

**Texas Association of Counties Pooled Formulary
Category/Class**

Last Updated* 9/1/2019

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL XR CAP	-	1
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
VYVANSE CAP	-	2
VYVANSE CHEW TAB	-	2
dextroamphetamine soln (PROCENTRA equiv)	-	3
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC
DYANAVEL XR SUSP, ADZENYS ER SUSP	-	NC
EVEKEO ODT	-	NC
EVEKEO TAB	-	NC
methamphetamine tab (DESOXYN equiv)	-	NC
MYDAYIS CAP	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALECTICS		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
LOMAIRA TAB	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	1
atomoxetine cap (STRATTERA CAP equiv)	-	3
clonidine ER tab (KAPVAY equiv)	-	NC
KAPVAY TAB	-	NC
STRATTERA CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB	-	NC
STIMULANTS - MISC.		
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	2
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2
METHYLPHENIDATE ER TAB	-	2
methylphenidate ER tab (CONCERTA equiv)	-	2
methylphenidate soln (METHYLIN equiv)	-	2
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	2
methylphenidate chew tab (METHYLIN equiv)	-	3
RITALIN SR TAB 20MG	-	3
APTENSIO XR CAP	-	NC
CONCERTA TAB	-	NC

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

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
COTEMPLA XR ODT	-	NC
DAYTRANA PATCH	-	NC
dexamethylphenidate ER cap (FOCALIN XR equiv)	-	NC
FOCALIN XR CAP	-	NC
METHYLPHENIDATE ER TAB 72MG	-	NC
QUILLICHEW ER TAB	-	NC
QUILLIVANT XR SUSP	-	NC

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS		
ODACTRA SL TAB	PA	3

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - R'S		
RESERVAPAK SYRUP	-	NC

AMEBICIDES

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

AMINOGLYCOSIDES

AMINOGLYCOSIDES		
neomycin tab	-	1
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	2
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	2
paromomycin cap (HUMATIN equiv)	-	3
ARIKAYCE SUSP	-	NC
BETHKIS NEB SOLN	-	NC
KITABIS PAK NEB SOLN	-	NC

ANALGESICS - ANTI-INFLAMMATORY

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

ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	3

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	2
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	2
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	2
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	2
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	2
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	2
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	2
SIMPONI ARIA INJ	-	NC
SIMPONI SC INJ	-	NC

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	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
GOLD COMPOUNDS		
RIDAURA CAP	-	2
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac tab	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (RX only)	-	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
KETOPROFEN CAP	-	1
ketoprofen cap (ORUDIS equiv)	-	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	2
oxaprozin tab (DAYPRO equiv)	-	2
piroxicam cap (FELDENE equiv)	-	2
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3
etodolac ER tab (LODINE XL equiv)	-	3
KETOPROFEN ER CAP	-	3
TOLMETIN CAP	-	3
tolmetin cap (TOLECTIN DS equiv)	-	3
TOLMETIN TAB	-	3
DUEXIS TAB	-	NC
fenoprofen calcium tab	-	NC
FENOPROFEN CAP	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MECLOFENAMATE CAP	-	NC

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mefenamic acid cap (PONSTEL equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
NAPRELAN CR TAB	-	NC
NAPRELAN CR TAB 375MG, 750MG	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
NAPROXEN SUSP	-	NC
naproxen susp (NAPROSYN equiv)	-	NC
QMIIZ ODT TAB	-	NC
SPRIX NASAL SPRAY	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	2
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	2
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	2
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	2
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	2
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
ALLZITAL TAB	-	NC
BUTAL/APAP CAP	-	NC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
SALICYLATES		
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1
diflunisal tab (DOLOBID equiv)	-	1
aspirin chew tab 81mg	ACA-OTC	2
aspirin ec tab 325mg	ACA-OTC	2
aspirin ec tab 81mg	ACA-OTC	2

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aspirin tab 325mg	ACA-OTC	2
aspirin tab 81mg	ACA-OTC	2
salsalate tab (DISALCID equiv)	-	2
aspirin ec tab 325mg	ACA-OTC	3
ZORPRIN TAB	-	3
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab	-	1
HYDROMORPHONE SUPP	-	1
hydromorphone tab (DILAUDID equiv)	-	1
MEPERIDINE TAB	-	1
meperidine tab (DEMEROL equiv)	-	1
methadone soln	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv)	-	1
oxycodone tab (ROXICODONE equiv)	-	1
tramadol tab (ULTRAM equiv)	-	1
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	2
fentanyl patch (DURAGESIC equiv)	-	2
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2
LEVORPHANOL TAB	-	2
levorphanol tab (LEVORPHANOL equiv)	-	2
morphine sulfate supp	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
oxycodone conc (ROXICODONE equiv)	-	2
oxycodone soln (ROXICODONE equiv)	-	2
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
CODEINE SULFATE SOLN	-	3
FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	3
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
NUCYNTA TAB	-	3
tramadol ER tab (ULTRAM ER equiv)	-	3
ARYMO ER TAB	-	NC
DSUVIA SL TAB	-	NC
EMBEDA CAP	-	NC
EXALGO TAB	-	NC
fentanyl patch 37.5mg, 62.5mg, 87.5mg (FENTANYL equiv)	-	NC
hydromorphone ER tab (EXALGO equiv)	-	NC
KADIAN CAP	-	NC
MORPHABOND TAB	-	NC

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ANALGESICS - OPIOID Cont.		
MORPHINE SULFATE ER BEAD CAP	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC
OXYCONTIN CR TAB	-	NC
OXYMORPHONE ER TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
ZOHYDRO ER CAP	-	NC
OPIOID COMBINATIONS		
acetaminophen/codeine soln	-	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
aspirin/codeine tab	-	1
hydrocodone/acetaminophen cap (LORCET equiv)	-	1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
OXYCODONE/ASPIRIN TAB	-	1
oxycodone/aspirin tab (PERCODAN equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	2
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	2
OXYCODONE/ACETAMINOPHEN SOLN	-	2
CAPITAL/CODEINE SUSP	-	3
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3
LORTAB ELIXIR	-	3
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3
tramadol/acetaminophen tab (ULTRACET equiv)	-	3
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	3
APADAZ TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XARTEMIS XR TAB	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
OPIOID PARTIAL AGONISTS		

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ANALGESICS - OPIOID Cont.		
buprenorphine SL tab (SUBUTEX equiv)	-	2
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	2
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2
ZUBSOLV SL TAB	-	2
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	3
BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days)	QL	3
pentazocine/naloxone tab (TALWIN NX equiv)	-	3
BELBUCA FILM	-	NC
BUNAVAIL FILM	-	NC
SUBLOCADE INJ	-	NC
SUBOXONE SL FILM	-	NC

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

oxandrolone tab (OXANDRIN equiv)	-	1
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ANDROGENS

testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	1
ANDROXY TAB	-	2
danazol cap (DANOCRINE equiv)	-	2
ANDRODERM PATCH	-	NC
ANDROGEL 1% 25MG	-	NC
ANDROGEL 1% 50MG, TESTIM GEL 1%	-	NC
ANDROGEL PUMP 1%	-	NC
ANDROID CAP, TESTRED CAP	-	NC
AXIRON SOLN	-	NC
DEPO-TESTOSTERONE INJ	-	NC
METHITEST TAB	-	NC
METHYLTESTOSTERONE CAP	-	NC
NATESTO NASAL GEL	-	NC
TESTOSTERONE GEL 1% 25MG	-	NC
TESTOSTERONE GEL 1% 50MG	-	NC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv)	-	NC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv)	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL PUMP	-	NC
testosterone gel pump 1.62% (ANDROGEL equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
testosterone soln (AXIRON equiv)	-	NC
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC

ANORECTAL AGENTS

INTRARECTAL STEROIDS

hydrocortisone enema (CORTENEMA equiv)	-	2
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ANORECTAL AGENTS Cont.		
CORTIFOAM	-	3
UCERIS RECTAL FOAM	PA	3
RECTAL COMBINATIONS		
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
hydrocortisone supp (ANUSOL HC equiv)	-	2
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB	PA	2
ivermectin tab (STROMECTOL equiv)	-	2
praziquantel tab (BILTRICIDE equiv)	-	2
BILTRICIDE TAB	-	3
albendazole tab (ALBENZA equiv)	-	NC
ALBENZA TAB	-	NC
EGATEN TAB	-	NC
EMVERM TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	2
NITRATES		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL equiv)	-	1
ISOSORBIDE DINITRATE TAB 30MG	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
NITROGLYCERIN ER CAP	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
nitroglycerin SR cap	-	1
NITRO-BID OINT	-	2
ISOSORBIDE DINITRATE TAB 40MG	-	3
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
NITROMIST SPRAY	-	3
GONITRO POWDER	-	NC
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1

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ACA Affordable Care Act	EXC Plan Exclusion	generic =small letters	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	PA Prior Authorization	MSP Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	QL Quantity Limit
RS Restricted to Specialist	VAC Vaccine Program	¢ RxCENTS	
ST Step Therapy			

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DrugName	Special Code	Tier			
ANTIANXIETY AGENTS Cont.					
hydroxyzine syrup (ATARAX equiv)	-	1			
hydroxyzine tab (ATARAX equiv)	-	1			
meprobamate tab (MILTOWN equiv)	-	1			
bupirone tab 30mg (BUSPAR equiv)	-	NC			
BENZODIAZEPINES					
alprazolam tab (XANAX equiv)	-	1			
chlordiazepoxide cap (LIBRIUM equiv)	-	1			
diazepam conc (VALIUM equiv)	-	1			
DIAZEPAM SOLN	-	1			
diazepam tab (VALIUM equiv)	-	1			
lorazepam conc (ATIVAN equiv)	-	1			
lorazepam tab (ATIVAN equiv)	-	1			
OXAZEPAM CAP	-	1			
oxazepam cap (SERAX equiv)	-	1			
clorazepate tab (TRANXENE-T equiv)	-	2			
alprazolam ER tab (XANAX XR equiv)	-	3			
alprazolam ODT (NIRAVAM equiv)	-	3			
ANTIARRHYTHMICS					
ANTIARRHYTHMICS TYPE I-A					
disopyramide cap (NORPACE equiv)	-	1			
quinidine sulfate tab	-	1			
disopyramide ER cap (NORPACE CR equiv)	-	2			
NORPACE CR CAP	-	2			
quinidine gluconate CR tab	-	2			
QUINIDINE SULFATE ER TAB	-	3			
ANTIARRHYTHMICS TYPE I-B					
MEXILETINE CAP	-	2			
ANTIARRHYTHMICS TYPE I-C					
flecainide tab (TAMBOCOR equiv)	-	1			
propafenone tab (RYTHMOL equiv)	-	1			
propafenone ER cap (RYTHMOL SR equiv)	-	2			
ANTIARRHYTHMICS TYPE III					
amiodarone tab (CORDARONE equiv)	-	1			
dofetilide cap (TIKOSYN equiv)	-	2			
MULTAQ TAB	-	2			
ANTIASTHMATIC AND BRONCHODILATOR AGENTS					
ANTIASTHMATIC - MONOCLONAL ANTIBODIES					
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2			
XOLAIR INJ	LMSP	3			
NUCALA INJ	-	NC			
ANTI-INFLAMMATORY AGENTS					
cromolyn neb soln (INTAL equiv)	-	1			
BRONCHODILATORS - ANTICHOLINERGICS					
ipratropium neb soln (ATROVENT equiv)	-	1			
ATROVENT HFA INHALER	-	2			
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
ACA LD OTC RS ST	NC =Not Covered Affordable Care Act Limited Distribution Over-the-Counter Restricted to Specialist Step Therapy	EXC LMSP PA SF VAC	generic =small letters Plan Exclusion Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	INF MSP QL SMKG ¢	BRANDS =CAPITAL LETTERS Infertility Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
INCRUSE ELLIPTA INHALER	-	2
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	2
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
zafirlukast tab (ACCOLATE equiv)	-	2
ZYFLO TAB	-	3
zileuton ER tab (ZYFLO CR equiv)	-	NC
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB	-	NC
STEROID INHALANTS		
ARNUIITY ELLIPTA INHALER	-	1
ASMANEX HFA INHALER	-	1
ASMANEX INHALER	-	1
budesonide inh susp (PULMICORT equiv)	-	1
FLOVENT DISKUS INHALER	-	1
FLOVENT HFA INHALER	-	1
AEROSPAN HFA INHALER	-	NC
ALVESCO INHALER	-	NC
ARMONAIR RESPICLICK	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
QVAR REDIHALER	-	NC
SYMPATHOMIMETICS		
albuterol neb soln	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1
albuterol sulfate syrup	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
FLUTICASONE/SALMETEROL INHALER	-	1
METAPROTERENOL SYRUP	-	1
ADVAIR DISKUS INHALER	-	2
ADVAIR HFA INHALER	-	2
albuterol sulfate tab	-	2
ALBUTEROL TAB ER	-	2
ANORO ELLIPTA INHALER	-	2
BREO ELLIPTA INHALER	-	2
COMBIVENT INHALER	-	2
COMBIVENT RESPIMAT INHALER	-	2

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

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
DULERA INHALER	-	2
FORADIL AEROLIZER	-	2
SEREVENT DISKUS INHALER	-	2
STIOLTO INHALER	-	2
terbutaline sulfate tab (BRETHINE equiv)	-	2
TRELEGY ELLIPTA INHALER	-	2
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	2
BROVANA NEB SOLN	-	3
levalbuterol neb soln (XOPENEX equiv)	-	3
METAPROTERENOL TAB	-	3
PERFOROMIST NEB SOLN	-	3
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
AIRDUO RESPICLICK	-	NC
ALBUTEROL HFA INHALER, PROVENTIL HFA INHALER	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	-	NC
PROAIR HFA INHALER	-	NC
SYMBICORT INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
XANTHINES		
aminophylline tab	-	1
theophylline CR tab (QUIBRON-T equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
LUFYLLIN TAB	-	3
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB	-	2
XARELTO STARTER PACK	-	2
XARELTO TAB	-	2
BEVYXXA CAP	-	NC
SAVAYSA TAB	-	NC
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2
fondaparinux inj (ARIXTRA equiv)	PA	2
FRAGMIN INJ	-	3
THROMBIN INHIBITORS		
PRADAXA CAP	-	2
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	NC

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ACA Affordable Care Act	EXC Plan Exclusion	generic =small letters	BRANDS =CAPITAL LETTERS
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	INF Infertility	INF Infertility
OTC Over-the-Counter	PA Prior Authorization	MSP Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	QL Quantity Limit	QL Quantity Limit
ST Step Therapy	VAC Vaccine Program	SMKG Smoking Cessation	SMKG Smoking Cessation
		¢ RxCENTS	¢ RxCENTS

