) | - | 1 |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill)) | QL | 2 |
| ESTRING (3 copays per Rx) | - | 2 |
| PREMARIN VAGINAL CREAM | - | 2 |
| FEMRING (3 copays per Rx) | - | 3 |

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

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

Last Updated* 1/1/2025

| DrugName | Special Code | Tier |
|--|--------------|------|
| VAGINAL PROGESTINS | | |
| CRINONE GEL | - | EXC |
| ENDOMETRIN INSERT | - | EXC |
| VASOPRESSORS | | |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 2 |
| midodrine tab (PROAMATINE equiv) | - | 1 |
| VITAMINS | | |
| MISC. NUTRITIONAL FACTORS | | |
| PRENATAL VITAMIN (RX ONLY) | - | 1 |
| OIL SOLUBLE VITAMINS | | |
| vitamin D cap (RX strength only) | - | 1 |
| 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 CAP | OTC | 1 |
| NIACIN TR TAB | OTC | 1 |
| niacinamide tab | OTC | 1 |
| POTABA POWDER PACKET | - | 2 |

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

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GHC-SCW 4-Tier Complete Formulary
Prior Authorization Drug List
Last Updated* 1/1/2025

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| ABSTRAL SL TAB | 3 |
| ACTEMRA ACTPEN INJ | MSP |
| ACTEMRA SC INJ | MSP |
| ACTIMMUNE INJ | MSP |
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML | MSP |
| ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT | MSP |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT | MSP |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT | MSP |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT | MSP |
| ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT | MSP |
| ADALIMUMAB-ADAZ INJ | MSP |
| ADALIMUMAB-ADAZ PFS INJ | MSP |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT | MSP |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML | MSP |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML | MSP |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML | MSP |
| ADBRY INJ | MSP |
| ADEMPAS TAB | MSP |
| AIMOVIG INJ | 2 |
| AJOVY INJ | 2 |
| ALECENSA CAP | MSP |
| ALFERON-N INJ | MSP |
| ALUNBRIG TAB 30MG | MSP |
| ALUNBRIG TAB 90MG, 180MG | MSP |
| ambrisentan tab | 1 |
| ARIKAYCE SUSP | MSP |
| ATORVALIQ SUSP | 3 |
| AUGTYRO CAP | MSP |
| AUGTYRO CAP 160MG | MSP |
| AURYXIA TAB | 3 |
| AUSTEDO TAB | MSP |
| AUSTEDO XR TAB | MSP |
| AUSTEDO XR TAB TITRATION KIT | MSP |
| AUSTEDO XR TITRATION PACK | MSP |
| AYVAKIT TAB | MSP |
| BACLOFEN ORAL SOLN 10 MG/5ML | 3 |
| BACLOFEN ORAL SOLN 5 MG/5ML | 3 |
| baclofen oral soln 5mg/5ml | 3 |
| baclofen susp | 3 |
| BALVERSA TAB 3MG | MSP |
| BALVERSA TAB 4MG | MSP |

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GHC-SCW 4-Tier Complete Formulary cont.
Prior Authorization Drug List
Last Updated* 1/1/2025

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|----------------------------|--|
| BALVERSA TAB 5MG | MSP |
| BARACLUDE SOLN | 3 |
| BENLYSTA AUTO-INJECTOR | MSP |
| BENLYSTA INJ | MSP |
| BERINERT INJ | MSP |
| bexarotene gel | MSP |
| bosentan tab | 1 |
| BOSULIF CAP | MSP |
| BOSULIF TAB | MSP |
| BRAFTOVI CAP 75MG | MSP |
| BRUKINSA CAP | MSP |
| budesonide ER tab | 3 |
| budesonide rectal foam | 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 |
| CAPRELSA TAB | MSP |
| CAPRELSA TAB 300MG | MSP |
| carglumic acid tab | MSP |
| CAYSTON INH SOLN | MSP |
| CIBINQO TAB | MSP |
| CIMZIA INJ | MSP |
| CINRYZE INJ | MSP |
| clobazam susp | 2 |
| COMETRIQ KIT | MSP |
| CONCEPT DHA CAP | 2 |
| COPIKTRA CAP | MSP |
| CORLANOR SOLN | 3 |
| COTELLIC TAB | MSP |
| CYSTADROPS SOLN | MSP |
| CYSTARAN OPHTH SOLN | MSP |
| dasatinib tab | MSP |
| deferiprone tab | MSP |
| DESCOVY TAB | 2 |
| DIACOMIT CAP | MSP |

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GHC-SCW 4-Tier Complete Formulary cont.
Prior Authorization Drug List
Last Updated* 1/1/2025

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------------|--|
| DIACOMIT POWDER PACK | MSP |
| DILANTIN CAP 30MG | 2 |
| 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 |
| ENSPRYNG INJ | MSP |
| EPIDIOLEX SOLN | MSP |
| EPRONTIA SOLN | 3 |
| ERIVEDGE CAP | MSP |
| ERLEADA TAB | MSP |
| ERLEADA TAB 240MG | MSP |
| erlotinib tab | 1 |
| erlotinib tab 25mg | 1 |
| everolimus tab | 1 |
| everolimus tab (ZORTRESS equiv) | 2 |
| everolimus tab for oral susp | MSP |
| EVRYSDI SOLN | MSP |
| EZALLOR SPRINKLE CAP | 3 |
| FENTANYL BUCCAL TAB | 3 |
| FENTANYL CITRATE LOLLIPOP | 2 |
| FENTORA TAB | 3 |
| FERRIPROX SOLN | MSP |
| FILSPARI TAB | MSP |
| FINTEPLA SOLN | MSP |
| FIRDAPSE TAB | MSP |
| FLEQSUVY SUSP | 3 |
| FLOLIPID SUSP | 3 |
| FOTIVDA CAP | MSP |
| FRUZAQLA CAP 1MG | MSP |
| FRUZAQLA CAP 5MG | MSP |
| GAVRETO CAP | MSP |
| gefitinib tab | MSP |
| GILOTRIF TAB | MSP |
| GLOPERBA SOLN | 3 |