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
FYCOMPA SUSP	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab (ONFI equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
clonazepam ODT (KLONOPIN equiv)	-	3
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	3
clobazam susp (ONFI equiv)	-	NC
ONFI SUSP	-	NC
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv)	-	1
gabapentin tab (NEURONTIN equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
pregabalin cap (LYRICA equiv)	-	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
BANZEL SUSP	-	2
BANZEL TAB	-	2
carbamazepine ER cap (CARBATROL equiv)	-	2
carbamazepine ER tab (TEGRETOL XR equiv)	-	2
gabapentin soln (NEURONTIN equiv)	-	2
LAMICTAL CHEW TAB 2MG	-	2
POTIGA TAB (QL= 3 tabs/day)	QL	2
pregabalin soln (LYRICA equiv)	-	2
VIMPAT SOLN	-	2
VIMPAT TAB (QL= 2 tabs/day)	QL	2
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
lamotrigine ER tab (LAMICTAL XR equiv)	-	3
lamotrigine ODT (LAMICTAL equiv)	-	3
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3
APTiom TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC

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

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
DIACOMIT CAP	-	NC
DIACOMIT POWDER PACK	-	NC
EPIDIOLEX SOLN	-	NC
LYRICA CAP	-	NC
OXTELLAR XR TAB	-	NC
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC
SPRITAM TAB	-	NC
TROKENDI XR CAP	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	2
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	2
vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	2
SABRIL TAB	-	NC
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days)	ST	3

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RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
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	Step Therapy		Vaccine Program		RxCENTS

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days)	ST	3
MARPLAN TAB (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days)	ST	3
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN	-	NC
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
escitalopram soln (LEXAPRO equiv)	-	2
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	2
paroxetine ER tab (PAXIL CR equiv)	-	2
PAXIL SUSP (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days)	ST	3
FLUOXETINE TAB 60MG	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PEXEVA TAB	-	NC
PROZAC SOLN	-	NC
PROZAC TAB	-	NC
PROZAC WEEKLY CAP	-	NC
SEROTONIN MODULATORS		
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
NEFAZODONE TAB (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days)	ST	3
OLEPTRO TAB	-	NC
trazodone tab 300mg (DESYREL equiv)	-	NC
TRINTELLIX TAB	-	NC
VIIBRYD STARTER KIT	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
desvenlafaxine ER tab (PRISTIQ equiv)	-	2
CYMBALTA CAP	-	NC

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
DESVENLAFAXINE ER TAB	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
KHEDEZLA ER TAB	-	NC
venlafaxine ER tab	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
AMOXAPINE TAB (Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days)	ST	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1
NORTRIPTYLINE SOLN	-	1
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 (GLYSET equiv)	-	3

ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	-	NC

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

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

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
DUETACT TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
REPAGLINIDE TAB	-	NC
SEGLUROMET TAB	-	NC
SOLIQUA INJ	-	NC
STEGLUJAN TAB	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
RIOMET SOLN, METFORMIN SOLN	-	3
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
metformin ER osmotic tab (GLUMETZA equiv)	-	NC
DIABETIC OTHER		
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	2
PROGLYCEM SUSP	-	3
BAQSIMI NASAL POWDER	-	NC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL-¢	2
TRADJENTA TAB (QL= 1 tab/day)	QL	2
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2
BYDUREON INJ (QL= 4 inj/28 days)	QL	2
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2
VICTOZA INJ (QL= 9ml/30 days)	QL	2
BYETTA INJ (QL= 1 pen/30 days)	QL	3
TRULICITY INJ (QL= 4 pens/28 days)	QL	3
ADLYXIN INJ	-	NC
TANZEUM INJ	-	NC
INSULIN		

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ACA Affordable Care Act	EXC Plan Exclusion	generic =small letters	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program		MSP Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	PA Prior Authorization		QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS	

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
FIASP FLEXTOUCH INJ	-	2
FIASP INJ	-	2
HUMULIN R INJ U-500	-	2
HUMULIN R U-500 KWIKPEN INJ	-	2
LANTUS INJ	-	2
LANTUS SOLOSTAR INJ	-	2
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
NOVOLIN INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
TOUJEO MAX SOLOSTAR INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2
ADMELOG INJ, INSULIN LISPRO INJ	-	NC
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ	-	NC
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ	-	NC
HUMALOG INJ	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG MIX INJ	-	NC
HUMALOG MIX KWIKPEN INJ	-	NC
HUMALOG PEN INJ	-	NC
HUMULIN MIX INJ	OTC	NC
HUMULIN MIX PEN INJ	OTC	NC
HUMULIN N INJ	OTC	NC
HUMULIN N PEN INJ	OTC	NC
HUMULIN R INJ	OTC	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	3
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
SULFONYLUREAS		
chlorpropamide tab (DIABINESE equiv)	-	1

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

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
tolazamide tab (TOLINASE equiv)	-	1
TOLBUTAMIDE TAB	-	2

ANTIDIARRHEALS

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TAB	-	NC
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ANTIDIARRHEAL AGENTS - MISC.

REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC

ANTIDIARRHEAL COMBINATIONS

EVIVO LIQUID	-	NC
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ANTIPERISTALTIC AGENTS

diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
opium tincture	-	3
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC

ANTIDOTES

ANTIDOTES

VISTOGARD PAK	-	NC
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ANTIDOTES - CHELATING AGENTS

CHEMET CAP	-	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2
JADENU TAB	LMSP	2

OPIOID ANTAGONISTS

naltrexone tab (REVIA equiv)	-	1
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	QL	2
EVZIO INJ	-	NC
VIVITROL INJ	-	NC

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

deferasirox tab (EXJADE equiv)	LMSP	2
JADENU SPRINKLE	LMSP	2

ANTIDOTES AND SPECIFIC ANTAGONISTS

CETYLEV TAB	-	NC
OPIOID ANTAGONISTS		
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2
naloxone inj	-	NC

ANTIEMETICS

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	Step Therapy		Vaccine Program		RxCENTS

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DrugName	Special Code	Tier
ANTIEMETICS Cont.		
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
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
ANTIEMETICS - ANTICHOLINERGIC		
maldemar tab (SCOPACE equiv)	-	1
meclizine tab (ANTIVERT equiv) (Rx Only)	-	1
trimethobenzamide cap (TIGAN equiv)	-	1
scopolamine patch (TRANSDERM-SCOP equiv)	-	3
meclizine chew tab (BONINE equiv)	OTC	NC
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2
dronabinol cap (MARINOL equiv)	PA	2
CESAMET CAP	-	3
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC
SYNDROS SOLN	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; 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
EMEND SUSP	-	NC
ANTIFUNGALS		
ANTIFUNGALS		
nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
flucytosine cap (ANCOBON equiv)	-	2
griseofulvin micro tab (GRIFULVIN V equiv)	-	2
griseofulvin susp (GRIFULVIN equiv)	-	2
griseofulvin tab (GRIS-PEG equiv)	-	2
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	PA	2
NOXAFIL SUSP	-	2
NOXAFIL TAB	-	2
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2

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ACA Affordable Care Act	EXC Plan Exclusion	generic =small letters	INF Infertility
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OTC Over-the-Counter	PA Prior Authorization		QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	RxCENTS RxCENTS
ST Step Therapy	VAC Vaccine Program		¢

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DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
itraconazole soln (SPORANOX equiv)	PA	3
SPORANOX SOLN	PA	3
CRESEMBA CAP	-	NC
TOLSURA CAP	-	NC
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine ER cap	-	1
RYCLOLA SYRUP, DEXCHLORPHENIRAMINE SYRUP	-	NC
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
carbinoxamine soln (PALGIC equiv)	-	NC
carbinoxamine tab (PALGIC equiv)	-	NC
KARBINAL ER SUSP	-	NC
RYVENT TAB	-	NC
ANTIHISTAMINES - NON-SEDATING		
cetirizine cap (ZYRTEC equiv)	OTC	1
cetirizine syrup (ZYRTEC equiv)	OTC	1
cetirizine tab (ZYRTEC equiv)	OTC	1
fexofenadine susp (ALLEGRA equiv)	OTC	1
fexofenadine tab (ALLEGRA equiv)	OTC	1
loratadine cap (CLARITIN equiv)	OTC	1
loratadine chew tab (CLARITIN equiv)	OTC	1
loratadine syrup (CLARITIN equiv)	OTC	1
loratadine tab (CLARITIN equiv)	OTC	1
ALLEGRA ODT	OTC	NC
ALLEGRA SUSP	OTC	NC
ALLEGRA TAB	OTC	NC
CLARINEX REDITAB	-	NC
CLARINEX SYRUP	-	NC
CLARINEX TAB	-	NC
CLARITIN CAP	OTC	NC
CLARITIN CHEW TAB	OTC	NC
CLARITIN REDITAB	OTC	NC
CLARITIN SYRUP	OTC	NC
CLARITIN TAB	OTC	NC
DESLORATADINE ODT	-	NC
desloratadine tab (CLARINEX equiv)	-	NC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
loratadine ODT (CLARITIN equiv)	OTC	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
ZYRTEC CAP	OTC	NC
ZYRTEC SYRUP	OTC	NC
ZYRTEC TAB	OTC	NC
ANTIHISTAMINES - PHENOTHIAZINES		

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RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
ST	Restricted to Specialist	VAC	Limited to two 15 day fills per month for first 3 months	¢	Smoking Cessation
	Step Therapy		Vaccine Program		RxCENTS

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DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	2
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
KYNAMRO INJ	-	NC
VASCEPA CAP	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
colesevelam pack (WELCHOL equiv)	-	2
colesevelam tab (WELCHOL equiv)	-	2
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
WELCHOL PACK	-	NC
WELCHOL TAB	-	NC
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
FENOFIBRIC TAB, FIBRICOR TAB	-	3
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
LOFIBRA TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab 10mg (LIPITOR equiv)	ACA	1
atorvastatin tab 20mg (LIPITOR equiv)	ACA	1
atorvastatin tab 40mg (LIPITOR equiv)	ACA	1
atorvastatin tab 80mg (LIPITOR equiv)	ACA	1

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
lovastatin tab (MEVACOR equiv)	ACA	1
pravastatin tab (PRAVACHOL equiv)	ACA	1
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	ACA-QL	1
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	1
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	ACA	1
fluvastatin cap (LESCOL equiv)	-	2
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	2
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	2
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
EZALLOR SPRINKLE CAP	-	NC
FLOLIPID SUSP	-	NC
fluvastatin ER tab (LESCOL XL equiv)	-	NC
LESCOL XL TAB	-	NC
SIMCOR TAB	-	NC
ZOCOR TAB 80MG	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	1
NIACOR TAB	-	NC
NIASPAN ER TAB	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
REPATHA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
moexipril tab (UNIVASC equiv)	-	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
EPANED PREMIXED SOLN	PA	3
EPANED SOLN	PA	3
QBRELIS SOLN	PA	3
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RS	Over-the-Counter	LMSP
ST	Restricted to Specialist	PA
	Step Therapy	SF
		VAC
		INF
		MSP
		QL
		SMKG
		¢
		BRANDS =CAPITAL LETTERS
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ANTIHYPERTENSIVES Cont.		
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLIN equiv)	-	2
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	2
ATACAND TAB	-	NC
candesartan tab (ATACAND equiv)	-	NC
EDARBI TAB	-	NC
EPROSARTAN TAB	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
CATAPRES-TTS PATCH	-	3
GUANABENZ TAB	-	3
NEXICLON XR SUSP	-	3
NEXICLON XR TAB	-	3
RESERPINE TAB	-	3
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
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
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	1
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
amlodipine/olmesartan tab (AZOR equiv)	-	2
amlodipine/valsartan tab (EXFORGE equiv)	-	2
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	2

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
AMTURNIDE TAB	-	3
CORZIDE TAB 80-5MG	-	3
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	3
TARKA TAB	-	3
TEKAMLO TAB	-	3
TEKTURNA HCT TAB	-	3
trandolapril/verapamil ER tab (TARKA equiv)	-	3
VALTURNA TAB	-	3
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC
PRESTALIA TAB	-	NC
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRIBENZOR TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv)	¢	3
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPIRA equiv)	¢	3
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole cap (FLAGYL equiv)	-	1
metronidazole tab (FLAGYL equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
NEBUPENT NEB SOLN	-	2
FIRST METRONIDAZOLE SUSP	-	3
FLAGYL ER TAB	-	3
PRIMSOL SOLN	-	3
tinidazole tab (TINDAMAX equiv)	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	3
AEMCOLO TAB	-	NC
IMPAVIDO CAP	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
ANTIPROTOZOAL AGENTS		

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

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ANTI-INFECTIVE AGENTS - MISC. Cont.		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	2
atovaquone susp (MEPRON equiv)	-	2
GLYCOPEPTIDES		
FIRVANQ SOLN	-	1
VANCOMYCIN SOLN KIT	-	1
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	2
VANCOMYCIN INJ	-	NC
KETOLIDES		
KETEK TAB	-	3
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	3
MONOBACTAMS		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	2
OXAZOLIDINONES		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	2
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
PLEUROMUTILINS		
XENLETA TAB	-	NC
POLYMYXINS		
colistimethate inj (COLY-MYCIN M equiv)	-	NC
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	2
FANSIDAR TAB	-	3
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
MEFLOQUINE TAB	-	2
mefloquine tab (LARIAM equiv)	-	2
primaquine tab (PRIMAQUINE equiv)	-	2
ARAKODA TAB, KRINTAFEL TAB	-	NC
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
PROSTIGMIN TAB	-	2

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	Step Therapy		Vaccine Program		RxCENTS