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Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-----------------------------|--|
| HADLIMA INJ | MSP |
| HADLIMA INJ 40MG/0.8ML | MSP |
| HADLIMA PUSH INJ | MSP |
| HADLIMA PUSH INJ 40MG/0.8ML | MSP |
| HAEGARDA INJ | MSP |
| HEMLIBRA INJ | MSP |
| HIZENTRA INJ | MSP |
| HYCANTIN CAP | MSP |
| HYFTOR GEL | MSP |
| icatibant inj | MSP |
| ICLUSIG TAB | MSP |
| icosapent ethyl cap | 2 |
| IDHIFA TAB | MSP |
| IMBRUVICA CAP 140MG | MSP |
| IMBRUVICA CAP 70MG | MSP |
| IMBRUVICA SUSP | MSP |
| IMBRUVICA TAB 420MG, 560MG | MSP |
| IMCIVREE INJ | MSP |
| INBRIJA INH POWDER | 3 |
| INCRELEX INJ | MSP |
| INGREZZA CAP | MSP |
| INGREZZA PACK 40-80MG | MSP |
| INGREZZA SPRINKLE CAP | MSP |
| INLYTA TAB | MSP |
| INQOVI TAB | MSP |
| INTRON-A INJ | MSP |
| ISTURISA TAB | MSP |
| itraconazole soln | 3 |
| ivabradine hcl tab | 1 |
| IWILFIN TAB | MSP |
| JAKAFI TAB | MSP |
| JAYPIRCA TAB | MSP |
| JYLAMVO SOLN, XATMEP SOLN | 3 |
| JYNARQUE PAK | MSP |
| JYNARQUE TAB | MSP |
| KALYDECO PAK | MSP |
| KALYDECO TAB | MSP |
| KATERZIA SUSP | 3 |
| KERENDIA TAB | 3 |
| KESIMPTA INJ | MSP |
| KEVZARA INJ | MSP |

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Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------|--|
| KINERET INJ | MSP |
| KISQALI PAK | MSP |
| KISQALI TAB | MSP |
| KOSELUGO CAP | MSP |
| KOSELUGO CAP 10MG | MSP |
| KRAZATI TAB | MSP |
| lansoprazole odt | 2 |
| lapatinib ditosylate tab | MSP |
| LAZANDA NASAL SPRAY | 3 |
| LEDIPASVIR/SOFOSBUVIR TAB | MSP |
| lenalidomide cap | MSP |
| LENVIMA CAP | MSP |
| l-glutamine powder packet | MSP |
| LIKMEZ SUSP | 3 |
| LITFULO CAP | MSP |
| lithium oral solution | 3 |
| LIVMARLI SOLN | MSP |
| LIVMARLI SOLN 19MG/ML | MSP |
| LIVTENCITY TAB | MSP |
| lofexidine hcl tab | 3 |
| LOKELMA PAK | 2 |
| LONSURF TAB | MSP |
| LORBRENA TAB 100MG | MSP |
| LORBRENA TAB 25MG | MSP |
| lubiprostone cap | 2 |
| LUMAKRAS TAB | MSP |
| LUMAKRAS TAB 240MG | MSP |
| LUMAKRAS TAB 320MG | MSP |
| LUPKYNIS CAP | MSP |
| LYNPARZA TAB | MSP |
| LYTGOBI THERAPY PACK | MSP |
| LYVISPAH GRANULE PACKET | 3 |
| MAVYRET PAK | MSP |
| MAVYRET TAB | MSP |
| MEKINIST SOLN | MSP |
| MEKINIST TAB 0.5MG | MSP |
| MEKINIST TAB 2MG | MSP |
| MEKTOVI TAB | MSP |
| METHITEST TAB | 3 |
| MIEBO OPHTH SOLN | 2 |
| mifepristone tab | MSP |

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Prior Authorization Drug List
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|-----------------------------|--|
| miglustat cap | MSP |
| MOTEGRITY TAB | 3 |
| MOVANTIK TAB | 2 |
| MYFEMBREE TAB | 2 |
| NERLYNX TAB | MSP |
| NINLARO CAP | MSP |
| NITAZOXANIDE TAB | 2 |
| nitrofurantoin susp | 3 |
| NORDITROPIN INJ | MSP |
| NORLIQVA ORAL SOLN | 3 |
| NOXAFIL PAK | 3 |
| NUBEQA TAB | MSP |
| NUDEXTA CAP | 2 |
| OCALIVA TAB | MSP |
| ODOMZO CAP | MSP |
| OFEV CAP | MSP |
| OGSIVEO TAB | MSP |
| OGSIVEO TAB 50MG | MSP |
| OJEMDA SUSP | MSP |
| OJEMDA TAB | MSP |
| OJJAARA TAB | MSP |
| OLUMIANT TAB | MSP |
| OMNITROPE INJ | 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 |
| ORKAMBI TAB | MSP |
| ORSERDU TAB | MSP |
| ORSERDU TAB 345MG | MSP |
| OTEZLA STARTER PACK | MSP |
| OTEZLA TAB | MSP |
| PALYNZIQ INJ | MSP |

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GHC-SCW 4-Tier Complete Formulary cont.
Prior Authorization Drug List
Last Updated* 1/1/2025

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------|--|
| pazopanib tab | MSP |
| PEGASYS INJ | MSP |
| PEMAZYRE TAB | MSP |
| PHEBURANE ORAL PELLETS | MSP |
| phenoxybenzamine cap | MSP |
| PIQRAY TAB | MSP |
| pirfenidone cap | 1 |
| pirfenidone tab 267mg | 1 |
| pirfenidone tab 801mg | 1 |
| POMALYST CAP | MSP |
| PREVYMIS TAB | MSP |
| PROMACTA POWDER | MSP |
| PROMACTA TAB 12.5MG, 25MG | MSP |
| PROMACTA TAB 50MG | MSP |
| PROMACTA TAB 75MG | MSP |
| PULMOZYME INH SOLN | MSP |
| PURIXAN SUSP | 3 |
| pyrimethamine tab | MSP |
| PYRUKYND TAB | MSP |
| PYRUKYND TAPER PACK | MSP |
| QBRELIS SOLN | 3 |
| QINLOCK TAB | MSP |
| RADICAVA ORS STARTER KIT | MSP |
| RADICAVA ORS SUSP | MSP |
| RETEVMO CAP | MSP |
| RETEVMO CAP 40MG | MSP |
| RETEVMO TAB | MSP |
| RETEVMO TAB 40MG | MSP |
| REVLIMID CAP | MSP |
| REYVOW TAB | 2 |
| REZDIFFRA TAB | MSP |
| REZLIDHIA CAP | MSP |
| REZUROCK TAB | MSP |
| RINVOQ ER TAB | MSP |
| RINVOQ ORAL SOLN | MSP |
| ROZLYTREK CAP | MSP |
| ROZLYTREK PAK | MSP |
| RUBRACA TAB | MSP |
| RUCONEST INJ | MSP |
| rufinamide susp | 2 |
| rufinamide tab | 2 |

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|---|--|
| RUKOBIA ER TAB | 2 |
| RYDAPT CAP | MSP |
| sapropterin dihydrochloride powder packet | MSP |
| sapropterin dihydrochloride soluble tab | MSP |
| SCSEMBLIX TAB | MSP |
| SCSEMBLIX TAB 100 MG | MSP |
| SIGNIFOR INJ | MSP |
| sildenafil susp | 2 |
| SIMLANDI INJ (adalimumab-ryvk) | MSP |
| SIMPONI AUTO-INJECTOR 100MG | MSP |
| SIMPONI INJ 100MG | MSP |
| SKYCLARYS CAP | MSP |
| SKYRIZI INJ 150MG/ML | MSP |
| SKYRIZI INJ 180 MG/1.2ML | MSP |
| SKYRIZI INJ 360MG/2.4ML | MSP |
| SODIUM OXYBATE SOLN | MSP |
| sodium phenylbutyrate powder | MSP |
| sodium phenylbutyrate tab | MSP |
| SOFOSBUVIR/VELPATASVIR TAB | MSP |
| SOGROYA INJ | MSP |
| SOLOSEC GRANULES PACKET | 3 |
| SOMAVERT INJ | MSP |
| sorafenib tosylate tab | MSP |
| SOTYLIZE SOLN 5MG/ML | 3 |
| spironolactone susp | 3 |
| 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 |
| TAFINLAR TAB | MSP |
| TAGRISSE TAB | MSP |
| TAKHZYRO INJ | MSP |
| TAKHZYRO INJ 150MG/ML | MSP |
| TALTZ INJ | MSP |
| TALTZ INJ 20MG/0.25ML | MSP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| TALTZ INJ 40 MG/0.5ML | MSP |
| TALZENNA CAP 0.25MG | MSP |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | MSP |
| TASIGNA CAP | MSP |
| TAVNEOS CAP | MSP |
| tazarotene cream 0.05% | 3 |
| tazarotene cream 0.1% | 2 |
| TAZVERIK TAB | MSP |
| TEPMETKO TAB | MSP |
| TEST STRIP (all other test strips) | DME |
| testosterone gel 1% 25mg | 3 |
| testosterone gel 1% 50mg | 3 |
| testosterone gel pump 1.62% | 1 |
| testosterone soln | 2 |
| THALOMID CAP | MSP |
| TIBSOVO TAB | MSP |
| tiopronin tab | MSP |
| tiopronin tab delayed release | 1 |
| TIROSINT-SOL | 3 |
| TOBI PODHALER | MSP |
| TRACLEER TAB 32MG | MSP |
| TREMFYA INJ | MSP |
| TREMFYA INJ 200MG/2ML | MSP |
| TRIKAFTA TAB | MSP |
| TRIKAFTA THERAPY PACK | MSP |
| TRINTELLIX TAB | 3 |
| TRUQAP TAB | MSP |
| TRUQAP THERAPY PACK | MSP |
| 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 0.6 MG/ML | MSP |
| UBRELVY TAB | 2 |
| UPTRAVI TAB | MSP |
| VALCHLOR GEL | MSP |
| VANFLYTA TAB | MSP |
| VANFLYTA TAB 26.5MG | MSP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------------|--|
| VELTASSA POWDER | 2 |
| VELTASSA POWDER 1GM | 2 |
| VENCLEXTA STARTER PACK | MSP |
| VENCLEXTA TAB | MSP |
| VENTAVIS INH SOLN | MSP |
| VEOZAH TAB | 3 |
| VERZENIO TAB | MSP |
| vigabatrin powder pack | MSP |
| vigabatrin tab | MSP |
| vigadrone powder pack | MSP |
| VIJOICE GRANULES PACKET | MSP |
| VIJOICE TAB | MSP |
| VIJOICE TAB 250MG | MSP |
| VITRAKVI CAP 100MG | MSP |
| VITRAKVI CAP 25MG | MSP |
| VITRAKVI SOLN | MSP |
| VIZIMPRO TAB | MSP |
| VONJO CAP | MSP |
| VOSEVI TAB | MSP |
| VOWST CAP | MSP |
| VOXZOGO INJ | MSP |
| VOYDEYA TAB | MSP |
| VYNDAMAX CAP | MSP |
| VYNDAQEL CAP | MSP |
| WELIREG TAB | MSP |
| WINREVAIR INJ | MSP |
| XADAGO TAB | 3 |
| XALKORI CAP | MSP |
| XALKORI SPRINKLE CAP | MSP |
| XDEMVIY DROP | MSP |
| XELJANZ SOLN | MSP |
| XELJANZ TAB | MSP |
| XELJANZ XR TAB | MSP |
| XIFAXAN TAB 550MG | 3 |
| XIIDRA OPHTH SOLN | 2 |
| XOLREMDI CAP | MSP |
| XOSPATA TAB | MSP |
| XPHOZAH TAB | 3 |
| XPOVIO PAK | MSP |
| ZEJULA CAP | MSP |
| ZEJULA 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) |
|-------------------------|--|
| ZELBORAF TAB | MSP |
| ZEPOSIA CAP | MSP |
| ZEPOSIA STARTER PACK | MSP |
| ZOLINZA CAP | MSP |
| ZONISADE SUSP | 3 |
| ZORYVE CREAM | 2 |
| ZTALMY SUSP | MSP |
| ZURZUVAE CAP 20MG, 25MG | MSP |
| ZURZUVAE CAP 30MG | MSP |
| ZYDELIG TAB | MSP |
| ZYKADIA CAP | MSP |
| ZYKADIA TAB | MSP |

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GHC-SCW 4-Tier Complete Formulary
Last Updated* 1/1/2025
RxCents (Cost Savings Enabled by Tablet Splitting)

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

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

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

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

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

RxCents Program Medications

| | | | |
|---------------|--|----------------|-------------------|
| alosetron tab | candesartan/hydrochlorothiazide tab | ANUVIA TAB | nebivolol hcl tab |
| OALIVA TAB | pitavastatin calcium tab | rasagiline tab | TRINTELLIX TAB |

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GHC-SCW 4-Tier Complete Formulary
Last Updated* 1/1/2025
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 | ALCOHOL SWABS | ammonium lactate cream | ammonium lactate lotion |
| aspirin chew tab 81mg | aspirin ec tab 81mg | azelastine nasal spray 0.15% | BD ECLIPSE NEEEDLE/25C X |
| B-D INSULIN SYRINGE | B-D PEN NEEDLE | benzoyl peroxide gel | budesonide nasal spray |
| CALIBRATION LIQUID | cetirizine chew tab | cetirizine syrup | cetirizine tab |
| CLINISTIX TEST STRIP | CONTRACEPTIVE FOAM | CONTRACEPTIVE GEL | diclofenac gel 1% OTC |
| DIFFERIN OTC GEL 0.1% | esomeprazole cap | esomeprazole magnesium DR tab | FEMALE CONDOMS |
| FLONASE SENSIMIST NASAL SPRAY | folic acid tab 400mcg | folic acid tab 800mcg | GUAIFENESIN/CODEINE SYRUP |
| HYPO NEEDLE MIS 18GX1.5 | HYPODERMIC NEEDLE | HYPODERMIC NEEDLES | INSULIN SYRINGE |
| KETO-DIASTIX TEST STRIF | 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 |
| naloxone hcl nasal spray | NARCAN NASAL SPRAY (OTC) | NEEDLES | niacin cap |
| niacin CR tab | niacin tab | NIACIN TR CAP | 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 | NOVOLIN R RELION 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 | OPILL TAB | OXYTROL PATCH (OTC) |
| PEAK FLOW METER | phenazopyridine tab 95mg | phenazopyridine tab 97.5mg | phenazopyridine tab 99.5mg |
| PREVACID OTC CAP | RIVIVE, REXTOVY SPRAY | selenium sulfide lotion | SYRINGE LUER-LOK |
| TB SYRINGE | TEST STRIP (all other test strips) | TODAY SPONGE | triamcinolone OTC nasal spray |
| ZYRTEC CHILD CHEW TAB | | | |