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ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.					
pyridostigmine CR tab (MESTINON equiv)	-	2			
pyridstigma soln (MESTINON equiv)	-	3			
FIRDAPSE TAB	-	NC			
PYRIDOSTIGMINE TAB 30MG	-	NC			
RUZURGI TAB	-	NC			
ANTIMYCOBACTERIAL AGENTS					
ANTI TB COMBINATIONS					
RIFAMATE CAP	-	2			
ANTIMYCOBACTERIAL AGENTS					
ISONIAZID SYRUP	-	1			
isoniazid tab	-	1			
pyrazinamide tab	-	1			
ethambutol tab (MYAMBUTOL equiv)	-	2			
PRIFTIN TAB	-	2			
rifabutin cap (MYCOBUTIN equiv)	-	2			
rifampin cap (RIFADIN equiv)	-	2			
cycloserine cap (CYCLOSERINE CAP equiv)	-	NC			
SIRTURO TAB	-	NC			
ANTINEOPLASTICS					
ANTINEOPLASTICS MISC.					
tretinoin cap (VESANOID equiv)	LMSP	2			
MITOTIC INHIBITORS					
etoposide cap (VEPESID equiv)	LMSP	2			
TOPOISOMERASE I INHIBITORS					
HYCAMTIN CAP	LMSP-PA	2			
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES					
ALKYLATING AGENTS					
AFINITOR TAB (QL= 1 tab/day)	LMSP-PA-QL-SF	2			
cyclophosphamide cap	-	2			
cyclophosphamide tab (CYTOXAN equiv)	-	2			
GLEOSTINE/LOMUSTINE CAP	-	2			
HEXALEN CAP	-	2			
LEUKERAN TAB	-	2			
melphalan tab (ALKERAN equiv)	-	2			
MYLERAN TAB	LMSP	2			
temozolomide cap (TEMODAR equiv)	LMSP	2			
ANTIMETABOLITES					
methotrexate inj	-	1			
methotrexate tab (TREXALL equiv)	-	1			
capecitabine tab (XELODA equiv)	LMSP	2			
mercaptopurine tab (PURINETHOL equiv)	-	2			
TABLOID TAB	-	2			
TREXALL TAB	-	2			
PURIXAN SUSP	-	NC			
XATMEP SOLN	-	NC			
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ACA LD OTC RS ST	NC =Not Covered Affordable Care Act Limited Distribution Over-the-Counter Restricted to Specialist Step Therapy	EXC LMSP PA SF VAC	generic =small letters Plan Exclusion Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	INF MSP QL SMKG ¢	BRANDS =CAPITAL LETTERS Infertility Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ANTINEOPLASTIC - ANTIBODIES		
GAZYVA INJ	-	NC
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP	MSP-PA-SF	2
ODOMZO CAP	LMSP-PA-SF	2
DAURISMO TAB	-	NC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv)	-	1
bicalutamide tab (CASODEX equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-PA-QL-SF	2
EMCYT CAP	-	2
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	2
exemestane tab (AROMASIN equiv)	-	2
flutamide cap (EULEXIN equiv)	-	2
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD	2
nilutamide tab (NILANDRON equiv)	LMSP	2
tamoxifen tab (NOLVADEX equiv)	ACA	2
toremifene tab (FARESTON equiv)	-	2
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	2
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
NUBEQA TAB	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 500MG	-	NC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP	-	NC
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK	-	NC
ANTINEOPLASTIC COMBINATIONS		
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	2
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	2
HERCEPTIN HYLECTA INJ	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DISPERZ (QL= 1 tab/day)	LMSP-PA-QL-SF	2
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	2
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
BOSULIF TAB	MSP-PA-SF	2
BRAFTOVI CAP 50MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	2
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	2
erlotinib tab (TARCEVA equiv)	LMSP-PA-SF	2
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	2
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	2
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	2
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	2
imatinib tab (GLEEVEC equiv)	LMSP-PA	2
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	2
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	2
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	2
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	2
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	2
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	2
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	2
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
NEXAVAR TAB	MSP-PA-SF	2
NINLARO CAP	MSP-PA	2
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	2
RYDAPT CAP	LMSP-PA	2
SPRYCEL TAB	LMSP-PA-SF	2
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2
SUTENT CAP	MSP-PA-SF	2
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	2
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
TASIGNA CAP	LMSP-PA-SF	2
TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
TYKERB TAB	LMSP-PA	2
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	2
VOTRIENT TAB	LMSP-PA-SF	2
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
ZELBORAF TAB (QL= 8 tabs/day)	MSP-PA-QL	2
ZOLINZA CAP	LMSP-PA-SF	2
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	2
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	2
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	2

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ALUNBRIG PAK	-	NC
BALVERSA TAB	-	NC
COPIKTRA CAP	-	NC
INREBIC CAP	-	NC
LORBRENA TAB	-	NC
PIQRAY TAB	-	NC
ROZLYTREK CAP	-	NC
TALZENNA CAP 0.25MG	-	NC
TALZENNA CAP 1MG	-	NC
TARCEVA TAB	-	NC
TURALIO CAP	-	NC
VITRAKVI CAP	-	NC
VITRAKVI SOLN	-	NC
VIZIMPRO TAB	-	NC
XOSPATA TAB	-	NC

ANTINEOPLASTICS MISC.

hydroxyurea cap (HYDREA equiv)	-	1
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	2
ALFERON-N INJ	LMSP	2
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	2
INTRON-A INJ	MSP	2
MATULANE CAP	-	2
SYLATRON INJ	MSP-PA	3
PROLEUKIN INJ	-	NC
SYNRIBO INJ	-	NC

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

leucovorin tab	-	1
MESNEX TAB	LMSP	2

ANTIPARKINSON AGENTS

ANTIPARKINSON ADJUVANTS

carbidopa tab (LODOSYN equiv)	-	2
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ANTIPARKINSON ANTICHOLINERGICS

benztropine tab	-	1
trihexyphenidyl elixir (ARTANE equiv)	-	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

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ANTIPARKINSON AGENTS Cont.		
ropinirole tab (REQUIP equiv)	-	1
amantadine tab	-	2
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
NEUPRO PATCH	-	3
pramipexole ER tab (MIRAPEX ER equiv)	-	3
ropinirole ER tab (REQUIP XL equiv)	-	3
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
MIRAPEX ER TAB	-	NC
RYTARY CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	¢	2
XADAGO TAB (QL= 1 tab/day)	PA-QL	3
ZELAPAR ODT	-	3
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON DOPAMINERGICS		
INBRIJA INH POWDER	-	NC
OSMOLEX ER TAB	-	NC
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium citrate soln	-	1
ANTIPSYCHOTICS - MISC.		
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine)	QL-ST-¢	2
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
BENZISOXAZOLES		
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
paliperidone ER tab (INVEGA equiv)	PA	2
RISPERIDONE ODT	-	2
risperidone ODT (RISPERDAL M equiv)	-	2
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3

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ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
INVEGA INJ	-	NC
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
clozapine ODT 12.5mg, 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	2
CLOZAPINE ODT, FAZACLO ODT	-	2
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
quetiapine XR tab (SEROQUEL XR equiv)	-	2
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3
ADASUVE INHALER	-	NC
SEROQUEL TAB	-	NC
SEROQUEL XR TAB	-	NC
VERSACLOZ SUSP	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
FLUPHENAZINE TAB	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine tab (MELLARIL equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	1
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3
ABILIFY SOLN	PA	3
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	3
aripiprazole soln (ABILIFY equiv)	PA	3
ABILIFY MYCITE TAB	-	NC
ABILIFY TAB	-	NC
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
CHLORINE ANTISEPTICS		
PHISOHEX LIQUID	-	3
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC

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

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DrugName	Special Code	Tier
ANTIVIRALS		
ANTIRETROVIRALS		
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
ATRIPLA TAB	-	2
BIKTARVY TAB	-	2
CIMDUO TAB	-	2
COMPLERA TAB	-	2
CRIXIVAN CAP	-	2
DESCOVY TAB	PA	2
didanosine DR cap (VIDEX EC equiv)	-	2
DOVATO TAB	-	2
EDURANT TAB	-	2
efavirenz cap (SUSTIVA equiv)	-	2
efavirenz tab (SUSTIVA equiv)	-	2
EMTRIVA CAP	-	2
EMTRIVA SOLN	-	2
EVOTAZ TAB	-	2
fosamprenavir tab (LEXIVA equiv)	-	2
FUZEON INJ	LMSP	2
GENVOYA TAB	-	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
KALETRA 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
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	2
nevirapine susp (VIRAMUNE equiv)	-	2
NORVIR CAP	-	2
NORVIR POWDER PACK	-	2
NORVIR SOLN	-	2
ODEFSEY TAB	-	2
PREZCOBIX TAB	-	2
PREZISTA SUSP	-	2

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ANTIVIRALS Cont.		
PREZISTA TAB	-	2
RESCRIPTOR TAB	-	2
REYATAZ POWDER PACK	-	2
ritonavir tab (NORVIR equiv)	-	2
SELZENTRY SOLN	-	2
SELZENTRY TAB	-	2
stavudine cap (ZERIT equiv)	-	2
stavudine soln (ZERIT equiv)	-	2
STRIBILD TAB	-	2
SYMFI (LO) TAB	-	2
SYMTUZA TAB	-	2
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2
TIVICAY TAB (QL= 2 tabs/day)	QL	2
TRIUMEQ TAB	-	2
TRUVADA TAB	PA	2
VIDEX EC CAP 125MG	-	2
VIDEX SOLN	-	2
VIRACEPT POWDER	-	2
VIRACEPT TAB	-	2
VIREAD TAB	-	2
VITEKTA TAB	-	2
zidovudine cap (RETROVIR equiv)	-	2
zidovudine syrup (RETROVIR equiv)	-	2
zidovudine tab (RETROVIR equiv)	-	2
SUSTIVA TAB	-	3
ZERIT SOLN	-	3
DELSTRIGO TAB	-	NC
PIFELTRO TAB	-	NC
TYBOST TAB	-	NC
CMV AGENTS		
GANCICLOVIR CAP	-	2
valganciclovir soln (VALCYTE equiv)	-	2
valganciclovir tab (VALCYTE equiv)	-	2
PREVYMIS TAB	-	NC
HEPATITIS AGENTS		
adefovir dipivoxil tab (HEPSERA equiv)	LMSP	2
entecavir tab (BARACLUDGE equiv) (QL= 1 tab/day)	QL	2
EPIVIR HBV SOLN	-	2
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day)	LMSP-PA-QL	2
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	2
MODERIBA PAK	LMSP	2
PEGASYS INJ	LMSP-PA	2
PEG-INTRON INJ	LMSP	2
REBETOL SOLN	LMSP	2
ribavirin cap (REBETOL equiv)	LMSP	2

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	Step Therapy		Vaccine Program		RxCENTS

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
ribavirin tab (COPEGUS equiv)	LMSP	2
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day)	LMSP-PA-QL	2
VEMLIDY TAB	-	2
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	2
BARACLUDE SOLN	-	NC
DAKLINZA TAB	-	NC
EPCLUSA TAB	-	NC
HARVONI TAB	-	NC
INCIVEK TAB	-	NC
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
TYZEKA TAB	-	NC
VICTRELIS CAP	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	3
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
rimantadine tab (FLUMADINE equiv)	-	1
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
XOFLUZA TAB	-	NC
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
CHELATING AGENTS		
DEPEN TITRATAB, D-PENAMINE TAB	-	2
IMMUNOMODULATORS		
REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	2
THALOMID CAP	MSP-PA	2
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
tacrolimus cap (PROGRAF equiv)	-	1
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ACA Affordable Care Act LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy	EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	generic =small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation ¢ RxCENTS

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ASSORTED CLASSES Cont.		
cyclosporine cap (SANDIMMUNE equiv)	-	2
cyclosporine modified cap (NEORAL equiv)	-	2
cyclosporine modified soln (NEORAL equiv)	-	2
mycophenolate DR tab (MYFORTIC equiv)	-	2
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	2
SANDIMMUNE SOLN 100MG/ML	-	2
sirolimus tab (RAPAMUNE equiv)	-	2
ZORTRESS TAB	PA	2
AZASAN TAB	-	NC
ENVARUSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER	PA	2
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
BYSTOLIC TAB	¢	2
FIRST ATENOLOL SOLN	-	NC
FIRST METOPROLOL ORAL SOLN	-	NC
KAPSPARGO CAP	-	NC
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC
BETA BLOCKERS NON-SELECTIVE		
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
nadolol tab (CORGARD equiv)	-	2
LEVATOL TAB	-	3
HEMANGEOL SOLN	-	NC
INDERAL XL CAP, INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC

BIOLOGICALS MISC

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	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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BIOLOGICALS MISC Cont.

ALLERGENIC EXTRACTS

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

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine tab (NORVASC equiv)	-	1
DILTIAZEM CAP	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nicardipine cap (CARDENE equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
VERAPAMIL CAP 100MG	-	1
VERAPAMIL ER CAP 300MG	-	1
verapamil SR cap (VERELAN equiv)	-	1
VERAPAMIL SR CAP 360mg	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	2
nisoldipine ER tab (SULAR equiv)	-	2
CARDENE SR CAP	-	3
COVERA-HS TAB	-	3
DYNACIRC CR TAB	-	3
felodipine ER tab (PLENDIL equiv)	-	3
nimodipine cap (NIMOTOP equiv)	-	3
VERELAN PM ER CAP 100MG, 300MG	-	3
VERELAN SR CAP 360mg	-	3
KATERZIA SUSP	-	NC
NYMALIZE SOLN	-	NC

CARDIOTONICS

CARDIAC GLYCOSIDES

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

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

PERIPHERAL VASODILATORS

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

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
isoxsuprine tab	-	3
PROSTAGLANDIN VASODILATORS		
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
ORENITRAM TAB	-	NC
REMODULIN INJ 10MG/ML	-	NC
REMODULIN INJ 1MG/ML	-	NC
REMODULIN INJ 2.5MG/ML	-	NC
REMODULIN INJ 5MG/ML	-	NC
treprostinil inj 10mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 1mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 2.5mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 5mg/ml (REMODULIN equiv)	-	NC
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	LMSP-PA-QL	2
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
bosentan tab (TRACLEER equiv)	-	NC
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	1
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	2
REVATIO SUSP	-	NC
sildenafil susp (REVATIO equiv)	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
SINUS NODE INHIBITORS		
CORLANOR TAB	PA	3
CORLANOR SOLN	-	NC
TRANSTHYRETIN STABILIZERS		
VYNDAQEL CAP	-	NC
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
CEPHALEXIN TAB	-	NC
DAXBIA CAP	-	NC
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1

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CEPHALOSPORINS Cont.		
cefuroxime susp (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
cefaclor cap (CECLOR equiv)	-	3
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
CEDAX CAP	-	3
CEDAX SUSP	-	3
CEFDITOREN TAB	-	3
cefixime cap (SUPRAX equiv)	-	3
cefixime susp (SUPRAX equiv)	-	3
cefpodoxime proxetil susp (VANTIN equiv)	-	3
cefpodoxime proxetil tab (VANTIN equiv)	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX TAB	-	3

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

gianvi tab, ocella tab (YASMIN, YAZ equiv)	ACA	1
amethyst tab (LYBREL equiv)	ACA	2
apri tab (DESOGEN equiv)	ACA	2
aranelle tab (TRI-NORINYL equiv)	ACA	2
aviane tab (ALESSE equiv)	ACA	2
cesia tab (CYCLESSA equiv)	ACA	2
cryselle tab	ACA	2
enpresse tab (TRI-LEVELLEN equiv)	ACA	2
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	ACA	2
junel FE tab (LOESTRIN FE equiv)	ACA	2
junel tab (LOESTRIN equiv)	ACA	2
kariva tab (MIRCETTE equiv)	ACA	2
kelnor tab (DEMULEN equiv)	ACA	2
mononessa tab (ORTHO-CYCLEN equiv)	ACA	2
necon tab (ORTHO-NOVUM equiv)	ACA	2
necon tab 1-50 (NORYNIL equiv)	ACA	2
nortrel tab (OVCON 35 equiv)	ACA	2
tri-legest tab (ESTROSTEP FE equiv)	ACA	2
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	ACA	2
wymzya FE tab (FEMCON FE equiv)	ACA	2
LO LOESTRIN TAB	-	3
LO MINASTRIN 24 FE CHEW TAB	-	3
LOESTRIN 24 FE TAB	-	3
mibelas chew tab (MINASTRIN equiv)	-	3