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GHC-SCW 4-Tier Complete Formulary
Last Updated* 1/1/2025
Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

| | | | |
|--|--|---|---|
| abiraterone tab 250mg | ACTEMRA ACTPEN INJ | ACTEMRA SC INJ | ACTIMMUNE INJ |
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML | ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT | ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT | ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT | ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT | ADALIMUMAB-ADAZ INJ | ADALIMUMAB-ADAZ PFS INJ |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT | ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML | ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML | ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML |
| ADBRY INJ | ADEMPAS TAB | ALECENSA CAP | ALFERON-N INJ |
| ALUNBRIG TAB 30MG | ALUNBRIG TAB 90MG, 180MG | ambrisentan tab | ARIKAYCE SUSP |
| AUGTYRO CAP | AUGTYRO CAP 160MG | AUSTEDO TAB | AUSTEDO XR TAB |
| AUSTEDO XR TAB TITRATION KIT | AUSTEDO XR TITRATION PACK | AVONEX INJ | AYVAKIT TAB |
| BALVERSA TAB 3MG | BALVERSA TAB 4MG | BALVERSA TAB 5MG | BENLYSTA AUTO-INJECTOI |
| BENLYSTA INJ | BERINERT INJ | betaine powder for oral solution | BETASERON INJ |
| bexarotene cap | bexarotene gel | bosentan tab | BOSULIF CAP |
| 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 | CAPRELSA TAB 300MG | carglumic acid tab |
| CAYSTON INH SOLN | CIBINQO TAB | CIMZIA INJ | CINRYZE INJ |
| COMETRIQ KIT | COPIKTRA CAP | COTELLIC TAB | CYSTADROPS SOLN |
| CYSTARAN OPHTH SOLN | dalfampridine ER tab | dasatinib tab | deferasirox granules packet |
| deferasirox tab | deferasirox tab for oral susp | deferiprone tab | DIACOMIT CAP |
| DIACOMIT POWDER PACK | dimethyl fumarate DR cap | dimethyl fumarate DR starter pack | DUPIXENT INJ |
| DUPIXENT PEN INJ | EMPAVELI INJ | ENBREL INJ 25MG | ENBREL INJ 50MG |
| ENBREL MINI INJ | ENBREL SURECLICK INJ 50MG | ENSPRYNG INJ | EPIDIOLEX SOLN |
| ERIVEDGE CAP | ERLEADA TAB | ERLEADA TAB 240MG | erlotinib tab |
| erlotinib tab 25mg | ETOPOSIDE CAP | everolimus tab | everolimus tab for oral susp |
| EVRYSDI SOLN | FERRIPROX SOLN | FILSPARI TAB | fingolimod hcl cap 0.5mg |

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| | | | |
|--|--|---|---|
| FINTEPLA SOLN FRUZAQLA CAP 5MG GILENYA CAP 0.25MG HADLIMA INJ 40MG/0.8ML | FIRDAPSE TAB FULPHILA INJ GILOTRIF TAB HADLIMA PUSH INJ | FOTIVDA CAP GAVRETO CAP glatiramer inj HADLIMA PUSH INJ 40MG/0.8ML HYCAMTIN CAP IDHIFA TAB IMBRUVICA SUSP | FRUZAQLA CAP 1MG gefitinib tab HADLIMA INJ HAEGARDA INJ |
| HEMLIBRA INJ icatibant inj IMBRUVICA CAP 140MG | HIZENTRA INJ ICLUSIG TAB IMBRUVICA CAP 70MG | | HYFTOR GEL imatinib tab IMBRUVICA TAB 420MG, 560MG |
| IMCIVREE INJ INGREZZA SPRINKLE CAP ISTURISA TAB JYNARQUE PAK KESIMPTA INJ KISQALI TAB lapatinib ditosylate tab | INCRELEX INJ INLYTA TAB IWILFIN TAB JYNARQUE TAB KEVZARA INJ KOSELUGO CAP LEDIPASVIR/SOFOSBUVIR TAB | INGREZZA CAP INQOVI TAB JAKAFI TAB KALYDECO PAK KINERET INJ KOSELUGO CAP 10MG LENVIMA CAP | INGREZZA PACK 40-80MG INTRON-A INJ JAYPIRCA TAB KALYDECO TAB KISQALI PAK KRAZATI TAB l-glutamine powder packet |
| LITFULO CAP LORBRENA TAB 100MG LUMAKRAS TAB 320MG LYTGABI THERAPY PACK MAYZENT TAB STARTER PACK MEKTOVI TAB MYLERAN TAB NORDITROPIN INJ ODOMZO CAP OJEMDA SUSP OMNITROPE INJ ORENCIA SC INJ 50MG/0.4ML ORSERDU TAB PALYNZIQ INJ PHEBURANE ORAL PELLETS pirfenidone tab 267mg POMALYST CAP | LIVMARLI SOLN LORBRENA TAB 25MG LUPKYNIS CAP MAVYRET PAK MEKINIST SOLN MESNEX TAB NERLYNX TAB NUBEQA TAB OFEV CAP OJEMDA TAB OPSUMIT TAB ORENCIA SC INJ 87.5MG/0.7ML ORSERDU TAB 345MG pazopanib tab phenoxybenzamine cap | LIVMARLI SOLN 19MG/ML LUMAKRAS TAB LYNPARZA TAB MAVYRET TAB MEKINIST TAB 0.5MG | LIVTENCITY TAB LUMAKRAS TAB 240MG LYSODREN TAB MAYZENT TAB MEKINIST TAB 2MG |
| PROMACTA TAB 50MG PYRUKYND TAB | pirfenidone tab 801mg PREVYMIS TAB | mifepristone tab nilutamide tab NYVEPRIA INJ OGSIVEO TAB OJJAARA TAB ORENCIA CLICK INJ ORKAMBI GRANULES PACKET OTEZLA STARTER PACK PEGASYS INJ PIQRAY TAB | miglustat cap NIVESTYM INJ OCALIVA TAB OGSIVEO TAB 50MG OLUMIANT TAB ORENCIA SC INJ 125MG/ML ORKAMBI TAB |
| RADICAVA ORS SUSP RETEVMO CAP 40MG REZLIDHIA CAP RINVOQ ORAL SOLN RUCONEST INJ | PROMACTA TAB 75MG PYRUKYND TAPER PACK | PLEGRIDY INJ PROMACTA POWDER | OTEZLA TAB PEMAZYRE TAB pirfenidone cap |
| SCSEMBLIX TAB | REBIF INJ RETEVMO TAB REZUROCK TAB ROZLYTREK CAP RYDAPT CAP | PULMOZYME INH SOLN QINLOCK TAB | PLEGRIDY PEN INJ PROMACTA TAB 12.5MG, 25MG pyrimethamine tab RADICAVA ORS STARTER KIT RETEVMO CAP REZDIFFRA TAB RINVOQ ER TAB RUBRACA TAB sapropterin dihydrochloride soluble tab SIMLANDI INJ (adalimumab-ryvk) |
| | SCSEMBLIX TAB 100 MG | RETACRIT INJ RETEVMO TAB 40MG ribavirin cap ROZLYTREK PAK sapropterin dihydrochloride powder packet SIGNIFOR INJ | |

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| | | | |
|---|--------------------------------|--|---|
| SIMPONI AUTO-INJECTOR 100MG | SIMPONI INJ 100MG | SKYCLARYS CAP | SKYRIZI INJ 150MG/ML |
| SKYRIZI INJ 180 MG/1.2ML | SKYRIZI INJ 360MG/2.4ML | SODIUM OXYBATE SOLN | sodium phenylbutyrate powder |
| sodium phenylbutyrate tab | SOFOSBUVIR/VELPATASVI R TAB | SOGROYA INJ | SOMAVERT INJ |
| sorafenib tosylate tab | STELARA INJ | STIVARGA TAB | STRENSIQ INJ |
| sunitinib malate cap | SYMDEKO TAB | TABRECTA TAB | TAFINLAR CAP |
| TAFINLAR TAB | TAGRISSO TAB | TAKHZYRO INJ | TAKHZYRO INJ 150MG/ML |
| TALTZ INJ | TALTZ INJ 20MG/0.25ML | TALTZ INJ 40 MG/0.5ML | TALZENNA CAP 0.25MG |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | TASIGNA CAP | TAVNEOS CAP | TAZVERIK TAB |
| temozolomide cap | TEPMETKO TAB | teriflunomide tab | tetrabenazine tab |
| THALOMID CAP | TIBSOVO TAB | tiopronin tab | tiopronin tab delayed release |
| TOBI PODHALER | tobramycin neb soln | TRACLEER TAB 32MG | TREMFYA INJ |
| TREMFYA INJ 200MG/2ML | tretinoin cap | trientine cap | TRIKAFTA THERAPY PACK |
| TRUQAP TAB | TRUQAP THERAPY PACK | TUKYSA TAB | TURALIO CAP |
| TYMLOS INJ | TYVASO DPI POWDER | TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG | TYVASO DPI POWDER TITRATION KIT 16-32-48MC |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG | TYVASO INH SOLN 0.6 MG/ML | UPTRAVI TAB | VALCHLOR GEL |
| VANFLYTA TAB | VANFLYTA TAB 26.5MG | VENCLEXTA STARTER PACK | VENCLEXTA TAB |
| VENTAVIS INH SOLN | VERZENIO TAB | vigabatrin powder pack | vigabatrin tab |
| vigadrone powder pack | VIJOICE GRANULES PACKET | VIJOICE TAB | VIJOICE TAB 250MG |
| VITRAKVI CAP 100MG | VITRAKVI CAP 25MG | VITRAKVI SOLN | VIZIMPRO TAB |
| VONJO CAP | VOSEVI TAB | VOWST CAP | VOXZOGO INJ |
| VOYDEYA TAB | VYNDAMAX CAP | VYNDAQEL CAP | WELIREG TAB |
| WINREVAIR INJ | XALKORI CAP | XALKORI SPRINKLE CAP | XDEMVY DROP |
| XELJANZ SOLN | XELJANZ TAB | XELJANZ XR TAB | XOLREMDI CAP |
| XOSPATA TAB | XPOVIO PAK | ZARXIO INJ | ZEJULA TAB |
| ZELBORAF TAB | ZEPOSIA CAP | ZEPOSIA STARTER PACK | ZOLINZA CAP |
| ZTALMY SUSP | ZURZUVAE CAP 20MG, 25MG | ZURZUVAE CAP 30MG | ZYDELIG TAB |
| ZYKADIA CAP | ZYKADIA TAB | | |

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GHC-SCW 4-Tier Complete Formulary
Last Updated* 1/1/2025
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---------------------------------|---|
| amethyst tab | Step Therapy requires a trial of 2 preferred oral contraceptives |
| buprenorphine patch | QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| DEXCOM G6 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G6 SENSOR | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G6 TRANSMITTER | QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G7 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G7 SENSOR | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DIFICID SUSP | QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| DIFICID TAB | QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| febuxostat tab | Step Therapy requires trial of allopurinol |
| fentanyl patch | Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| fluvoxamine ER cap | Step Therapy requires a trial of 2 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 2-PLUS SENSOR | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3 READER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3 SENSOR | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3-PLUS SENSOR | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| gatifloxacin ophth soln | Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA |
| hydromorphone ER tab | Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--|--|
| LEVALBUTEROL INHALER, XOPENEX HF INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or a albuterol HFA product |
| LONHALA MAGNAIR SOLN | Step Therapy requires trial of INCRUSE ELLIPTA INHALER |
| METHADONE SOLN | Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïv (Opioid ER Dependency) |
| methadone tab | Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïv (Opioid ER Dependency) |
| methadose tab | Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïv (Opioid ER Dependency) |
| mometasone nasal spray | Step Therapy requires trial of two: fluticasone, triamcinolone OTC, or budesonide |
| morphine sulfate ER tab | Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïv (Opioid ER Dependency) |
| NEXLETOL TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| NEXLIZET TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| NUCYNTA ER TAB | QL= 2 tabs/day; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| pitavastatin calcium tab | Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| REPATHA INJ | QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| REPATHA PUSHTRONEX INJ | QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| risedronate DR tab | Step Therapy requires trial of alendronate |
| 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 (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), or DULEF (MOMETASONE/FORMOTEROL) |
| tramadol ER tab | Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïv (Opioid ER Dependency) |
| TRAMADOL HCL ER TAB | Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïv (Opioid ER Dependency) |
| vilazodone hcl tab | QL= 1 tab/day; Step Therapy requires a trial of 1 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine |
| XTAMPZA ER CAP | QL= 120 caps/30 days; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |