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	Step Therapy		Vaccine Program		RxCENTS

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
NATAZIA TAB	-	3
BALCOLTRA TAB	-	NC
BEYAZ TAB	-	NC
FALESSA KIT	-	NC
rajani tab (BEYAZ equiv)	-	NC
TAYTULLA CAP	-	NC
tydemy tab (SAFYRAL equiv)	-	NC
YASMIN TAB	-	NC
YAZ TAB	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	ACA	2
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	ACA	2
ANNOVERA RING	-	NC
COPPER CONTRACEPTIVES - IUD (NEW)		
PARAGARD IUD	ACA	2
EMERGENCY CONTRACEPTIVES		
ELLA TAB	ACA	2
levonorgestrel tab (PLAN B equiv)	ACA-OTC	2
LEVONORGESTREL TAB 0.75MG	ACA	2
PLAN B TAB	ACA-OTC	3
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON IMPLANT, NEXPLANON IMPLANT	ACA	2
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	ACA-QL	2
medroxyprogesterone inj (DEPO-PROVERA equiv)	ACA-QL	2
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	ACA-QL	2
DEPO-PROVERA INJ	-	NC
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	ACA	2
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	ACA	2
SLYND TAB	-	NC
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
dexamethasone soln	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
PREDNISOLONE SYRUP	-	1
prednisolone syrup (PRELONE equiv)	-	1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
ACA	NC =Not Covered	
LD	Affordable Care Act	
OTC	Limited Distribution	
RS	Over-the-Counter	
ST	Restricted to Specialist	
	Step Therapy	
EXC	generic =small letters	
LMSP	Plan Exclusion	
PA	Lumicera Mandatory Specialty Pharmacy Program	
SF	Prior Authorization	
VAC	Limited to two 15 day fills per month for first 3 months	
	Vaccine Program	
INF	BRANDS =CAPITAL LETTERS	
MSP	Infertility	
QL	Mandatory Specialty Pharmacy Program	
SMKG	Quantity Limit	
¢	Smoking Cessation	
	RxCENTS	

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
PREDNISON SOLN	-	1
PREDNISON TAB	-	1
prednisone tab (DELTASONE equiv)	-	1
budesonide SR cap (ENTOCORT EC equiv)	-	2
CORTISONE ACETATE TAB	-	2
prednisolone ODT (ORAPRED equiv)	-	2
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	3
MILLIPRED TAB	-	3
dexamethasone pak (DEXPAK equiv)	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
FLO-PRED SUSP	-	NC
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
prednisone pack	-	NC
PREDNISON/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	1

COUGH/COLD/ALLERGY

ANTITUSSIVES

benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC

COUGH/COLD/ALLERGY COMBINATIONS

cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC	1
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	OTC	1
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC	1
promethazine DM syrup	-	1
PROMETHAZINE VC SYRUP	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
PROMETHAZINE VC/CODEINE SYRUP	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3
NEOTUSS PLUS LIQUID	-	3
PROMETHAZINE DM SYRUP	-	3
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3
ALLEGRA-D 12-HOUR TAB	OTC	NC
ALLEGRA-D 24-HOUR TAB	OTC	NC
ALLEGRA-D TAB	OTC	NC

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

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COUGH/COLD/ALLERGY Cont.		
CLARINEX-D TAB	-	NC
CLARITIN-D TAB	OTC	NC
DECON-A LIQUID	OTC	NC
DURAVENT PE TAB	-	NC
HDC DM SYRUP	-	NC
HYCOFENIX SOLN	-	NC
loratadine/pseudoephedrine 24-hour tab (CLARATIN equiv)	OTC	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUSSIONEX SUSP	-	NC
TUSSI-PRES LIQUID	-	NC
TUSSLIN LIQUID	OTC	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
ZUTRIPRO LIQUID	-	NC
ZYRTEC-D TAB	OTC	NC

EXPECTORANTS

SSKI SOLN	-	2
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC

MISC. RESPIRATORY INHALANTS

sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2

MUCOLYTICS

acetylcysteine soln (MUCOMYST equiv)	-	1
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DERMATOLOGICALS

ACNE PRODUCTS

clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
CLINDAMYCIN PAD	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	1
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
AVAR GEL	-	2
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	2
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2

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	Step Therapy		Vaccine Program		RxCENTS

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DERMATOLOGICALS Cont.		
isotretinoin cap (ACUTANE equiv)	-	2
PRASCION RA CREAM	-	2
sodium sulfacetamide lotion (KLARON equiv)	-	2
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
EPIDUO GEL 0.1-2.5%	PA	3
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3
ABSORICA CAP	-	NC
ACZONE GEL 7.5%	-	NC
adapalene gel (DIFFERIN equiv)	-	NC
ADAPALENE LOTION (DIFFERIN equiv)	-	NC
ALTRENO LOTION	-	NC
AVAR AEROSOL FOAM	-	NC
AVAR PAD	-	NC
AZELEX CREAM	-	NC
BENZAC WASH	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLINDACIN KIT	-	NC
CLINDAGEL	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin/tretinoin gel (ZIANA equiv)	-	NC
dapsone gel (ACZONE equiv)	-	NC
DIFFERIN GEL	-	NC
DIFFERIN OTC GEL 0.1%	OTC	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC
ONEXTON GEL	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
ROSULA WASH	-	NC
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
SUMADAN KIT	-	NC
SUMADEN XLT KIT	-	NC
TRETIN-X CREAM	-	NC

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DERMATOLOGICALS Cont.		
VELTIN GEL	-	NC
ZIANA GEL	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
KYBELLA INJ	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
ALTABAX OINT	-	3
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
BACTROBAN CREAM	-	NC
MUPIROCIN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
XEPI CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2
econazole cream (SPECTAZOLE equiv)	-	3
ERTACZO CREAM	-	3
EXELDERM CREAM	-	3
EXELDERM SOLN	-	3
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	3
MENTAX CREAM	-	3
naftifine cream (NAFTIN equiv)	-	3
naftifine gel (NAFTIN equiv)	-	3
NAFTIN GEL	-	3
oxiconazole nitrate cream (OXISTAT equiv)	-	3

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	Step Therapy		Vaccine Program		RxCENTS

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
OXISTAT LOTION	-	3
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
ALOQUIN GEL	-	NC
CICLODAN KIT	-	NC
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC
ECOZA FOAM	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
NAFTIN GEL 2%	-	NC
nizoral a-d shampoo (NIZORAL equiv)	OTC	NC
nystatin/triamcinolone cream	-	NC
nystatin/triamcinolone oint	-	NC
PENLAC SOLN	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	2
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2
DICLOFENAC PATCH, FLECTOR PATCH	-	NC
DST PLUS PAK KIT	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
REXAPHENAC CREAM	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX CREAM equiv)	-	1
FLUOROPLEX CREAM	-	2
FLUOROURACIL SOLN	-	2
TARGRETIN GEL	LMSP-PA	2
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	2
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	3
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
FLUOROURACIL CREAM 0.5%	-	NC
PICATO GEL	-	NC
ANTIPRURITICS - TOPICAL		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	-	NC
ANTIPSORIATICS		
8-MOP CAP	-	2
acitretin cap (SORIATANE equiv)	-	2

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DERMATOLOGICALS Cont.		
calcipotriene cream (DOVONEX CREAM equiv)	-	2
calcipotriene oint	-	2
calcipotriene soln (DOVONEX SOLN equiv)	-	2
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	LMSP-PA-QL	2
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	LMSP-PA-QL	2
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2
SORIATANE CK KIT	-	2
CALCITRIOL OINT	-	3
SORILUX FOAM	-	3
SILIQ INJ	-	NC
SKYRIZI INJ	-	NC
STELARA INJ	-	NC
TALTZ INJ	-	NC
tazarotene cream 0.1% (TAZORAC equiv)	-	NC
TAZORAC CREAM 0.05%	-	NC
TAZORAC GEL	-	NC
TREMFYA INJ	-	NC
VECTICAL OINT	-	NC
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	1
selenium sulfide shampoo (SELSEB equiv)	-	2
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
OVACE PLUS CREAM	-	3
seb-prev cream (OVACE CREAM equiv)	-	3
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3
sodium sulfacetamide shampoo (OVACE equiv)	-	3
sodium sulfacetamide/urea pad (ROSULA equiv)	-	3
ESKATA SOLN	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS FOAM	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX OINT equiv)	-	2
acyclovir cream (ZOVIRAX equiv)	-	3
XERESE CREAM	-	3
DENAVIR CREAM	-	NC
ZOVIRAX OINT	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLLON CREAM	-	2
CORTICOSTEROIDS - TOPICAL		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel	-	1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1

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DERMATOLOGICALS Cont.		
betamethasone dipropionate lotion	-	1
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream 0.05% (LIDEX equiv)	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone 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
clobetasol propionate cream (TEMOVATE equiv)	-	2
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2
clobetasol propionate oint (TEMOVATE equiv)	-	2
clobetasol propionate soln (TEMOVATE equiv)	-	2
desonide cream (DESOWEN equiv)	-	2
desonide oint (DESOWEN equiv)	-	2
desoximetasone cream (TOPICORT CREAM equiv)	-	2
desoximetasone gel (TOPICORT equiv)	-	2
desoximetasone oint (TOPICORT equiv)	-	2
EPIFOAM AEROSOL	-	2
halobetasol propionate cream (ULTRAVATE equiv)	-	2
halobetasol propionate oint (ULTRAVATE equiv)	-	2
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	2
PRAMOSONE CREAM 1-1%	-	2
PRAMOSONE E CREAM	-	2
PRAMOSONE OINT	-	2
PREDNICARBATE CREAM	-	2
prednicarbate cream (DERMATOP equiv)	-	2
PREDNICARBATE OIN	-	2
U-CORT CREAM	-	2

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DERMATOLOGICALS Cont.		
calcipotriene/betamethasone oint (TACLONEX equiv)	-	3
CAPEX SHAMPOO	-	3
clobetasol foam (OLUX equiv)	PA	3
clobetasol lotion (CLOBEX equiv)	PA	3
clobetasol shampoo (CLOBEX equiv)	PA	3
clobetasol spray (CLOBEX equiv)	PA	3
CLOCORTOLONE CREAM	-	3
CLODERM CREAM	-	3
CORDRAN CREAM 0.025%	-	3
CORDRAN TAPE	-	3
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3
flurandrenolide cream (CORDRAN equiv)	-	3
flurandrenolide lotion (CORDRAN equiv)	-	3
PANDEL CREAM	-	3
PRAMOSONE LOTION	-	3
TACLONEX SCALP SUSP	-	3
TOPICORT GEL	-	3
TOPICORT OINT	-	3
triamcinolone spray (KENALOG equiv)	-	3
ALA SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone valerate foam (LUXIQ equiv)	-	NC
BRYHALI LOTION	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide lotion (DESOWEN equiv)	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
DIFLORASONE CREAM	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC
FLUOVIX PAK	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halcinonide cream (HALOG equiv)	-	NC
HALOG CREAM	-	NC

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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
HALOG OINT	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone valerate cream (WESTCORT equiv)	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
IMPOYZ CREAM	-	NC
LEXETTE FOAM	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TRIANEX OINT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC

ECZEMA AGENTS

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

CARMOL LOTION	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA PD EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
UREA EMULSION	-	NC
urea gel (URAMAXIN equiv)	-	NC
UREA LOTION	-	NC
urea lotion (KERALAC LOTION equiv)	-	NC

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DERMATOLOGICALS Cont.		
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	1
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
HAIR GROWTH AGENTS		
finasteride tab (PROPECIA equiv)	-	EXC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	2
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2
tacrolimus oint (PROTOPIC OINT equiv)	-	2
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
salicylic acid soln	-	NC
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
L.E.T. GEL	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC
lidocaine lotion	-	NC
lidocaine oint	-	NC
LIDOCIN GEL	-	NC
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC

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	Step Therapy		Vaccine Program		RxCENTS

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DERMATOLOGICALS Cont.		
LIDOTREX GEL	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
NEOSALUS FOAM	-	NC
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	1
DRYSOL SOLN	-	1
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
metronidazole lotion (METROLOTION equiv)	-	1
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
FINACEA PLUS KIT	-	2
metronidazole cream (METROCREAM equiv)	-	2
metronidazole gel (METROGEL equiv)	-	2
DOXYCYCLINE CAP, ORACEA CAP	-	NC
MIRVASO GEL	-	NC
NORITATE CREAM	-	NC
RHOFADE CREAM	-	NC
ROSDAN KIT	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	1
EURAX CREAM	-	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
crotamiton lotion (EURAX equiv)	-	3
LINDANE LOTION	-	3
lindane shampoo	-	3
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	NC

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DERMATOLOGICALS Cont.		
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	QL	2
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	2
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2
ACCU-CHEK GUIDE TEST STRIP	OTC	2
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2
ACCU-CHEK TEST STRIP	OTC	2
FREESTYLE INSULINX TEST STRIP	OTC	2
FREESTYLE PRECISION NEO TEST STRIP	OTC	2
FREESTYLE TEST STRIP	OTC	2
PRECISION XTRA TEST STRIP	OTC	2
TEST STRIP (all other test strips)	OTC	NC
RADIOGRAPHIC CONTRAST MEDIA		
OMNIPAQUE SOLN	-	NC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ASTAMED MYO CAP	-	NC
DEPLIN CAP	-	NC
ELIGEN B12 TAB	-	NC
FALESSA TAB	-	NC
GLYGEST PAK	-	NC
L-METHYLFOLATE TAB	-	NC
METANX CAP	-	NC
OLLIZAC POWDER	-	NC
PODIAPN CAP	-	NC
XAQUIL XR TAB	-	NC
XYZBAC TAB	-	NC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2

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DIGESTIVE AIDS Cont.		
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC
PANCRELIPASE CAP	-	NC
SUCRAID SOLN	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
acetazolamide tab	-	2
methazolamide tab (NEPTAZANE equiv)	-	2
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torseamide 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
DYRENIUM CAP	-	3
CAROSPIR SUSP	-	NC
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab (DIURIL equiv)	-	1
CHLOROTHIAZIDE TAB 250MG	-	1
CHLORTHALIDONE TAB	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
METHYCLOTHIAZIDE TAB	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
ENDOCRINE AND METABOLIC AGENTS - MISC.		
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
FORTICAL NASAL SPRAY	-	2