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**GHC-SCW 4-Tier Complete Formulary
Smoking Cessation Agents
Last Updated* 1/1/2025**

| 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 TAB(Limited to 180 days/plan year) | \$0 |
| varenicline tartrate tab(Limited to 180 days/plan year) | \$0 |
| varenicline tartrate tab starter pack(Limited to 180 days/plan year) | \$0 |

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**GHC-SCW 4-Tier Complete Formulary
Infertility Drug List
Last Updated* 1/1/2025**

| Drug Name | Tier # for Drug Copay |
|------------------------|------------------------------|
| clomiphene citrate tab | 2 |

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GHC-SCW 4-Tier Complete Formulary
Last Updated* 1/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| abiraterone tab 250mg | QL= 4 tabs/day |
| 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 |
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML | QL= 2 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty |
| ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT | QL= 2 inj/28 days |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT | QL= 2 inj/28 days |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT | QL= 2 inj/28 days |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT | QL= 2 inj/28 days |
| ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT | QL= 2 inj/28 days |
| ADALIMUMAB-ADAZ INJ | QL= 2 inj/28 days |
| ADALIMUMAB-ADAZ PFS INJ | QL= 2 inj/28 days; |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT | QL= 2 inj/28 days |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML | QL= 2 inj/28 days |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML | QL= 2 inj/28 days |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML | QL= 2 inj/28 days |
| ADBRY INJ | QL= 4 inj/28 days |
| ADEMPAS TAB | QL= 3 tabs/day |
| AIMOVIG INJ | QL= 1 pack/28 days |
| AJOVY INJ | QL= 1 pack/28 days |
| AKYNZEO CAP | QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist |
| ALECENSA CAP | QL= 8 caps/day |
| ALUNBRIG TAB 30MG | QL= 4 tabs/day |
| ALUNBRIG TAB 90MG, 180MG | QL= 1 tab/day |
| ambrisentan tab | QL= 1 tab/day; Only available through Lumicera 855-847-3553 |
| 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 |
| AUGTYRO CAP | QL= 8 caps/day |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------|--|
| AUGTYRO CAP 160MG | QL= 2 caps/day |
| AUSTEDO TAB | QL= 4 tabs/day |
| AUSTEDO XR TAB | QL= 1 tab/day |
| AUSTEDO XR TAB TITRATION KIT | QL= 1 pack/28 days |
| AUSTEDO XR TITRATION PACK | QL= 1 pack/28 days |
| AYVAKIT TAB | QL= 1 tab/day |
| 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; Only available through Lumicera 855-847-3553 |
| 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; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| 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; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON INJ | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON PEN INJ | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYETTA INJ | QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| 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 |
| CAPRELSA TAB | QL= 2 tabs/day |
| CAPRELSA TAB 300MG | QL= 1 tab/day |
| CIBINQO TAB | QL= 1 tab/day |
| CIMZIA INJ | QL= 2 inj/28 days |
| CINRYZE INJ | QL= 16 vials/28 days |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| CLEOCIN VAGINAL SUPP | QL= 3 suppositories/fill |
| clindamycin vaginal cream | QL=1 tube/fill |
| CLINDESSE VAGINAL CREAM | QL= 1 applicator/fill |
| COMPLERA TAB | QL= 1 tab/day |
| COPIKTRA CAP | QL= 2 caps/day |
| COTELLIC TAB | QL= 3 tabs/day |
| cyclosporine ophth emulsion | QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist |
| CYSTADROPS SOLN | QL= 4 bottles/28 days |
| CYSTARAN OPTH SOLN | QL= 4 bottles/28 days |
| dalfampridine ER tab | QL= 2 tabs/day; Restricted to Neurology Specialist |
| 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; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G6 SENSOR | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G6 TRANSMITTER | QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G7 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G7 SENSOR | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | QL= 4 doses/fill |
| DIAZEPAM GEL | QL= 4 doses/fill |
| diazepam rectal gel | QL= 4 doses/fill |
| diclofenac gel | QL= 300gm/30 days |
| diclofenac soln 1.5% | QL= 3 bottles/fill |
| DIFICID SUSP | QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| DIFICID TAB | QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| donepezil ODT | QL= 1 tab/day |
| donepezil tab | QL= 2 tabs/day |
| donepezil tab 23mg | QL= 1 tab/day |
| 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 |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| ENBREL MINI INJ | QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG | QL= 4 inj/28 days |
| 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 |
| ERLEADA TAB 240MG | QL= 1 tab/day |
| erlotinib tab | QL= 1 tab/day |
| erlotinib tab 25mg | QL= 3 tabs/day |
| estradiol patch | QL= 1 patch/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 |
| everolimus tab | QL= 1 tab/day |
| everolimus tab for oral susp | QL= 1 tab/day |
| EVRYSDI SOLN | QL= 6.67ml/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 BUCCAL TAB | QL= 120 tabs/30 days; Dosage limits may apply |
| fentanyl citrate lollipop | QL= 120 lozenges/30 days; Dosage limits may apply |
| FENTORA TAB | QL= 120 tabs/30 days; Dosage limits may apply |
| FILSPARI TAB | QL= 1 tab/day |
| FINTEPLA SOLN | QL= 12ml/day |
| flunisolide nasal soln | QL= 2 bottles/fill |
| fluticasone nasal spray | QL= 2 bottles/fill |
| fluvastatin cap | QL= 2 caps/day |
| FOTIVDA CAP | QL= 21 caps/28 days |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 2-PLUS SENSOR | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3 READER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3 SENSOR | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3-PLUS SENSOR | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FRUZAQLA CAP 1MG | QL= 84 caps/28 days |
| FRUZAQLA CAP 5MG | QL= 21 caps/28 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; All other members covered at generic copay |
| GAVRETO CAP | QL= 4 caps/day |
| gefitinib tab | QL= 1 tab/day; Only available through Lumicera 855-847-3553 |
| 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 EMR INJ | QL= 2 inj/fill |
| GLUCAGON KIT | QL= 2 inj/fill, 1 fill/30 days |
| GLYXAMBI TAB | QL= 1 tab/day |
| GOLYTELY SOLN | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| 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 |
| HADLIMA INJ | QL= 2 inj/28 days |
| HADLIMA INJ 40MG/0.8ML | QL= 2 inj/28 days |
| HADLIMA PUSH INJ | QL= 2 inj/28 days |
| HADLIMA PUSH INJ 40MG/0.8ML | QL= 2 inj/28 days |
| HYD POL/CPM SUSP | QL= 120ml/fill; 2 fills/30 days |
| hydrocodone/chlorpheniramine CR susp | QL= 120ml/fill; 2 fills/30 days |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid | QL= 120ml/fill, 2 fills/month |
| hydrocortisone succinate inj 100mg | QL= 2 vials/fill |
| HYFTOR GEL | QL= 10 grams/30 days |
| ibandronate tab 150mg | QL= 1 tab/30 days |
| ICLUSIG TAB | QL= 1 tab/day |
| IDHIFA TAB | QL= 1 tab/day |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------|---------------------------------|
| IMBRUVICA CAP 140MG | QL= 3 caps/day |
| IMBRUVICA CAP 70MG | QL= 1 cap/day |
| IMBRUVICA SUSP | QL= 6ml/day |
| 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 |
| INGREZZA PACK 40-80MG | QL= 1 pack/28 days |
| INGREZZA SPRINKLE CAP | QL= 1 cap/day |
| INLYTA TAB | QL= 8 tabs/day |
| INQOVI TAB | QL= 5 tabs/28 days |
| ISTURISA TAB | QL= 12 tabs/day |
| IWILFIN TAB | QL= 8 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 |
| JAYPIRCA TAB | QL= 2 tabs/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 |
| 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 |
| KISQALI PAK | QL= 91 tabs/28 days |
| KISQALI TAB | QL= 63 tabs/28 days |
| KOSELUGO CAP | QL= 4 caps/day |
| KOSELUGO CAP 10MG | QL= 8 caps/day |
| KRAZATI TAB | QL= 6 tabs/day |
| LAGEVRIO CAP (EUA) | QL= 40 caps/fill |
| LAGEVRIO CAP 200MG | QL= 40 caps/fill |
| LASTACAFT OPHTH SOLN | QL= 3ml/30 days |