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	Step Therapy				

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	2
risedronate tab (ACTONEL equiv)	-	2
TYMLOS INJ	LMSP-PA	2
FOSAMAX+D TAB	-	3
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	3
SKELID TAB	-	3
BINOSTO TAB	-	NC
CALCIUM REGULATORS - MISC.		
FORTEO INJ	LMSP-PA	2
MIACALCIN INJ	LMSP	2
ALENDRONATE SOLN	-	3
etidronate disodium tab 200mg (DIDRONEL equiv)	-	3
CORTICOTROPIN		
ACTHAR HP GEL INJ	MSP-PA	3
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 (Only available through Walgreens 888-347-3416)	LD-PA	2
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	NC
GROWTH HORMONES		
GENOTROPIN INJ	LMSP-PA	2
HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv)	ACA	2
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	MSP	2
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	2
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
CALCITRIOL INJ	LMSP	1
calcitriol inj (CALCIJEX equiv)	LMSP	1
calcitriol soln (ROCALTROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
cinacalcet tab (SENSIPAR equiv)	-	2
doxercalciferol cap (HECTOROL equiv)	-	2
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	2
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	2
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	2
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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
paricalcitol cap (ZEMPLAR equiv)	-	2
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	2
CARBAGLU TAB	-	NC
GALAFOLD CAP	-	NC
MYALEPT INJ	-	NC
NITYR TAB	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
SENSIPAR TAB	-	NC
XURIDEN POWDER	-	NC
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2
desmopressin nasal soln (DDAVP equiv)	-	2
STIMATE NASAL SOLN	-	2
DDAVP NASAL SOLN	-	3
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	LMSP	2
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
SANDOSTATIN LAR INJ KIT	-	NC
SIGNIFOR LAR INJ	-	NC
SOMATULINE INJ	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
SAMSCA TAB	-	NC
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	2
jinteli tab (FEMHRT equiv)	-	2
PREMPHASE TAB, PREMPRO TAB	-	2
ANGELIQ TAB	-	NC
BIJUVA CAP	-	NC
CLIMARA PRO PATCH	-	NC
COMBIPATCH	-	NC
FEMHRT TAB	-	NC
PREFEST TAB	-	NC
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ESTROGENS Cont.		
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
ESTROPIPATE TAB	-	1
estropipate tab (OGEN equiv)	-	1
PREMARIN TAB	-	2
CENESTIN TAB	-	3
MENEST TAB	-	3
ALORA PATCH	-	NC
DIVIGEL GEL, ELESTRIN GEL	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
VIVELLE-DOT PATCH	-	NC

FLUOROQUINOLONES

FLUOROQUINOLONES		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2
ciprofloxacin susp (CIPRO equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
CIPRO SUSP 5%	-	3
CIPROFLOXACIN 100MG TAB	-	3
CIPROFLOXACIN ER TAB	-	3
NOROXIN TAB	-	3
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS		
MOTEGRITY TAB	-	NC

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB	-	NC

BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	2

FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF-¢	2

GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1

GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	2

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP	-	NC

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

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
METZOZOLV ODT	-	NC
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
APRISO CAP	-	2
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	2
mesalamine DR cap (DELZICOL equiv)	-	2
mesalamine DR tab (LIALDA equiv)	-	2
mesalamine enema (ROWASA equiv)	-	2
mesalamine supp (CANASA equiv)	-	2
DIPENTUM CAP	-	3
mesalamine tab (ASACOL equiv)	-	3
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
PENTASA CAP	-	NC
ROWASA KIT	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP	PA	2
alosetron tab (LOTRONEX equiv)	-	3
VIBERZI TAB	-	NC
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB	PA	2
SYMPROIC TAB	PA	2
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
FOSRENOL POWDER PACK	-	2
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2
PHOSLYRA SOLN	-	2
sevelamer powder pak (REVELA equiv)	-	2
sevelamer tab (REVELA TAB equiv)	-	2
FOSRENOL CHEW TAB	-	3
REVELA TAB	-	3
AURYXIA TAB	-	NC
RENAGEL TAB	-	NC
RENAGEL TAB 800MG	-	NC
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GASTROINTESTINAL AGENTS - MISC. Cont.		
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC
VELPHORO CHEW TAB	-	NC
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	NC
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMINE HCL TROCHES	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
tricitrates soln (POLYCITRA-LC equiv)	-	1
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	2
PROCYSBI CAP	-	NC
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
dutasteride cap (AVODART equiv)	-	2
dutasteride/tamsulosin cap (JALYN equiv)	-	2
silodosin cap (RAPAFLO equiv)	-	2
CARDURA XL TAB	-	NC
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIDIUM equiv)	-	1
URINARY STONE AGENTS		
LITHOSTAT TAB	-	3
THIOLA EC TAB	-	NC
THIOLA TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-¢	2

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GOUT AGENTS Cont.		
MITIGARE CAP	-	2
COLCHICINE CAP	-	NC
COLCHICINE TAB, COLCRYS TAB	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ	MSP-PA	3
ADYNOVATE INJ	MSP-PA	3
AFSTYLA KIT	MSP-PA	3
ALPHANATE/HEMOFIL/KOATE INJ	MSP-PA	3
ALPHANINE SD/MONONINE INJ	MSP-PA	3
ALPROLIX INJ	MSP-PA	3
BEBULIN/PROFILNINE INJ	MSP-PA	3
BENEFIX INJ	MSP-PA	3
BENEFIX/RIXUBIS INJ	MSP-PA	3
COAGADEX INJ	MSP-PA	3
CORIFACT INJ	MSP-PA	3
ELOCTATE INJ	MSP-PA	3
FEIBA INJ	MSP-PA	3
HELIXATE/KOGENATE INJ	MSP-PA	3
HEMLIBRA INJ	LMSP-PA	3
HUMATE-P/WILATE INJ	MSP-PA	3
IDELVION SOLN	MSP-PA	3
MONOCLATE-P INJ	MSP-PA	3
NOVOSEVEN RT INJ	MSP-PA	3
REBINYN SOLN	MSP-PA	3
RECOMBINATE INJ	MSP-PA	3
TRETEN INJ	MSP-PA	3
VONVEDI INJ	MSP-PA	3
XYNTHA INJ	MSP-PA	3
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (FIRAZYR equiv)	LMSP-PA	2
FIRAZYR INJ	-	NC
COMPLEMENT INHIBITORS		
HAEGARDA INJ	MSP-PA	2
BERINERT INJ	-	NC
CINRYZE INJ	-	NC
RUCONEST INJ	-	NC
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1

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HEMATOLOGICAL AGENTS - MISC. Cont.		
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2
PLASMA PROTEINS		
THROMBAT III INJ	MSP-PA	3
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
prasugrel tab (EFFIENT equiv)	-	1
ticlopidine tab (TICLID equiv)	-	1
aspirin/dipyridamole cap (AGGRENEX equiv)	-	2
BRILINTA TAB	-	3
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
CABLIVI KIT	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376)	LD-PA	2
CERDELGA CAP	-	NC
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
ENDARI POWDER PACK	-	NC
SIKLOS TAB	-	NC
COBALAMINS		
cyanocobalamin inj	-	1
NASCOBAL NASAL SPRAY	-	3
CALOMIST NASAL SPRAY	-	NC
FOLIC ACID/FOLATES		
folic acid tab 1mg	ACA	2
folic acid tab 400mcg	ACA-OTC	2
folic acid tab 800mcg	ACA-OTC	2
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA INJ	LMSP	2
LEUKINE INJ	LMSP-PA	2
MULPLETA TAB (QL= 7 tabs/fill)	LMSP-PA-QL	2
NEUMEGA INJ	LMSP	2
NIVESTYM INJ	LMSP	2
PROMACTA POWDER	LMSP-PA	2
PROMACTA TAB	LMSP-PA	2
RETACRIT INJ	-	2
UDENYCA INJ	LMSP	2
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ACA Affordable Care Act LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy	EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	generic =small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation ¢ RxCENTS

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HEMATOPOIETIC AGENTS Cont.		
ZARXIO INJ	LMSP	2
ARANESP INJ	-	NC
DOPTELET TAB	-	NC
EPOGEN INJ	-	NC
GRANIX INJ	-	NC
MIRCERA INJ	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
PROCRIT INJ	-	NC
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1
folbee tab	-	1
multigen folic tab (CHROMAGEN FA equiv)	-	1
multigen plus tab (CHROMAGEN FORTE equiv)	-	1
multigen tab (CHROMAGEN equiv)	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
folvite-d tab (GENICIN VITA-D equiv)	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
FOLITE TAB	-	NC
PUREFOLIX TAB	-	NC
IRON		
ferrous sulfate elixir	ACA-OTC	2
FERROUS SULFATE LIQUID	ACA-OTC	2
ferrous sulfate soln	ACA-OTC	2
FERROUS SULFATE SYRUP	ACA-OTC	2
IRON SUSP	ACA-OTC	2
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid syrup (AMICAR equiv)	-	1
AMICAR SOLN	-	2
aminocaproic acid tab (AMICAR equiv)	-	2
tranexamic acid tab (LYSTEDA equiv)	-	2
AMICAR SYRUP	-	3
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	NC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1

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	Step Therapy		Vaccine Program		RxCENTS

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DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
HYPNOTICS - TRICYCLIC AGENTS		
SILENOR TAB	-	NC
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
FLURAZEPAM CAP	-	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv)	-	1
SOMNOTE CAP	-	3
temazepam cap 22.5mg (RESTORIL equiv)	-	3
temazepam cap 7.5mg (RESTORIL equiv)	-	3
AMBIEN CR TAB	-	NC
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
zolpidem ER tab (AMBIEN CR equiv)	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP	-	NC
ramelteon tab (ROZEREM equiv)	-	NC
ROZEREM TAB	-	NC
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOLN	-	\$0
peg 3350/electrolytes soln (COLYTE equiv) (Limited to 2 fills/calendar year)	ACA-QL	\$0
trilyte soln (NULYTELY equiv) (Limited to 2 fills/calendar year)	ACA-QL	\$0
gavilyte-h kit	-	NC
GOLYTELY SOLN	-	NC
HALFLYTELY BOWEL PREP KIT	-	NC
MOVIPREP SOLN	-	NC
NULYTELY SOLN	-	NC
PLENVU SOLN	-	NC
SUCLEAR KIT	-	NC
SUPREP SOLN	-	NC
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	1

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OTC Over-the-Counter	PA Prior Authorization		QL Quantity Limit
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ST Step Therapy	VAC Vaccine Program		¢ RxCENTS

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LAXATIVES Cont.		
KRISTALOSE PACK	-	3
KRISTALOSE PACKET	-	3
GIALAX KIT	-	NC
LACTULOSE PACK	-	NC
MIRALAX PACKET	-	NC
MIRALAX POWDER	-	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC
SALINE LAXATIVES		
VISICOL TAB	-	3
OSMOPREP TAB	-	NC
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
ZMAX SUSP	-	3
CLARITHROMYCIN		
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYC SUSP	-	2
clarithromycin ER tab (BIAXIN XL equiv)	-	3
ERYTHROMYCINS		
erythromycin DR cap (ERYC equiv)	-	2
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2
erythromycin stearate tab	-	2
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3
erythromycin tab (ERY-TAB equiv)	-	3
PCE TAB	-	3
FIDAXOMICIN		
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN)	QL-ST	2
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	ACA	2
DIAPHRAGM	ACA	2
FEMALE CONDOMS	ACA-OTC	2
DIABETIC SUPPLIES		
CALIBRATION LIQUID	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
ACCU-CHEK AVIVA PLUS METER	ACA-OTC	2
ACCU-CHEK GUIDE CARE METER	ACA-OTC	2

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

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MIGRAINE PRODUCTS Cont.		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ	-	NC
AJOVY INJ	-	NC
EMGALITY INJ	-	NC
EMGALITY INJ 100MG/ML	-	NC
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	NC
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
almotriptan tab (AXERT equiv)	-	NC
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
AXERT TAB	-	NC
eletriptan tab (RELPAK equiv)	-	NC
FROVA TAB	-	NC
frovatriptan tab (FROVA equiv)	-	NC
ONZETRA XSAIL	-	NC
RELPAK TAB	-	NC
SUMAVEL DOSEPRO INJ	-	NC
ZECUITY PAD	-	NC
ZOMIG NASAL SPRAY	-	NC
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUOR-A-DAY CHEW TAB	-	1
FLUORABON SOLN	ACA	2
sodium fluoride chew tab (LURIDE equiv)	ACA	2
SODIUM FLUORIDE LOZENGE	ACA	2
sodium fluoride soln (LURIDE equiv)	ACA	2
SODIUM FLUORIDE TAB	ACA	2
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
POTASSIUM		
POT/CHLORIDE EFFER TAB	-	1
potassium bicarbonate effer tab (K-LYTE equiv)	-	1

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MINERALS & ELECTROLYTES Cont.		
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
POTASSIUM CHLORIDE ER TAB	-	1
potassium chloride ER tab (KLOR-CON equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
KLOR-CON M15 TAB	-	2
potassium chloride powder packet (KLOR-CON equiv)	-	2
potassium chloride soln	-	2
KLOR-CON POWDER PACKET 25MEQ	-	3
ZINC		
zinc sulfate cap	-	1
GALZIN CAP	-	2
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
trientine cap (SYPRINE equiv)	MSP-PA	2
penicillamine cap (CUPRIMINE equiv)	-	NC
IMMUNOSUPPRESSIVE AGENTS		
CYCLOSPORINE MODIFIED CAP	-	2
sirolimus soln (RAPAMUNE equiv)	-	2
ASTAGRAF XL CAP	-	NC
PROGRAF PACKET	-	NC
POTASSIUM REMOVING AGENTS		
LOKELMA PAK	PA	2
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	2
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	2
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln	-	1
LIDOCAINE ORAL SOLN 4%	-	2
FIRST MOUTHWASH BLM	-	3
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
ORAVIG TAB	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
DENTAL PRODUCTS		
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1

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MOUTH/THROAT/DENTAL AGENTS Cont.		
PREVIDENT PASTE	-	2
PREVIDENT RINSE	-	2
sodium fluoride cream (PREVIDENT equiv)	ACA	2
PREVIDENT 5000 PLUS CREAM	ACA	3
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv)	-	2
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	1
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1
renaphro cap (NEPHROCAP equiv)	-	1
FIBRIK CAP	-	NC
MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC
MULTIPLE VITAMINS W/ MINERALS		
MULTIVITAMIN/MINERALS TAB (STROVITE equiv)	-	1
REMEDIENT CAP	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	1
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride chew tab	-	1
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	2
QUFLORA PEDIATRIC CHEW TAB	-	3
POLY-VI-FLOR SUSP	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
PRENATAL VITAMINS (NON-PREFERRED)	-	3
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
VITAFOL CHEWABLE GUMMIES	-	NC
VITAFOL STRIPS	-	NC
VITAFOL ULTRA	-	NC

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MULTIVITAMINS Cont.		
VITAFOL-NANO	-	NC
VITAFOL-OB PAK + DHA	-	NC
VITAFOL-OB TAB	-	NC
VITAFOL-ONE	-	NC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab 10mg, 20mg	-	1
carisoprodol tab (SOMA equiv)	-	1
CHLORZOXAZONE TAB 500MG	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3
metaxalone tab (SKELAXIN equiv)	-	3
METAXALONE TAB 400MG	-	3
tizanidine cap (ZANAFLEX equiv)	-	3
BACLOFEN TAB 5MG	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
FIRST BACLOFEN SUSP KIT	-	NC
SOMA TAB 250MG	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	2
MUSCLE RELAXANT COMBINATIONS		
NORGESIC TAB FORTE	-	3
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	3
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
AZENASE PAK	-	NC
DYMISTA NASAL SPRAY	-	NC
NASAL AGENTS - MISC.		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		
GOPRELTO SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	2
olopatadine nasal spray (PATANASE equiv)	-	2
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	3
NASAL STEROIDS		
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	3
BECONASE AQ NASAL SPRAY	-	NC
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	NC
FLONASE NASAL SPRAY	-	NC
flunisolide nasal solution 0.025% (FLUNISOLIDE NASAL SPRAY 0.025% equiv)	-	NC
mometasone nasal spray (NASONEX equiv)	-	NC
NASACORT OTC NASAL SPRAY	OTC	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
SINUVA NASAL IMPLANT	-	NC
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	NC
VERAMYST NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
ZETONNA NASAL SPRAY	-	NC

NEUROMUSCULAR AGENTS

ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	2
TIGLUTIK SUSP	-	NC
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	MSP-PA	3
DYSPOIN INJ	MSP-PA	3
MYOBLOC INJ	MSP-PA	3
XEOMIN INJ	MSP-PA	3

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	2
BETA-BLOCKERS - OPHTHALMIC		
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
CARTEOLOL OPHTH SOLN	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
BETIMOL OPHTH SOLN	-	2
BETOPTIC-S OPHTH SOLN	-	2
COMBIGAN OPHTH SOLN	-	2

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OPHTHALMIC AGENTS Cont.		
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 GEL SOLN	-	2
TIMOPTIC OCUDOSE OPHTH SOLN	-	3
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPHTH SOLN	-	2
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	2
ISOPTO HYOSCINE OPHTH SOLN	-	2
ATROPINE SULFATE OPHTH EMULSION	-	NC
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	2
PILOPINE HS OPHTH GEL	-	3
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2%	-	1
ALPHAGAN P OPHTH SOLN 0.1%	-	2
apraclonidine ophth soln (IOPIDINE equiv)	-	2
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	2
IOPIDINE OPHTH SOLN 1%	-	2
SIMBRINZA OPHTH SUSP	-	2
LUMIFY OPHTH SOLN 0.25%	-	NC
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
GENTAK OPHTH OINT	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBEX equiv)	-	1
AZASITE SOLN	-	2

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OPHTHALMIC AGENTS Cont.		
BACITRACIN OPHTH OINT	-	2
TRIFLURIDINE OPHTH SOLN	-	2
trifluridine ophth soln (VIROPTIC equiv)	-	2
ZIRGAN OPHTH GEL	-	2
CILOXAN OPHTH OINT	-	3
gatifloxacin ophth soln (ZYMAXID equiv)	-	3
TOBEX OPHTH OINT	-	3
VIGAMOX OPHTH SOLN	-	3
ZYMAXID OPHTH SOLN	-	3
BESIVANCE OPHTH SUSP	-	NC
MOXEZA OPHTH SOLN	-	NC
MOXIFLOXACIN SOLN	-	NC
OPHTHALMIC DECONGESTANTS		
phenylephrine ophth soln (MYDFRIN equiv)	-	1
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION	PA	2
CEQUA (PF) OPHTH SOLN	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN	-	NC
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	-	NC
ROCKLATAN OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	1
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN	-	NC
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	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 (CORTISPORIN equiv)	-	1
PREDNISOLONE OPHTH SUSP	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSP	-	2
BLEPHAMIDE OPHTH SOLN	-	2
DUREZOL OPHTH EMULSION	-	2
LOTEMAX OPHTH GEL	-	2
LOTEMAX OPHTH OINT	-	2
loteprednol ophth susp (LOTEMAX equiv)	-	2

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OPHTHALMIC AGENTS Cont.		
MAXIDEX OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2
TOBRADEX OPHTH OINT	-	2
VEXOL OPHTH SUSP	-	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
DEXTENZA OPHTH INSERT	-	NC
INVELTYS OPHTH SUSP	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX SM GEL 0.38%	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC

OPHTHALMICS - MISC.

azelastine ophth soln (OPTIVAR equiv)	-	1
cromolyn ophth soln (CROLOM equiv)	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
FLURBIPROFEN OPHTH SOLN	-	1
flurbiprofen ophth soln (OCUFEN equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
ALAMAST OPHTH SOLN	-	2
ALOCRILOPHTH SOLN	-	2
ALOMIDE OPHTH SOLN	-	2
AZOPT OPHTH SUSP	-	2
bromfenac ophth soln (BROMDAY equiv)	-	2
BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY)	-	2
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
ILEVRO OPHTH SUSP	-	2
NEVANAC OPHTH SUSP	-	2
olopatadine ophth soln 0.1% (PATANOL equiv)	-	2
PROLENSA OPHTH SOLN	-	2
ACUVAIL OPHTH SOLN	-	3
BEPREVE OPHTH SOLN	-	3
EMADINE OPHTH SOLN	-	3

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

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
epinastine ophth soln (ELESTAT equiv)	-	3
LASTACFT OPHTH SOLN (QL= 3ml/30 days)	QL	3
BROMSITE OPHTH SOLN	-	NC
ketotifen ophth soln (ZADITOR equiv)	OTC	NC
olopatadine ophth soln 0.2% (PATADAY equiv)	-	NC
PATADAY OPHTH SOLN	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
TRAVATAN Z OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC
ZIOPTAN OPHTH SOLN	-	NC
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN OTIC SOLN	-	2
ofloxacin otic soln (FLOXIN equiv)	-	3
OTIC COMBINATIONS		
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
CIPRODEX OTIC SUSP	-	2
COLY-MYCIN S OTIC SUSP	-	2
CIPRO HC OTIC SUSP	-	3
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CORTANE-B AQUEOUS OTIC SOLN	-	NC
CORTANE-B OTIC SOLN	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN	-	NC
OTOZIN OTIC DROPS	-	NC
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	2
ACETASOL HC OTIC SOLN	-	3
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2

PASSIVE IMMUNIZING AGENTS

IMMUNE SERUMS

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	Step Therapy		Vaccine Program		RxCENTS

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PASSIVE IMMUNIZING AGENTS Cont.		
BIVIGAM INJ	MSP-PA	3
CYTOGAM INJ	MSP-PA	3
GAMMAGARD SD INJ, CARIMUNE NF INJ	MSP-PA	3
HIZENTRA INJ, CUVITRU INJ	MSP-PA	3
OCTAGAM INJ, FLEBOGAMMA INJ, GAMMAPLEX INJ, PRIVIGEN INJ	MSP-PA	3
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	MSP-PA	3
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	MSP-PA	3
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMASTAN INJ, GAMASTAN S/D INJ	MSP-PA	3
GAMUNEX-C INJ, GAMMAGARD INJ, GAMMAKED INJ	MSP-PA	3
CUTAQUIG SOLN	-	NC
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
amoxicillin chew tab (AMOXIL equiv)	-	1
AMOXICILLIN CHEW TAB 250MG	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp (PRINCIPEN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
AMOXICILLIN/CLAVULANATE ER TAB	-	3
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone oil inj	-	1

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	Step Therapy		Vaccine Program		RxCENTS

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DrugName	Special Code	Tier
PROGESTINS Cont.		
progesterone cap (PROMETRIUM equiv)	-	2
megestrol ES susp (MEGACE ES equiv)	-	3
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
LUCEMYRA TAB (QL= 84 tabs/7 days)	PA-QL	3
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	3
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; Step Therapy requires trial of donepezil 10mg)	QL-ST	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
GALANTAMINE SOLN	-	2
memantine ER cap (NAMENDA XR equiv)	-	2
memantine soln (NAMENDA equiv)	-	2
NAMENDA XR TITRATION PACK	-	2
rivastigmine patch (EXELON equiv)	-	2
NAMENDA XR CAP	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	NC
VYLEESI INJ	-	NC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	2
AUSTEDO TAB	-	NC
INGREZZA CAP	-	NC
INGREZZA PACK 40-80MG	-	NC
XENAZINE TAB	-	NC
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB	LMSP	2
AVONEX INJ	LMSP	2
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	LMSP-QL-RS	2

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ACA Affordable Care Act	EXC Plan Exclusion	generic =small letters	BRANDS =CAPITAL LETTERS
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	INF Infertility	INF Infertility
OTC Over-the-Counter	PA Prior Authorization	MSP Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	QL Quantity Limit	QL Quantity Limit
ST Step Therapy	VAC Vaccine Program	SMKG Smoking Cessation	SMKG Smoking Cessation
		¢ RxCENTS	¢ RxCENTS

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
EXTAVIA INJ	LMSP	2
GILENYA CAP	LMSP	2
glatiramer inj (COPAXONE equiv)	LMSP	2
PLEGRIDY INJ	LMSP	2
PLEGRIDY PEN INJ	LMSP	2
REBIF INJ	LMSP	2
TECFIDERA CAP	LMSP	2
TECFIDERA STARTER PACK	LMSP	2
OCREVUS INJ	MSP-PA	3
BETASERON INJ	-	NC
MAVENCLAD PAK	-	NC
MAYZENT TAB	-	NC
MAYZENT TAB STARTER PACK	-	NC
ZINBRYTA INJ	-	NC
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC
LYRICA CR TAB	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	NC
ergoloid mesylates tab (HYDERGINE equiv)	-	NC
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	ACA-QL-SMKG	2
CHANTIX PAK (Limited to 180 days/plan year)	ACA-QL-SMKG	2
CHANTIX TAB (Limited to 180 days/plan year)	ACA-QL-SMKG	2
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	ACA-OTC-QL-SMKG	2
NICOTINE KIT	ACA-OTC-QL-SMKG	2
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	ACA-OTC-QL-SMKG	2
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	ACA-OTC-QL-SMKG	2
NICOTROL INHALER (Limited to 180 days/plan year)	ACA-QL-SMKG	2
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	ACA-QL-SMKG	2
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ	-	NC
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		

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DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2
KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2
ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	2
PULMOZYME INH SOLN	LMSP	2
SYMDEKO TAB	-	NC
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	2
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	2
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	2
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	2
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB	-	1
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB	-	NC
TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1
doxycycline monohydrate tab (ADOXA equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	2
minocycline tab (DYNACIN equiv)	-	2
demeclocycline tab (DECLOMYCIN equiv)	-	3
doxycycline hyclate DR tab (DORYX equiv)	-	3
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	3
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	3
ORAXYL CAP	-	3
tetracycline cap	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
ADOXA PAK	-	NC
DORYX MPC TAB	-	NC
DORYX TAB 200MG	-	NC
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
SEYSARA TAB	-	NC
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ACA LD OTC RS ST	NC =Not Covered Affordable Care Act Limited Distribution Over-the-Counter Restricted to Specialist Step Therapy	EXC LMSP PA SF VAC
generic =small letters Plan Exclusion Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	INF MSP QL SMKG ¢	BRANDS =CAPITAL LETTERS Infertility Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS

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TETRACYCLINES Cont.		
SOLODYN TAB	-	NC
TARGADOX TAB	-	NC
XIMINO CAP	-	NC

THYROID AGENTS

ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	1
liothyronine tab (CYTOMEL equiv)	-	1
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1
SYNTHROID TAB	-	1
THYROLAR TAB	-	2
levothyroxine tab (SYNTHROID equiv)	-	NC
TIROSINT CAP	-	NC
TIROSINT-SOL	-	NC

TOXOIDS

TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	ACA-VAC	3
TETANUS/DIPHThERIA TOXOID INJ	ACA-VAC	3

ULCER DRUGS

ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	2
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
PROPANTHELINE TAB	-	2
CANTIL TAB	-	3
CUVPOSA SOLN	-	3
DONNATAL ELIXIR	-	3
methscopolamine tab (PAMINE equiv)	-	3
pb-belladonna elixir (DONNATAL equiv)	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
H-2 ANTAGONISTS		
cimetidine tab (TAGAMET equiv)	-	1
famotidine tab (PEPCID equiv)	-	1
ranitidine cap (ZANTAC equiv)	-	1
ranitidine syrup (ZANTAC equiv)	-	1
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1
famotidine susp (PEPCID equiv)	-	2
AXID CAP	-	NC
AXID SOLN	-	NC
CIMETIDINE SOLN	-	NC
nizatidine cap (AXID equiv)	-	NC
nizatidine soln (AXID equiv)	-	NC
PEPCID TAB	-	NC
TAGAMET TAB	-	NC
ZANTAC CAP	-	NC
ZANTAC EFFER TAB	-	NC
ZANTAC SYRUP	-	NC
ZANTAC TAB	-	NC
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	1
CARAFATE SUSP	-	2
PROTON PUMP INHIBITORS		
lansoprazole cap (PREVACID equiv) (Rx Only)	-	1
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
FIRST OMEPRAZOLE SUSP	-	3
ACIPHEX SPRINKLE CAP	-	NC
DEXILANT CAP	-	NC
esomeprazole cap (NEXIUM equiv)	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC
LANSOPRAZOLE SUSP	-	NC
NEXIUM 24HR TAB	-	NC
NEXIUM CAP	-	NC
NEXIUM GRANULE PACK	-	NC
OMEPRAZOLE TAB	OTC	NC
PREVACID OTC CAP	OTC	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	-	NC
PROTONIX PAK	-	NC
rabeprazole EC tab (ACIPHEX equiv)	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
ULCER THERAPY COMBINATIONS		
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	3
PYLERA CAP	-	3
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ACA Affordable Care Act LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy	EXC Plan Exclusion LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	generic =small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation ¢ RxCENTS

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ULCER DRUGS Cont.		
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
ZEGERID CAP OTC	OTC	NC
ZEGERID POWDER PACK	-	NC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
UROQID #2 TAB	-	3
HYOPHEN TAB	-	NC
PROSED DS TAB	-	NC
UTA CAP	-	NC
URINARY ANTI-INFECTIVES		
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
methenamine hippurate tab (HIPREX equiv)	-	2
nitrofurantoin susp (FURADANTIN equiv)	-	2
MONUROL GRANULE PACK	-	3
URINARY ANTISPASMODICS		
BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
OXYTROL PATCH (OTC)	OTC	1
tolterodine tab (DETROL equiv)	¢	2
trospium chloride SR cap (SANCTURA XR equiv)	-	2
trospium tab (SANCTURA equiv)	-	2
GELNIQUE	-	NC
TOVIAZ TAB	-	NC
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
solifenacin tab (VESICARE equiv)	-	1
darifenacin SR tab (ENABLEX equiv)	-	2
tolterodine SR cap (DETROL LA equiv)	-	2
ENABLEX TAB	-	NC
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	1
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		

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

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

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**Texas Association of Counties Pooled Formulary
Category/Class**