| latanoprost ophth soln | QL= 2.5ml/30 days |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| 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= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product |
| l-glutamine powder packet | QL= 6 packets/day |
| lidocaine oint | QL= 107gm/30 days |
| lidocaine patch | QL= 3 patches/day |
| lidocaine patch 5% | QL= 3 patches/day |
| liraglutide soln pen-injector | QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| LITFULO CAP | QL= 1 cap/day |
| LIVMARLI SOLN | QL= 90ml/30 days |
| LIVMARLI SOLN 19MG/ML | QL= 60mL/30 days |
| LIVTENCITY TAB | QL= 4 tabs/day |
| lofexidine hcl tab | QL= 96 tabs/7 days |
| LOKELMA PAK | QL= 1 packet/day |
| LORBRENA TAB 100MG | QL= 1 tab/day |
| LORBRENA TAB 25MG | QL= 3 tabs/day |
| lubiprostone cap | QL= 2 caps/day |
| LUMAKRAS TAB | QL= 8 tabs/day |
| LUMAKRAS TAB 240MG | QL= 4 tabs/day |
| LUMAKRAS TAB 320MG | QL= 3 tabs/day |
| LUMIGAN OPHTH SOLN | QL= 2.5ml/30 days |
| LUPKYNIS CAP | QL= 6 caps/day |
| LYNPARZA TAB | QL= 4 tabs/day |
| LYTGOBI THERAPY PACK | QL= 5 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 |
| MIEBO OPHTH SOLN | QL= 1 bottle/30 days |
| mifepristone tab | QL= 4 tabs/day |
| modafinil tab | QL= 2 tabs/day |
| MOTEGRITY TAB | QL= 1 tab/day |
| MOUNJARO INJ | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| MYFEMBREE TAB | QL= 1 tab/day |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------|--|
| 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= 4 doses/fill; Restricted to Neurology Specialist |
| NERLYNX TAB | QL= 6 tabs/day |
| NEXLETOL TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| NEXLIZET TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| nicotine gum | Limited to 180 days/plan year |
| NICOTINE KIT | |
| nicotine lozenge | Limited to 180 days/plan year |
| nicotine patch | Limited to 180 days/plan year |
| NICOTROL INHALER | Limited to 180 days/plan year |
| NICOTROL NASAL SPRAY | Limited to 180 days/plan year |
| nitazoxanide tab | QL= 6 tabs/3 days |
| NUBEQA TAB | QL= 4 tabs/day |
| NUCYNTA ER TAB | QL= 2 tabs/day; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| 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 |
| OGSIVEO TAB | QL= 2 tabs/day |
| OGSIVEO TAB 50MG | QL= 6 tabs/day |
| OJEMDA SUSP | QL= 96ml/28 days |
| OJEMDA TAB | QL= 24 tabs/28 days |
| OJJAARA TAB | QL= 1 tab/day |
| olopatadine ophth soln 0.2% | QL= 2.5ml/30 days |
| OLUMIANT TAB | QL= 1 tab/day |
| OMNIPOD 5 G6 INTRO KIT | QL= 1 kit/year |
| OMNIPOD 5 G6 PODS MISC | QL= 10 pods/30 days |
| OMNIPOD 5 G7 KIT INTRO | QL= 1 kit/year |
| OMNIPOD 5 G7 MIS PODS | QL= 10 pods/30 days |
| 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 |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| 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 |
| ORSERDU TAB | QL= 3 tabs/day |
| ORSERDU TAB 345MG | QL= 1 tab/day |
| 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 |
| OZEMPIC INJ | QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| paliperidone ER tab | QL= 2 tabs/day |
| PALYNZIQ INJ | QL= 1 inj/day |
| PAXLOVID TAB 150-100MG | QL= 20 tabs/fill |
| PAXLOVID TAB 300-100MG | QL= 30 tabs/fill |
| pazopanib tab | QL= 4 tabs/day |
| peg 3350 soln (100 gram Moviprep equiv) | QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay |
| peg 3350/electrolytes soln | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| PEMAZYRE 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 cap 225mg | QL= 2 caps/day |
| pregabalin cap 300mg | QL= 2 caps/day |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------|--|
| pregabalin soln | QL= 30ml/day |
| PRETOMANID TAB | QL= 1 tab/day; Restricted to Infectious Disease Specialist |
| PREVYMIS TAB | QL= 1 tab/day; Limit 200 tabs/365 days |
| PROAIR RESPICLICK INHALER | QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler |
| PROMACTA POWDER | QL= 1 packet/day |
| PROMACTA TAB 12.5MG, 25MG | QL= 1 tab/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty |
| PROMACTA TAB 50MG | QL= 2 tabs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty |
| PROMACTA TAB 75MG | QL= 2 tabs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty |
| 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 |
| RADICAVA ORS STARTER KIT | QL= 70ml/365 days |
| RADICAVA ORS SUSP | QL= 50mL/28 days |
| ramelteon tab | QL= 1 tab/day |
| REGRANEX GEL | QL= 30gm/fill |
| RELENZA DISKHALER | QL= 1 inhaler/fill |
| REPATHA INJ | QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| REPATHA PUSHTRONEX INJ | QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| RETEVMO CAP | QL= 2 caps/day |
| RETEVMO CAP 40MG | QL= 3 caps/day |
| RETEVMO TAB | QL= 2 tabs/day |
| RETEVMO TAB 40MG | QL= 3 tabs/day |
| REVLIMID CAP | QL= 1 cap/day |
| REYVOW TAB | QL= 8 tabs/30 days, 6 fills/year |
| REZDIFFRA TAB | QL= 1 tab/day |
| REZLIDHIA CAP | QL= 2 caps/day |
| REZUROCK TAB | QL= 1 tab/day |
| RINVOQ ER TAB | QL= 1 tab/day |
| RINVOQ ORAL SOLN | QL= 12ml/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 |
| ROZLYTREK PAK | QL= 6 packs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty |
| RUBRACA TAB | QL= 4 tabs/day |
| RYBELSUS TAB | QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11) |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------------|---|
| 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 |
| SCSEMBLIX TAB | QL= 2 tabs/day |
| SCSEMBLIX TAB 100 MG | QL= 4 tabs/day |
| scopolamine patch | QL= 5 patches/fill |
| SIGNIFOR INJ | QL= 2 vials/day |
| sildenafil tab | QL= 8 tabs/fill |
| SIMLANDI INJ (adalimumab-ryvk) | QL= 2 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty |
| 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 |
| sodium/magnesium/potassium soln | QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay |
| 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 |
| SPINOSAD SUSP | QL= 1 bottle/fill |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), or DULERA (MOMETASONE/FORMOTEROL) |
| 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 |
| SUFLAVE SOLN | QL= 2 fills/calendar year |
| sumatriptan 6mg/0.5ml auto-injector | QL= 4 inj/fill, 2 fills/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 |
| SYNJARDY TAB | QL= 2 tabs/day |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| 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/fill |
| 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 |
| TALTZ INJ 20MG/0.25ML | QL= 1 inj/28 days |
| TALTZ INJ 40 MG/0.5ML | QL= 1 inj/28 days |
| TALZENNA CAP 0.25MG | QL= 3 caps/day |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | QL= 1 cap/day |
| TAVNEOS CAP | QL= 6 caps/day |
| 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 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 |
| TREMFYA INJ 200MG/2ML | QL= 1 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty |
| 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 |
| TRIKAFTA THERAPY PACK | |
| TRINTELLIX TAB | QL= 1 tab/day |
| TRIUMEQ PD TAB | QL= 1 tab/day |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| TRIUMEQ TAB | QL= 1 tab/day |
| TRULICITY INJ | QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| TRUQAP TAB | QL= 64 tabs/28 days |
| TRUQAP THERAPY PACK | QL= 64 tabs/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 0.6 MG/ML | 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 |
| VALTOCO NASAL SPRAY | QL= 4 doses/fill; Restricted to Neurology Specialist |
| vancomycin cap | QL= 56 caps/fill |
| VANFLYTA TAB | QL= 1 tab/day |
| VANFLYTA TAB 26.5MG | QL= 2 tabs/day |
| VARENICLINE TAB | Limited to 180 days/plan year |
| varenicline tartrate tab | Limited to 180 days/plan year |
| varenicline tartrate tab starter pack | Limited to 180 days/plan year |
| VARUBI TAB | QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist |
| VELTASSA POWDER | QL= 1 packet/day |
| VELTASSA POWDER 1GM | QL= 4 packets/day |
| 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 |
| VIJOICE GRANULES PACKET | QL= 1 packet/day |
| VIJOICE TAB | QL= 1 tab/day |
| VIJOICE TAB 250MG | QL= 2 tabs/day |
| vilazodone hcl tab | QL= 1 tab/day; Step Therapy requires a trial of 1 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine |
| VITRAKVI CAP 100MG | QL= 2 caps/day |
| VITRAKVI CAP 25MG | QL= 6 caps/day |
| VITRAKVI SOLN | QL= 10ml/day |
| VIVOTIF CAP | QL= 4 caps/fill |

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GHC-SCW 4-Tier Complete Formulary Cont.
Last Updated* 1/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| VIZIMPRO TAB | QL= 1 tab/day |
| VONJO CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| VOSEVI TAB | QL= 1 tab/day |
| VOWST CAP | QL= 12 caps/fill |
| VOXZOGO INJ | QL= 1 vial/day |
| VOYDEYA TAB | QL= 6 tabs/day |
| VYNDAMAX CAP | QL= 1 cap/day |
| VYNDAQEL CAP | QL= 4 caps/day |
| WELIREG TAB | QL= 3 tabs/day |
| XACIATO GEL | QL= 1 applicator/fill |
| XADAGO TAB | QL= 1 tab/day |
| XALKORI CAP | QL= 2 caps/day |
| XALKORI SPRINKLE CAP | QL= 4 caps/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty |
| XCOPRI PAK 100-150MG | QL= 2 tabs/day |
| XCOPRI PAK 150-200MG | QL= 2 tabs/day |
| XCOPRI PAK 50-200MG | QL= 2 tabs/day |
| XCOPRI TAB 150MG, 200MG | QL= 2 tabs/day |
| XCOPRI TAB 25MG | QL= 1 tab/day |
| XCOPRI TAB 50MG, 100MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 12.5-25MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 150-200MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 50-100MG | QL= 1 tab/day |
| XDEMVY DROP | QL= 1 bottle/year |
| 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 | QL= 2 tabs/day |
| XIGDUO XR TAB 10-1000MG | QL= 1 tab/day |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG | QL= 2 tabs/day |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | QL= 1 tab/day |
| XIIDRA OPTH SOLN | QL= 60 vials/30 days |
| XOLREMDI CAP | QL= 4 caps/day |
| XOSPATA TAB | QL= 3 tabs/day |
| XPHOZAH TAB | QL= 2 tabs/day |
| XPOVIO PAK | QL= 32 tabs/28 days |
| XTAMPZA ER CAP | QL= 120 caps/30 days; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |

** OTC drugs are not a covered benefit.

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 Complete Formulary Cont.
Last Updated* 1/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------|---|
| XULTOPHY INJ | QL= 15ml/30 days |
| zaleplon cap | QL= 2 caps/day |
| ZEGALOGUE INJ | QL= 2 inj/fill |
| ZEJULA CAP | QL= 3 caps/day |
| ZEJULA TAB | QL= 1 tab/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 | 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 |
| ZOMIG SPRAY | QL= 6 sprays/fill, 2 fills/30 days |
| ZORYVE CREAM | QL= 60 grams/30 days |
| ZTALMY SUSP | QL= 1100ml/30 days |
| ZURZUVAE CAP 20MG, 25MG | QL= 28 caps/365 days |
| ZURZUVAE CAP 30MG | QL= 14 caps/365 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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