Last Updated* 9/1/2019

DrugName	Special Code	Tier
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URINARY ANTISPASMODICS Cont.

bethanechol tab (URECHOLINE equiv)	-	1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	NC

VACCINES

BACTERIAL VACCINES

BEXSERO INJ	ACA-VAC	3
MENACTRA INJ	ACA-VAC	3
MENHIBRIX INJ	ACA-VAC	3
MENOMUNE INJ	ACA-VAC	3
MENVEO INJ	ACA-VAC	3
PNEUMOVAX INJ	ACA-VAC	3
PREVNAR 13 INJ	ACA-VAC	3
TRUMENBA INJ	ACA-VAC	3
VIVOTIF CAP (QL= 4 caps/fill)	ACA-QL-VAC	3
VAXCHORA SUSP	-	NC

VIRAL VACCINES

AFLURIA INJ	VAC	\$0
AFLURIA INJ, FLUZONE INJ	VAC	\$0
FLUAD INJ	VAC	\$0
FLUBLOK INJ	VAC	\$0
FLUBLOK QUAD PF INJ	VAC	\$0
FLUCELVAX INJ	VAC	\$0
FLUCELVAX QUAD INJ	VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0
FLUVIRIN INJ	VAC	\$0
FLUVIRIN PF INJ	VAC	\$0
FLUZONE HIGH DOSE PF INJ	VAC	\$0
FLUZONE INTRADERMAL INJ	VAC	\$0
FLUZONE QUAD INJ	VAC	\$0
FLUZONE/FLUARIX QUAD INJ	VAC	\$0
CERVARIX INJ	ACA-VAC	3
ENGERIX-B INJ	ACA-VAC	3
ENGERIX-B INJ, RECOMBIVAX-HB INJ	ACA-VAC	3
GARDASIL 9 INJ	ACA-VAC	3
GARDASIL INJ	ACA-VAC	3
HAVRIX INJ, VAQTA INJ	ACA-VAC	3
HEPLISAV-B INJ	ACA-VAC	3
M-M-R II INJ	ACA-VAC	3
SHINGRIX INJ	ACA-VAC	3
TWINRIX INJ	ACA-VAC	3
VARIVAX INJ	ACA-VAC	3
ZOSTAVAX INJ	ACA-VAC	3
STAMARIL INJ	-	NC

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

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

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

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**Texas Association of Counties Pooled Formulary
Category/Class**

Last Updated* 9/1/2019

DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
ACIDIC VAGINAL JELLY	-	2
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC
SPERMICIDES		
CONTRACEPTIVE FILM	ACA-OTC	2
CONTRACEPTIVE FOAM	ACA-OTC	2
CONTRACEPTIVE GEL	ACA-OTC	2
CONTRACEPTIVE SUPP	ACA-OTC	2
TODAY SPONGE	ACA-OTC	2
vcf vaginal gel (CONCEPTROL equiv)	ACA-OTC	2
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	1
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	2
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
FEMRING (3 copays per Rx)	-	3
IMVEXXY SUPP	-	NC
VAGINAL PROGESTINS		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	2
SYMJEPI INJ (QL= 2 inj/fill)	QL	2
ADRENALCLICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
EPIPEN (JR) INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin D cap (RX strength only)	-	1

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

ACA Affordable Care Act	EXC Plan Exclusion	generic =small letters	INF Infertility
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program		MSP Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	PA Prior Authorization		QL Quantity Limit
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months		SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program		¢ RxCENTS

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**Texas Association of Counties Pooled Formulary
Category/Class**

Last Updated* 9/1/2019

DrugName	Special Code	Tier
VITAMINS Cont.		
phytonadione tab (MEPHYTON equiv)	-	2
vitamin D cap 1000unit	ACA-OTC	2
vitamin D cap 400unit	ACA-OTC	2
VITAMIN D TAB 400UNIT	ACA-OTC	2
ERGOCAL CAP	-	NC
WATER SOLUBLE VITAMINS		
POTABA POWDER PACKET	-	2
POTABA TAB	-	2
niacin cap	OTC	NC
niacin CR tab (SLO-NIACIN equiv)	OTC	NC
niacin tab	OTC	NC
NIACIN TR TAB	OTC	NC
niacinamide tab	OTC	NC
SLO-NIACIN TAB	OTC	NC

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

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

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Texas Association of Counties Pooled Formulary
Prior Authorization Drug List
Last Updated* 9/1/2019

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABILIFY DISCMELT	3
ABILIFY SOLN	3
abiraterone tab 250mg	2
ABSTRAL SL TAB	3
ACTEMRA ACTPEN INJ	2
ACTEMRA SC INJ	2
ACTHAR HP GEL INJ	3
ACTIMMUNE INJ	2
adapalene cream	2
adapalene/benzoyl peroxide gel 0.1-2.5%	2
ADEMPAS TAB	2
ADVATE INJ	3
ADYNOVATE INJ	3
AFINITOR DISPERZ	2
AFINITOR TAB	2
AFSTYLA KIT	3
ALECENSA CAP	2
ALINIA SUSP	2
ALINIA TAB	2
ALPHANATE/HEMOFIL/KOATE INJ	3
ALPHANINE SD/MONONINE INJ	3
ALPROLIX INJ	3
ALUNBRIG TAB 30MG	2
ALUNBRIG TAB 90MG, 180MG	2
ambrisentan tab	2
aripiprazole ODT	3
aripiprazole soln	3
armodafinil tab	2
BEBULIN/PROFILNINE INJ	3
BENEFIX INJ	3
BENEFIX/RIXUBIS INJ	3
BENLYSTA AUTO-INJECTOR	2
BENLYSTA INJ	2
BENZNIDAZOLE TAB	2
bexarotene cap	2
BIVIGAM INJ	3
BOSULIF TAB	2
BOTOX INJ	3
BRAFTOVI CAP 50MG	2
BRAFTOVI CAP 75MG	2
budesonide ER tab	3
CABOMETYX TAB	2

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 9/1/2019

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)
CALQUENCE CAP	2
CAPRELSA TAB	2
CHOLBAM CAP	2
CIMZIA INJ	2
CIMZIA STARTER INJ KIT	2
clobetasol foam	3
clobetasol lotion	3
clobetasol shampoo	3
clobetasol spray	3
COAGADEX INJ	3
COMETRIQ KIT	2
CORIFACT INJ	3
CORLANOR TAB	3
COSENTYX INJ (1-PACK)	2
COSENTYX INJ (2-PACK)	2
COTELLIC TAB	2
CRINONE GEL	2
CYSTARAN OPHTH SOLN	2
CYTOGAM INJ	3
DARAPRIM TAB	2
DESCOVY TAB	2
DEXCOM G6 RECEIVER	3
DEXCOM G6 SENSOR	3
DEXCOM G6 TRANSMITTER	3
diclofenac gel	3
dronabinol cap	2
DUPIXENT INJ	2
DYSPORT INJ	3
ELOCTATE INJ	3
ENBREL INJ 25MG	2
ENBREL INJ 50MG	2
ENBREL MINI INJ	2
ENBREL SURECLICK INJ 50MG	2
ENDOMETRIN INSERT	2
EPANED PREMIXED SOLN	3
EPANED SOLN	3
EPIDUO FORTE GEL	2
EPIDUO GEL 0.1-2.5%	3
ERIVEDGE CAP	2
ERLEADA TAB	2
erlotinib tab	2
ESBRIET CAP	2

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 9/1/2019

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)
ESBRIET TAB 267MG	2
ESBRIET TAB 801MG	2
FANAPT TAB	3
FANAPT TITRATION PACK	3
FARYDAK CAP	2
FEIBA INJ	3
fentanyl citrate lollipop	2
FENTORA TAB	3
FENTORA TAB, FENTANYL BUCCAL TAB	3
FERRIPROX SOLN	2
FERRIPROX TAB	2
fondaparinux inj	2
FORTEO INJ	2
FREESTYLE LIBRE RECEIVER	3
FREESTYLE LIBRE SENSOR (10-DAY)	3
FREESTYLE LIBRE SENSOR (14-DAY)	3
GAMASTAN INJ, GAMASTAN S/D INJ	3
GAMMAGARD SD INJ, CARIMUNE NF INJ	3
GAMUNEX-C INJ, GAMMAGARD INJ, GAMMAKED INJ	3
GENOTROPIN INJ	2
GILOTRIF TAB	2
HAEGARDA INJ	2
HELIXATE/KOGENATE INJ	3
HEMLIBRA INJ	3
HIZENTRA INJ, CUVITRU INJ	3
HUMATE-P/WILATE INJ	3
HUMIRA INJ 10MG	2
HUMIRA INJ 20MG	2
HUMIRA INJ 40MG	2
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	2
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	2
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	2
HUMIRA PEN INJ 40MG	2
HYCAMTIN CAP	2
HYQVIA INJ	3
IBRANCE CAP	2
icatibant inj	2
ICLUSIG TAB	2
IDELVION SOLN	3
IDHIFA TAB	2
imatinib tab	2
IMBRUVICA CAP 140MG	2

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 9/1/2019

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
IMBRUVICA CAP 70MG	2
IMBRUVICA TAB	2
INLYTA TAB	2
IRESSA TAB	2
itraconazole cap	2
itraconazole soln	3
JAKAFI TAB	2
JYNARQUE PAK	2
JYNARQUE TAB	2
KALYDECO PAK	2
KALYDECO TAB	2
KEVZARA INJ	2
KINERET INJ	2
KISQALI PAK	2
KISQALI TAB	2
KORLYM TAB	2
KUVAN POWDER PACK	2
KUVAN TAB	2
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	2
LENVIMA CAP	2
LEUKINE INJ	2
LINZESS CAP	2
LOKELMA PAK	2
LONSURF TAB	2
LUCEMYRA TAB	3
LYNPARZA CAP	2
LYNPARZA TAB	2
MAVYRET TAB	2
MEKINIST TAB 0.5MG	2
MEKINIST TAB 2MG	2
MEKTOVI TAB	2
miglustat cap	2
modafinil tab	2
MONOCLATE-P INJ	3
MOVANTIK TAB	2
MULPLETA TAB	2
MYOBLOC INJ	3
NATPARA INJ	2
NERLYNX TAB	2
NEXAVAR TAB	2
NINLARO CAP	2

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 9/1/2019

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
NOVOSEVEN RT INJ	3
NUDEXTA CAP	2
OCALIVA TAB	2
OCREVUS INJ	3
OCTAGAM INJ, FLEBOGAMMA INJ, GAMMAPLEX INJ, PRIVIGEN INJ	3
ODACTRA SL TAB	3
ODOMZO CAP	2
OFEV CAP	2
OLUMIANT TAB	2
OPSUMIT TAB	2
ORENCIA CLICK INJ	2
ORENCIA SC INJ 125MG/ML	2
ORENCIA SC INJ 50MG/0.4ML	2
ORENCIA SC INJ 87.5MG/0.7ML	2
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2
ORKAMBI GRANULES PACKET	2
ORKAMBI TAB	2
OTEZLA STARTER PACK	2
OTEZLA TAB	2
paliperidone ER tab	2
PALYNZIQ INJ	2
PEGASYS INJ	2
PRALUENT INJ	2
PROGESTERONE SUPP	3
PROMACTA POWDER	2
PROMACTA TAB	2
QBRELIS SOLN	3
REBINYN SOLN	3
RECOMBINATE INJ	3
REPATHA INJ	2
REPATHA PUSHRONEX INJ	2
RESTASIS OPHTH EMULSION	2
RETIN-A MICRO GEL 0.04%, 0.1%	1
REVLIMID CAP	2
RUBRACA TAB	2
RYDAPT CAP	2
SAPHRIS SL TAB	3
SIGNIFOR INJ	2
sildenafil tab 20mg	1
SKLICE LOTION	3

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Texas Association of Counties Pooled Formulary cont.
Prior Authorization Drug List
Last Updated* 9/1/2019

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)
SOFOSBUVIR/VELPATASVIR TAB	2
SOLOSEC GRANULES PACKET	3
SOMAVERT INJ	2
SPORANOX SOLN	3
SPRYCEL TAB	2
STIVARGA TAB	2
STRENSIQ INJ	2
SUTENT CAP	2
SYLATRON INJ	3
SYMPROIC TAB	2
SYNAGIS INJ	3
tadalafil tab (PAH)	2
TAFINLAR CAP	2
TAGRISSO TAB	2
TAKHZYRO INJ	2
TARGRETIN GEL	2
TASIGNA CAP	2
TAVALISSE TAB	2
testosterone gel 1% 25mg	1
testosterone gel 1% 50mg	1
testosterone gel 1% pump	1
tetrabenazine tab	2
THALOMID CAP	2
THROMBAT III INJ	3
TIBSOVO TAB	2
TRACLEER TAB 32MG	2
TRACLEER TAB 62.5MG, 125MG	2
tretinoin cream	2
tretinoin gel	2
TRETTEN INJ	3
trientine cap	2
TRUVADA TAB	2
TYKERB TAB	2
TYMLOS INJ	2
TYVASO INH SOLN	2
UCERIS RECTAL FOAM	3
UPTRAVI TAB	2
VALCHLOR GEL	2
VELTASSA POWDER	2
VENCLEXTA STARTER PACK	2
VENCLEXTA TAB	2
VENTAVIS INH SOLN	2

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**Texas Association of Counties Pooled Formulary cont.
 Prior Authorization Drug List
 Last Updated* 9/1/2019**

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)
VERZENIO TAB	2
vigabatrin powder pack	2
vigabatrin tab	2
VONVEDI INJ	3
VOSEVI TAB	2
VOTRIENT TAB	2
XADAGO TAB	3
XALKORI CAP	2
XEOMIN INJ	3
XIFAXAN TAB 550MG	3
XTANDI CAP	2
XULTOPHY INJ	2
XYNTHA INJ	3
XYREM SOLN	3
ZEJULA CAP	2
ZELBORAF TAB	2
ZOLINZA CAP	2
ZORTRESS TAB	2
ZYDELIG TAB	2
ZYKADIA CAP	2
ZYKADIA TAB	2

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Texas Association of Counties Pooled Formulary
Last Updated* 9/1/2019
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

aliskiren tab	BYSTOLIC TAB	eplerenone tab	febuxostat tab
galantamine tab	JANUVIA TAB	LATUDA TAB	OCALIVA TAB
rasagiline tab	tolterodine tab		

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Texas Association of Counties Pooled Formulary
Last Updated* 9/1/2019
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	aspirin chew tab 81mg	aspirin ec tab 325mg
aspirin ec tab 81mg	aspirin tab 325mg	aspirin tab 81mg	B-D INSULIN SYRINGE
B-D PEN NEEDLE	CALIBRATION LIQUID	cetirizine cap	cetirizine syrup
cetirizine tab	cetirizine/pseudoephedrine 12-hour tab	CLINISTIX TEST STRIP	CONTRACEPTIVE FILM
CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	FEMALE CONDOMS
ferrous sulfate elixir	FERROUS SULFATE LIQUII	ferrous sulfate soln	FERROUS SULFATE SYRUP
fexofenadine susp	fexofenadine tab	fexofenadine/pseudoephedri e 24-hour tab	folic acid tab 400mcg
folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER	FREESTYLE INSULINX METER	FREESTYLE INSULINX TEST STRIP
FREESTYLE LITE METER	FREESTYLE LITE TEST STRIP	FREESTYLE PRECISION NEO METER	FREESTYLE PRECISION NEO TEST STRIP
FREESTYLE TEST STRIP	GUAIFENESIN/CODEINE SYRUP	IRON SUSP	KETO-DIASTIX TEST STRIF
KETOSTIX	LANCET KIT	LANCETS	levonorgestrel tab
loratadine cap	loratadine chew tab	loratadine syrup	loratadine tab
loratadine/pseudoephedrine 12-hour tab	nicotine gum	NICOTINE KIT	nicotine lozenge
nicotine patch	NOVOFINE PEN NEEDLE	NOVOLIN INJ	NOVOTWIST PEN NEEDLE
NOVOTWIST/NOVOFINE PEN NEEDLE	OXYTROL PATCH (OTC)	PEAK FLOW METER	PLAN B TAB
PRECISION XTRA METER	PRECISION XTRA TEST STRIP	TODAY SPONGE	vcf vaginal gel
vitamin D cap 1000unit	vitamin D cap 400unit	VITAMIN D TAB 400UNIT	

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Texas Association of Counties Pooled Formulary
Last Updated* 9/1/2019
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	ACTHAR HP GEL INJ
ACTIMMUNE INJ	adefovir dipivoxil tab	ADEMPAS TAB	ADVATE INJ
ADYNOVATE INJ	AFINITOR DISPERZ	AFINITOR TAB	AFSTYLA KIT
ALECENSA CAP	ALFERON-N INJ	ALPHANATE/HEMOFIL/KO/ TE INJ	ALPHANINE SD/MONONINE INJ
ALPROLIX INJ	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	ambrisentan tab
APOKYN INJ	AUBAGIO TAB	AVONEX INJ	BEBULIN/PROFILNINE INJ
BENEFIX INJ	BENEFIX/RIXUBIS INJ	BENLYSTA AUTO-INJECTOR	BENLYSTA INJ
bexarotene cap	BIVIGAM INJ	BOSULIF TAB	BOTOX INJ
BRAFTOVI CAP 50MG	BRAFTOVI CAP 75MG	CABOMETYX TAB	CALCITRIOL INJ
CALQUENCE CAP	capecitabine tab	CAPRELSA TAB	CAYSTON INH SOLN
CHOLBAM CAP	CIMZIA INJ	CIMZIA STARTER INJ KIT	COAGADEX INJ
COMETRIQ KIT	CORIFACT INJ	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)
COTELLIC TAB	CYSTAGON CAP	CYSTARAN OPHTH SOLN	CYTOGAM INJ
dalfampridine ER tab	DARAPRIM TAB	deferasirox tab	DUPIXENT INJ
DYSPORT INJ	ELOCTATE INJ	ENBREL INJ 25MG	ENBREL INJ 50MG
ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	ERIVEDGE CAP	ERLEADA TAB
erlotinib tab	ESBRIET CAP	ESBRIET TAB 267MG	ESBRIET TAB 801MG
etoposide cap	EXTAVIA INJ	FARYDAK CAP	FEIBA INJ
FERRIPROX SOLN	FERRIPROX TAB	FORTEO INJ	FULPHILA INJ
FUZEON INJ	GAMASTAN INJ, GAMASTAN S/D INJ	GAMMAGARD SD INJ, CARIMUNE NF INJ	GAMUNEX-C INJ, GAMMAGARD INJ, GAMMAKED INJ
GENOTROPIN INJ	GILENYA CAP	GILOTRIF TAB	glatiramer inj
HAEGARDA INJ	HELIXATE/KOGENATE INJ	HEMLIBRA INJ	HIZENTRA INJ, CUVITRU INJ
HUMATE-P/WILATE INJ	HUMIRA INJ 10MG	HUMIRA INJ 20MG	HUMIRA INJ 40MG
HUMIRA INJ	HUMIRA INJ PEDIATRIC	HUMIRA INJ	HUMIRA PEN INJ 40MG
CROHNS/UC/HIDRADENITI STARTER PACK	CROHNS STARTER PACK	PSORIASIS/UVEITIS STARTER PACK	
HYCAMTIN CAP	HYQVIA INJ	IBRANCE CAP	icatibant inj
ICLUSIG TAB	IDELVION SOLN	IDHIFA TAB	imatinib tab
IMBRUVICA CAP 140MG	IMBRUVICA CAP 70MG	IMBRUVICA TAB	INCRELEX INJ
INLYTA TAB	INTRON-A INJ	IRESSA TAB	JADENU SPRINKLE
JADENU TAB	JAKAFI TAB	JYNARQUE PAK	JYNARQUE TAB
KALYDECO PAK	KALYDECO TAB	KEVZARA INJ	KINERET INJ

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KISQALI PAK KUVAN TAB	KISQALI TAB LEDIPASVIR/SOFOSBUVIR TAB	KORLYM TAB LENVIMA CAP	KUVAN POWDER PACK LEUKINE INJ
LONSURF TAB MAVYRET TAB MESNEX TAB MONOCLATE-P INJ NATPARA INJ nilutamide tab OCALIVA TAB	LYNPARZA CAP MEKINIST TAB 0.5MG MIACALCIN INJ MULPLETA TAB NERLYNX TAB NINLARO CAP OCREVUS INJ	LYNPARZA TAB MEKINIST TAB 2MG miglustat cap MYLERAN TAB NEUMEGA INJ NIVESTYM INJ OCTAGAM INJ, FLEBOGAMMA INJ, GAMMAPLEX INJ, PRIVIGEN INJ OLUMIANT TAB ORENCIA SC INJ 50MG/0.4ML OTEZLA STARTER PACK	LYSODREN TAB MEKTOVI TAB MODERIBA PAK MYOBLOC INJ NEXAVAR TAB NOVOSEVEN RT INJ octreotide inj
ODOMZO CAP ORENCIA CLICK INJ	OFEV CAP ORENCIA SC INJ 125MG/ML	ORENCIA SC INJ 50MG/0.4ML OTEZLA STARTER PACK	OPSUMIT TAB ORENCIA SC INJ 87.5MG/0.7ML OTEZLA TAB
ORKAMBI GRANULES PACKET PALYNZIQ INJ PLEGRIDY PEN INJ PULMOZYME INH SOLN RECOMBINATE INJ	ORKAMBI TAB PEGASYS INJ PRALUENT INJ REBETOL SOLN REPATHA INJ	PEG-INTRON INJ PROMACTA POWDER REBIF INJ REPATHA PUSHTRONEX INJ RUBRACA TAB SOMAVERT INJ	PLEGRIDY INJ PROMACTA TAB REBINYN SOLN REVLIMID CAP
ribavirin cap SIGNIFOR INJ	ribavirin tab SOFOSBUVIR/VELPATASVIR R TAB	RUBRACA TAB SOMAVERT INJ	RYDAPT CAP SPRYCEL TAB
STIVARGA TAB SYNAGIS INJ TAKHZYRO INJ TECFIDERA CAP	STRENSIQ INJ tadalafil tab (PAH) TARGRETIN GEL TECFIDERA STARTER PACK THROMBAT III INJ TRACLEER TAB 32MG	SUTENT CAP TAFINLAR CAP TASIGNA CAP temozolomide cap	SYLATRON INJ TAGRISSO TAB TAVALISSE TAB tetrabenazine tab
THALOMID CAP tobramycin neb soln	THROMBAT III INJ TRACLEER TAB 32MG	TIBSOVO TAB TRACLEER TAB 62.5MG, 125MG	TOBI PODHALER tretinoin cap
TRETTEN INJ TYVASO INH SOLN VENCLEXTA STARTER PACK vigabatrin powder pack VOTRIENT TAB XTANDI CAP ZEJULA CAP ZYKADIA CAP	trientine cap UDENYCA INJ VENCLEXTA TAB vigabatrin tab XALKORI CAP XYNTHA INJ ZELBORAF TAB ZYKADIA TAB	TYKERB TAB UPTRAVI TAB VENTAVIS INH SOLN VONVEDI INJ XEOMIN INJ XYREM SOLN ZOLINZA CAP	TYMLOS INJ VALCHLOR GEL VERZENIO TAB VOSEVI TAB XOLAIR INJ ZARXIO INJ ZYDELIG TAB

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Texas Association of Counties Pooled Formulary
Last Updated* 9/1/2019
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
AMOXAPINE TAB	Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
EMSAM PATCH	Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days
febuxostat tab	Step Therapy requires trial of allopurinol
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
LIVALO TAB	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
LONHALA MAGNAIR SOLN	Step Therapy requires trial of INCRUSE ELLIPTA INHALER
MAPROTILINE TAB	Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days
MARPLAN TAB	Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days
NEFAZODONE TAB	Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days
nevirapine ER tab	Step Therapy requires trial of nevirapine
PAXIL SUSP	Step therapy requires trial of two formulary covered generic antidepressants in the previous 180 days
risedronate DR tab	Step Therapy requires trial of alendronate
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN

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**Texas Association of Counties Pooled Formulary
Smoking Cessation Agents
Last Updated* 9/1/2019**

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	2
CHANTIX PAK(Limited to 180 days/plan year)	2
CHANTIX TAB(Limited to 180 days/plan year)	2
nicotine gum(Limited to 180 days/plan year)	2
NICOTINE KIT	2
nicotine lozenge(Limited to 180 days/plan year)	2
nicotine patch(Limited to 180 days/plan year)	2
NICOTROL INHALER(Limited to 180 days/plan year)	2
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	2

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Texas Association of Counties Pooled Formulary
Last Updated* 9/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ABILIFY DISCMELT	QL= 2 tabs/day
abiraterone tab 250mg	QL= 4 tabs/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 888-773-7376
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB	QL= 1 tab/day
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/3 days
ALINIA TAB	QL= 6 tabs/3 days
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
ambrisentan tab	QL= 1 tab/day
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
aripiprazole ODT	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/day
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
BRAFTOVI CAP 50MG	QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
budesonide ER tab	QL=1 tab/day
buprenorphine patch	QL= 4 patches/28 days
BUPRENORPHINE PATCH, BUTRANS PATCH	QL= 4 patches/28 days
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
BYETTA INJ	QL= 1 pen/30 days
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
celecoxib cap	QL= 2 caps/day
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 9/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/28 days
COTELLIC TAB	QL= 3 tabs/day
CYSTARAN OPHTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day; Restricted to Neurology Specialist
DARAPRIM TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/fill
diclofenac soln 1.5%	QL= 3 bottles/fill
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
DUPIXENT INJ	QL= 2 inj/ 28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
enoxaparin inj	QL= 17 days supply
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
ESBRIET CAP	QL= 9 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days, 18 tabs on first fill
eszopiclone tab	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days
fentanyl citrate lollipop	QL= 120 lozenges/30 days
FENTORA TAB	QL= 120 tabs/30 days
FENTORA TAB, FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
FLUNISOLIDE NASAL SPRAY	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 9/1/2019
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
FREESTYLE LIBRE SENSOR (10-DAY)	QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
guaifenesin/codeine syrup	QL= 240ml/fill
HUMIRA INJ 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days
HUMIRA INJ 40MG	QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
HYSINGLA ER TAB	QL= 1 tab/day
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days
IDHIFA TAB	QL= 1 tab/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
INLYTA 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
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KALYDECO PAK	QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
ketorolac tab	QL= 20 tabs/5 days

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 9/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
LASTACAFT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/ day
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 888-773-7376
lidocaine patch	QL= 3 patches/day
LUCEMYRA TAB	QL= 84 tabs/7 days
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LYNPARZA CAP	Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB	Only available through Biologics 800-850-4306, QL= 4 tabs/day
malathion lotion	QL= 2 bottles/fill
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
MEKTOVI TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
modafinil tab	QL= 2 tabs/day
MULPLETA TAB	QL= 7 tabs/fill
NALOXONE PREFILLED INJ	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NARCAN NASAL SPRAY	QL= 2 sprays/fill
NATROBA SUSP	QL= 1 bottle/fill
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
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
NUCYNTA ER TAB	QL= 2 tabs/day
NUDEXTA CAP	QL= 2 caps/day
OICALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
OFEV CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
OLUMIANT TAB	QL= 1 tab/day
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH PODS	QL= 10 pods/month
OMNIPOD STARTER KIT	QL= 1 kit/year

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 9/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OPSUMIT TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORILISSA TAB 150MG	QL= 1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/day
ORKAMBI GRANULES PACKET	QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OZEMPIC INJ	QL= 1 pack/28 days
PALYNZIQ INJ	QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
peg 3350/electrolytes soln	Limited to 2 fills/calendar year
POTIGA TAB	QL= 3 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
REVLIMID CAP	QL= 1 cap/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
rosuvastatin tab 10mg	QL= 1 tab/day
rosuvastatin tab 20mg	QL= 1.5 tabs/day
rosuvastatin tab 40mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 1 tab/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days
SAPHRIS SL TAB	QL= 2 tabs/day
SAVELLA TAB	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKLICE LOTION	QL= 1 tube/fill
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/ day
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SPINOSAD SUSP	QL= 1 bottle/fill

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Texas Association of Counties Pooled Formulary Cont.
Last Updated* 9/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
SYMJEPI INJ	QL= 2 inj/fill
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TAFINLAR CAP	QL= 4 caps/day
TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
testosterone gel 1% 25mg	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
TIBSOVO TAB	QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TIVICAY TAB	QL= 2 tabs/day
TRACLEER TAB 32MG	QL=4 tabs/day; Only available through Walgreens 888-347-3416
TRACLEER TAB 62.5MG, 125MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TRADJENTA TAB	QL= 1 tab/day
TRAVATAN Z OPTH SOLN	QL= 2.5ml/30 days
trilyte soln	Limited to 2 fills/calendar year
TRULICITY INJ	QL= 4 pens/28 days
TUSSI-ORGANI SYRUP	QL= 240ml/fill
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 888-773-7376
ULESFIA LOTION	QL= 4 bottles/fill
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 888-773-7376
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 888-773-7376
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 888-773-7376
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day

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.

Texas Association of Counties Pooled Formulary Cont.
Last Updated* 9/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VIVOTIF CAP	QL= 4 caps/fill
VOSEVI TAB	QL= 1 tab/day
XADAGO TAB	QL= 1 tab/day
XALKORI CAP	QL= 2 caps/day
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA
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
XTAMPZA ER CAP	QL= 120 caps/30 days
XTANDI CAP	QL= 4 caps/day
XULTOPHY INJ	QL= 15ml/30 days
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB	QL= 8 tabs/day
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem tab	QL= 1 tab/day
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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